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State/Territory Name: Wyoming

State Plan Amendment (SPA) #: 19-0021

This file contains the following documents in the order listed:

- 1) Approval Letter
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- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services

601 E. 12th St., Room 355

Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

February 6, 2020

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) 19-0021. This SPA increases the number of behavioral health visits for adults not covered by EPSDT.

Please be informed that this State Plan Amendment was approved on January 31, 2020, with an effective date of January 1, 2020. 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,

A black rectangular box redacting the signature of James G. Scott.

Digitally signed by James G. Scott -
S
Date: 2020.02.06 16:15:18 -06'00'

James G. Scott, Director
Division of Program Operations

cc: Michael Ceballos, Director
Sheree Nall, Wyoming
Andrew Chapin, Wyoming
Chris Bass, Wyoming

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

1. TRANSMITTAL NUMBER:
WY19-0021

2. STATE
WYOMING

FOR: HEALTH CARE FINANCING ADMINISTRATION

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

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

4. PROPOSED EFFECTIVE DATE
January 1, 2020

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 440.130
42 CFR 440.60

7. FEDERAL BUDGET IMPACT:
Budget Neutral

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:
Attachment 3.1A 13d, Page 1-6

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (*If Applicable*):
Attachment 3.1A 13d, Page 1-9 – TN#16-0006

10. SUBJECT OF AMENDMENT:

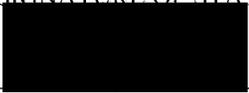
The amendment to the State Plan change the language of the limitation on behavioral health rehabilitative services. Rehabilitative services will be limited unless additional services are determined to be medically necessary. This yearly limit will be based on the calendar year (January 1 through December 31). Clients under 21 in the health check services program (EPSDT) are not benefit limited.

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:



16. RETURN TO:
TERI GREEN
STATE MEDICAID AGENT
DIVISION OF HEALTHCARE FINANCING
6101 YELLOWSTONE ROAD, SUITE 210
CHEYENNE, WY 82002

13. TYPED NAME: TERI GREEN

14. TITLE: STATE MEDICAID AGENT

CC: JOLENE FLORES, SENIOR ADMINISTRATIVE ASSISTANT
(SAME ADDRESS)

15. DATE SUBMITTED: December 10, 2019

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:
December 10, 2019

18. DATE APPROVED:
January 31, 2020

19. EFFECTIVE DATE OF APPROVED MATERIAL:
January 1, 2020

20. SIGNATURE OF REGIONAL OFFICIAL:
 Digitally signed by James G. Scott -S
Date: 2020.02.06 16:15:49 -06'00'

21. TYPED NAME:
James G. Scott

22. TITLE:
Director, Division of Program Operations

REMARKS:

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: WYOMING

 AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED

EXPLANATION OF LIMITATIONS

13d. REHABILITATIVE SERVICES – MENTAL HEALTH & SUBSTANCE ABUSE

Outpatient mental health and substance abuse treatment services are provided to all Medicaid recipients based on medical necessity. Covered services are mental health rehabilitative services provided by or under the direction of a physician, psychologist, advanced practitioner of nursing, or other licensed practitioner of the healing arts, pursuant to 42 CFR 440.130 which the State deems appropriate and consistent with the patient's condition.

The following rehabilitative services are allowable for outpatient mental health and substance abuse treatment services:

- Clinical Assessment – Direct contact with the recipient (and collaterals as necessary) for the purposes of completing an evaluation of the recipient's mental health and/or substance abuse disorder(s) to determine treatment needs and establish a treatment plan. This service may include psychological testing if indicated.
- Agency or Office-based individual/family therapy services - Direct contact within the provider's office or agency, with the recipient and/or collaterals for the purpose of developing and implementing the treatment plan for an individual or family. This service is targeted at reducing or eliminating specific symptoms or behaviors which are related to a recipient's mental health or substance abuse disorder as specified in the treatment plan.
- Community-based individual/family therapy services - Direct contact outside of the provider's office or agency, with the recipient and/or collaterals for the purpose of developing and implementing the treatment plan for an individual or family. This service is targeted at reducing or eliminating specific symptoms or behaviors which are related to a recipient's mental health or substance abuse disorder as specified in the treatment plan.
- Group Therapy – Direct contact with two or more unrelated recipients and/or collaterals as necessary for the purpose of implementing each recipient's treatment plan. This service is targeted at reducing or eliminating specific

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symptoms or behaviors related to a recipient's mental health and/or substance abuse disorder(s) as identified in the treatment plan.

- Psychosocial Rehabilitation - Direct contact with two or more recipients (and collaterals as necessary) for the purpose of providing a preplanned, structured program of community living skills training which addresses functional impairments and/or behavioral symptoms related to a recipient's mental and/or substance abuse disorder(s) to slow deterioration, maintain or improve community integration, to ensure personal safety and wellbeing, and to reduce the risk of or duration of placement in a more restrictive setting including a psychiatric hospital or similar facility.
- Individual Rehabilitative Services - Direct contact with enrolled recipients (and collaterals as necessary) for the purpose of implementing that portion of the treatment plan targeted to restoring basic skills necessary to function independently in the home and the community in an age-appropriate manner and for the purpose of restoring those skills necessary to enable and maintain independent living in the community in an age appropriate manner, including learning skills in use of necessary community resources. Individual rehabilitative services assist with the restoration of a recipient to his or her optimal functional level. This service is targeted at reducing or eliminating specific symptoms or behaviors related to a recipient's mental health and/or substance abuse disorder(s) as identified in the treatment plan.
- Certified Peer Specialist Services - Direct contact with enrolled recipients (and collaterals as necessary) for the purpose of implementing the portion of the enrolled recipient's treatment plan that promotes the recipient to direct their own recovery and advocacy process or training to parents on how best to manage their child's mental health and/or substance abuse disorder to prevent out-of-home placement; to teach and support the restoration and exercise of skills needed for management of symptoms; and for utilization of natural resources within the community. Services are person centered and provided from the perspective of an individual who has experience with the mental health and/or substance abuse system to assist the recipient and their family with meeting the goals of the recipient's treatment plan. This service is targeted at reducing or eliminating specific symptoms or behaviors related to a recipient's mental health and/or substance abuse disorder(s) as identified in the treatment plan.
- Comprehensive Medication Services- Direct contact with enrolled recipients by licensed and duly authorized medical personnel, acting within the scope of their

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licensure, regarding day-to-day management of the recipient's medication regime. This service may include education of recipient's regarding compliance with the prescribed regime, filling pill boxes, locating pharmacy services, and assistance managing symptoms that don't require a prescriber's immediate attention. This service is separate and distinct from the medication management performed by physicians, physician's assistants and advanced practitioners of nursing who have prescriptive authority.

Licensed Clinical Professionals		
Provider Type	Services Provided	Supervision Requirements
Licensed Professional Counselor (LPC) 42 CFR 440.60	<ul style="list-style-type: none"> • Individual counseling • Group counseling • Family therapy • Behavioral Health Clinical Assessment • Individual Rehabilitative Services • Psychosocial Rehabilitation • Ongoing/Targeted Case Management 	<ul style="list-style-type: none"> • Services must be within the scope of the provider's licensure. • Licensed Professional Counselor; Licensed Clinical Social Worker; Licensed Marriage and Family Therapist; or, Licensed Addictions Therapist as defined by the Mental Health Professions Licensing Board pursuant to Wyoming State Statute.
Licensed Clinical Social Worker (LCSW) 42 CFR 440.60		
Licensed Marriage and Family Therapist (LMFT) 42 CFR 440.60		
Licensed Addictions Therapist (LAT) 42 CFR 440.60		
Licensed Physician 42 CFR 440.60	<ul style="list-style-type: none"> • Individual counseling • Group counseling • Family therapy • Behavioral Health Clinical Assessment • Individual Rehabilitative Services • Psychosocial Rehabilitation • Ongoing/Targeted Case Management 	<ul style="list-style-type: none"> • Services must be within the scope of the provider's licensure. • Licensed Physician as defined by the Wyoming State Statute-Title 33, Chapter 26 and the Wyoming Board of Medicine.
Licensed Clinical Psychologist or Neuropsychologist 42 CFR 440.60	<ul style="list-style-type: none"> • Individual counseling • Group counseling • Family therapy • Behavioral Health Clinical Assessment • Individual Rehabilitative Services • Psychosocial Rehabilitation • Ongoing/Targeted Case Management 	Licensed clinical psychologists and psychological residents as defined by Wyoming State Statute-Title 33, Chapter 27, and the Wyoming State Board of Psychology.

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Licensed Advanced Practice Registered Nurse (APRN)	<ul style="list-style-type: none"> • Individual counseling • Group counseling • Family therapy • Behavioral Health Clinical Assessment • Individual Rehabilitative Services • Psychosocial Rehabilitation • Ongoing/Targeted Case Management 	Licensed Advanced Practice Registered Nurses (specialty area of psychiatric/mental health), as defined by Wyoming State Statute-Title 33, Chapter 21, and the Wyoming State Board of Nursing.
Clinical Staff		
Provisional Licensed Professional Counselor (PPC) 42 CFR 440.60	<ul style="list-style-type: none"> • Individual counseling • Group counseling • Family therapy • Behavioral Health Clinical Assessment • Individual Rehabilitative Services • Psychosocial Rehabilitation • Ongoing/Targeted Case Management 	Provisionally licensed mental health, substance abuse practitioner, CSW, CMHW, CAP practicing under the supervision of a qualified clinical supervisor as defined by the Mental Health Professions Licensing Board pursuant to Wyoming State Statute.
Certified Mental Health Worker (CMHW) 42 CFR 440.60		
Provisional Licensed Addictions Therapist (PLAT) 42 CFR 440.60		
Certified Addictions Practitioner (CAP) 42 CFR 440.60		
Certified Social Worker (CSW) 42 CFR 440.60		
Masters of Social Worker (MSW) with Provisional License (PCSW) 42 CFR 440.60		
Provisional Marriage and Family Therapist (PMFT) 42 CFR 440.60		
Registered Nurse (RN)	<ul style="list-style-type: none"> • Individual counseling • Group counseling • Family therapy • Behavioral Health Clinical Assessment • Individual Rehabilitative Services • Psychosocial Rehabilitation • Ongoing/Targeted Case Management • Comprehensive Medication Therapy 	Licensed Advanced Practice Registered Nurses (specialty area of psychiatric/mental health), as defined by Wyoming State Statute-Title 33, Chapter 21, and the Wyoming State Board of Nursing.

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Licensed Practical Nurse (LPN)	<ul style="list-style-type: none"> • Individual Rehabilitative Services • Ongoing/Targeted Case Management • Comprehensive Medication Therapy 	Licensed Advanced Practice Registered Nurses (specialty area of psychiatric/mental health), as defined by Wyoming State Statute-Title 33, Chapter 21, and the Wyoming State Board of Nursing.
Certified Peer Specialists	<ul style="list-style-type: none"> • Peer Recovery Supports 	Certified Peer Specialist (CPS) who has a GED or high school degree and meets the criteria and supervision requirements of a MHT as specified in the Wyoming Standards for the Operation of Community Mental Health and Substance Abuse Programs, is certified by the Mental Health and Substance Abuse Services Division of the Wyoming Department of Health and who is working under the documented, scheduled supervision of a licensed mental health professional.
Certified Addictions Practitioner Assistant (CAPA)	<ul style="list-style-type: none"> • Individual Rehabilitative Services 	Certified Addictions Practitioner Assistant (CAPA) who has completed two hundred seventy (270) contact hours of education and training in alcoholism and drug abuse or related counseling subjects that meet the academic and training content standards established for certification by the Mental Health Professions Licensing Board pursuant to Wyoming State Statute.
Case Manager	<ul style="list-style-type: none"> • Ongoing/Targeted Case Management • Individual Rehabilitative Services • Psychosocial Rehabilitation 	Mental Health Assistant (MHA) who has achieved a bachelor's degree in a human relations discipline as specified in the Wyoming Standards for the Operation of Community Mental Health and Substance Abuse Programs who is working under the documented, scheduled supervision of a licensed mental health professional.
Individual Rehabilitative Services Worker	<ul style="list-style-type: none"> • Individual Rehabilitative Services 	Mental Health Technician (MHT) who has a GED, a high school degree, or a higher degree in an other than human relations discipline as specified in the Wyoming Standards for the Operation of Community Mental Health and Substance Abuse Programs who is working under the documented, scheduled supervision of a licensed mental health professional.

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Applied Behavior Analysis (ABA) treatments are allowable to children between the ages of 0-20 years of age with a diagnosis of Autism Spectrum Disorder. Applied Behavior Analysis are individualized treatments based in behavioral sciences that focus on increasing positive behaviors and decreasing negative or interfering behaviors to improve a variety of well-defined skills. ABA is a highly structured program that includes incidental teaching, intentional environmental modifications, and reinforcement techniques to produce socially significant improvement in human behavior. ABA strategies include reinforcement, shaping, chaining of behaviors and other behavioral strategies to build specific targeted functional skills that are important for everyday life.

Allowable services include:

- Behavior identification assessment – Direct contact with the recipient (and collaterals as necessary) for the purposes of identification of deficient adaptive or maladaptive behaviors, completing an evaluation of the recipient’s mental health and/or substance abuse disorder(s) to determine treatment needs and establish a treatment plan. This service may include psychological testing if indicated.
- Behavioral identification supporting assessment – Direct contact with the recipient (and collaterals as necessary) for the purposes of identification and evaluation factors that may impede the expression of adaptive behavior. This assessment utilizes structured observation and/or standardized and non-standardized test to determine adaptive behavior. This service may include psychological testing if indicated.
- Adaptive behavior treatment – Direct contact with the recipient (and collaterals as necessary) for the purpose of addressing the patient’s specific target problems and treatment goals as defined by the assessments. Adaptive behavior treatment is based on principles including analysis and alteration of contextual events and motivating factors, stimulus-consequence strategies and replacement behavior, and monitoring of outcome metrics.
- Family adaptive behavior treatment guidance – Direct contact with the family/caregiver to provide specialized training and education to assist with the child’s needs and development. The provider will observe, instruct and train the family/caregivers on the child’s development status, and techniques and strategies to promote the child’s development that is established in the treatment plan.

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Licensed and certified practitioners include:

- Board Certified Behavior Analyst – Doctoral as defined by the Behavior Analyst Certification Board.
- Board Certified Behavior Analyst as defined by the Behavior Analyst Certification Board.

Applied Behavior Analysis treatments are also covered for certain practitioners (acting within the scope of their licensure or certification) when they are supervised by a Board Certified Behavior Analyst – Doctoral or a Board Certified Behavior Analyst.

The following practitioners are included under the supervisory arrangement listed above:

- Board Certified Assistant Behavior Analyst as defined by the Behavior Analyst Certification Board.
- Registered Behavior Technician as defined by the Behavior Analyst Certification Board.

Allowable services include:

- Adaptive behavior treatment

Effective January 1, 2020

Rehabilitative services will be limited to 30 visits per calendar year. Additional visits will be provided if medically necessary. This yearly limit will be based on the calendar year (January 1 through December 31). Clients under 21 in the health check services program (EPSDT) are not benefit limited.

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Supersedes

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