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State/Territory Name: Wyoming

State Plan Amendment (SPA) #: WY-15-0006

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
1961 Stout Street, Room 08-148
Denver, CO 80294



Region VIII

December 30, 2015

Teri Green, State Medicaid Agent
Wyoming Division of Health Care Financing
401 Hathaway Building
Cheyenne, WY 82002

RE: Wyoming #15-0006

Dear Ms. Green:

We have reviewed the proposed State Plan Amendment (SPA) submitted under transmittal number (TN) 15-0006. This SPA increases the personal needs allowance, from \$20 to \$75 per month, for Guardianship Fees for institutionalized individuals.

Please be informed that this State Plan Amendment was approved on December 18, 2015, with an effective date of December 1, 2015. We are enclosing the CMS-179 and the amended plan page(s).

If you have any questions concerning this amendment, please contact Cindy Riddle at (303) 844-7116.

Sincerely,

/s/

Richard C. Allen
Associate Regional Administrator
Division for Medicaid & Children's Health Operations

cc: Chris Bass

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

FOR: HEALTH CARE FINANCING ADMINISTRATION

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

1. TRANSMITTAL NUMBER:

15-006

2. STATE
WYOMING

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE
SOCIAL SECURITY ACT (MEDICAID)

4. PROPOSED EFFECTIVE DATE

December 1, 2015

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN

☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN

☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

42 CFR 435.725

7. FEDERAL BUDGET IMPACT:

a. FFY \$19,800

b. FFY \$19,800

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Supplement 12A to Attachment 2.6 A, Page 2

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):

Supplement 12A to Attachment 2.6 A, Page 2

10. SUBJECT OF AMENDMENT:

Increase the personal needs allowance, from \$20 to \$75 per month, for Guardianship Fees for institutionalized individuals.

11. GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT

☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☒ OTHER, AS SPECIFIED: Delegated to Teri Green, State Medicaid Agent, Division of Healthcare Financing

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME: TERI GREEN

14. TITLE: STATE MEDICAID AGENT

15. DATE SUBMITTED:

16. RETURN TO:

TERI GREEN
STATE MEDICAID AGENT
DIVISION OF HEALTHCARE FINANCING
6101 YELLOWSTONE ROAD, SUITE 210
CHEYENNE, WY 82002

CC: Cindy Tallerdy, Senior Administrative Assistant
(SAME ADDRESS)

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

10/20/2015

18. DATE APPROVED:

12/18/2015

19. EFFECTIVE DATE OF APPROVED MATERIAL:

12/01/2015

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:

Richard C. Allen

22. TITLE:

ARA, DMCHO

REMARKS:

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Wyoming

VARIATIONS FROM THE BASIC PERSONAL NEEDS ALLOWANCE

An additional Personal Needs Allowance for Guardianship fees, for institutionalized individuals, shall be as follows:

An amount up to \$500 for the cost of establishing a Guardianship.

An amount up to \$75 per month for guardianship fees, subsequent to the initial establishment of the guardianship.

These additional Personal Needs Allowances will support the establishment of a guardianship for institutionalized individuals to assure their legal rights are protected and they receive appropriate and timely medical treatment.

An additional Personal Needs Allowance, for institutionalized individuals, up to the amount of their court ordered liability for child support.

TN No: 15-0006

Supersedes TN No. 04-008

Approval Date 12/18/2015

Effective Date 12/01/2015