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State/Territory Name: Wyoming

State Plan Amendment (SPA) #: 19-0012

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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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION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)

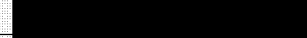
FOR REGIONAL OFFICE USE ONLY

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 | <u>X</u> | The State has contracted with a Quality Improvement Organization (QIO) to perform inspection of care for: <u> </u> ICFs/ID; <u>X</u> Inpatient psychiatric facilities for recipients under age 21; and <u>X</u> Mental Hospitals. |
| 42 CFR Part 456 Subpart A and 1902(a)(30) of the Act | <u>X</u> | All applicable requirements of 42 CFR Part 456, Subpart I, are met with respect to periodic inspections of care and services. |
| | <u> </u> | Not applicable with respect to intermediate care facilities for the mentally retarded services; such services are not provided under this plan. |
| | <u> </u> | 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. |
| | <u> </u> | Not applicable with respect to inpatient psychiatric services for individuals under age 21; such services are not provided under this plan. |

TN No. 19-0012

Supersedes

Approval Date: 02/28/2019

Effective Date: 1/1/19

TN No. 95-014