

---

## **Table of Contents**

**State/Territory Name: Wyoming**

**State Plan Amendment (SPA) #: 19-0012**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) 179
- 3) Approved SPA Pages

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



**Regional Operations Group**

---

February 28, 2019

Teri Green, State Medicaid Agent  
Office of Health Care Financing  
Wyoming Department of Health  
6101 Yellowstone Road, Suite 210  
Cheyenne, WY 82009

Dear Ms. Green:

We have reviewed the proposed State Plan Amendment (SPA) submitted under transmittal number (TN) 19-0012. This SPA updates the page to reflect current utilization management practices and compliance.

Please be informed that this State Plan Amendment was approved today with an effective date of January 1, 2019. We are enclosing the CMS-179 and the amended plan page(s).

If you have any questions concerning this amendment, please contact Sonja Madera at (303) 844-3522.

Sincerely,



Mary Marchioni  
Acting Deputy Director  
Western Regional Operations Group

cc: Thomas Forslund, Director  
Sheree Nall  
Andrew Chapin  
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:  
WY-19-0012

2. STATE  
WYOMING

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

4. PROPOSED EFFECTIVE DATE  
January 1, 2019

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 Part  
456 Subpart I, and 1902(a)(31) and 1903(g) of the Act; 42 CFR Part  
456 Subpart A and 1902(a)(30) of the Act

7. FEDERAL BUDGET IMPACT:  
N/A

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Section 4.15 – Page 51 – Inspection of Care in Intermediate Care  
Facilities for the Intellectually Disabled, Facilities Providing Inpatient  
Psychiatric Services for Individuals Under 21, and Mental Hospitals

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT (*If Applicable*):  
Section 4.15 – Page 51 – Inspection of Care in Intermediate Care  
Facilities for the Intellectually Disabled, Facilities Providing  
Inpatient Psychiatric Services for Individuals Under 21, and  
Mental Hospitals

10. SUBJECT OF AMENDMENT:

Updating this section to reflect current Utilization Management practices and compliance with CFR.

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: February 21, 2019  
DATE RESUBMITTED: February 25, 2019

16. RETURN TO:

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

CC: CHRIS BASS, MANAGEMENT ASSISTANT  
(SAME ADDRESS)

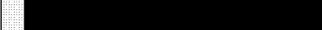
**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED:  
February 21, 2019

18. DATE APPROVED:  
February 28, 2019

19. EFFECTIVE DATE OF APPROVED MATERIAL:  
January 1, 2019

20. SIGNATURE OF REGIONAL OFFICIAL:



21. TYPED NAME:  
Mary Marchioni

22. TITLE:  
Acting Deputy Director, WROG

REMARKS:

Revision: HCFA-PM-92-2 (HSQB)  
MARCH 1992

State/Territory: Wyoming

<u>Citation</u>	4.15 <u>Inspection of Care in Intermediate Care Facilities for the Intellectually Disabled, Facilities Providing Inpatient Psychiatric Services for Individuals Under 21, and Mental Hospitals</u>
42 CFR Part 456 Subpart I, and 1902(a)(31) and 1903(g) of the Act	<input checked="" type="checkbox"/> The State has contracted with a Quality Improvement Organization (QIO) to perform inspection of care for: <ul style="list-style-type: none"> <li><input type="checkbox"/> ICFs/ID;</li> <li><input checked="" type="checkbox"/> Inpatient psychiatric facilities for recipients under age 21; and</li> <li><input checked="" type="checkbox"/> Mental Hospitals.</li> </ul>
42 CFR Part 456 Subpart A and 1902(a)(30) of the Act	<input checked="" type="checkbox"/> All applicable requirements of 42 CFR Part 456, Subpart I, are met with respect to periodic inspections of care and services. <ul style="list-style-type: none"> <li><input type="checkbox"/> Not applicable with respect to intermediate care facilities for the mentally retarded services; such services are not provided under this plan.</li> <li><input type="checkbox"/> Not applicable with respect to services for individuals age 65 or over in institutions for mental disease; such services are not provided under this plan.</li> <li><input type="checkbox"/> Not applicable with respect to inpatient psychiatric services for individuals under age 21; such services are not provided under this plan.</li> </ul>