

## **Table of Contents**

**State/Territory Name: WY**

**State Plan Amendment (SPA) #: 21-0006**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) Summary Form (with 179-like data)
- 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**

---

July 30, 2021

Mr. Stefan Johansson, Director  
Wyoming Medicaid, Division of Healthcare Financing  
122 West 25<sup>th</sup> Street  
Cheyenne, WY 82002

Re: WY State Plan Amendment (SPA) 21-0006

Dear Mr. Johansson:

The Centers for Medicare & Medicaid Services (CMS) completed review of Wyoming's State Plan Amendment (SPA) Transmittal Number 21-0006 submitted on May 20, 2021. The purpose of this SPA is to eliminate the Program of All-Inclusive Care for the Elderly (PACE) as a Medicaid state plan option.

We conducted our review of this amendment according to statutory requirements of Title XIX of the Social Security Act and implementing Federal regulations. This letter is to inform you that WY Medicaid SPA Transmittal Number 21-0006 is approved effective April 1, 2021. We are also acknowledging that all 139 PACE participants were transitioned into other eligibility groups by February 2021.

If you have any questions regarding this amendment, please contact Claudia Simonson at (312) 353-2115 or via email at [claudia.simonson@cms.hhs.gov](mailto:claudia.simonson@cms.hhs.gov).

Sincerely,

Shantrina Roberts  
Deputy Director  
Division of Managed Care Operations

cc: Tyler Deines  
Lynn DelVecchio

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL  
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**1. TRANSMITTAL NUMBER  
2 1 0 0 0 62. STATE  
Wyoming3. PROGRAM IDENTIFICATION: Title XIX of the Social Security Act  
(Medicaid)TO: REGIONAL ADMINISTRATOR  
CENTERS FOR MEDICARE & MEDICAID SERVICES  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE: April 1, 2021

## 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  
§1905(a)(26) Social Security Act; §1934 Social Security Act; 42 CFR §  
460.507. FEDERAL BUDGET IMPACT  
a. FFY 2021 \$ (839.2)  
b. FFY 2022 \$ (1,042.9)

## 8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Section 3 – Services: General Provisions, Page 19 C; Attachment 3.1-A:  
Amount, Duration, and Scope of Medical and Remedial Care and  
Services Provided to the Categorically Needy, Page 11; Supplement 3 to  
Attachment 3.1-A: Pace State Plan Amendment9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT (If Applicable)Section 3 – Services: General Provisions, Page 19 C;  
Attachment 3.1-A: Amount, Duration, and Scope of Medical and  
Remedial Care and Services Provided to the Categorically  
Needy, Page 11; Supplement 3 to Attachment 3.1-A: Pace State  
Plan Amendment

## 10. SUBJECT OF AMENDMENT

Termination of the Program of All-Inclusive Care for the Elderly (PACE) and removal as an optional state plan service.

## 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

## 12. SIGNATURE OF STATE AGENCY OFFICIAL

13. TYPED NAME: Teri Green

14. TITLE: State Medicaid Agent

15. DATE SUBMITTED: May 20, 2021

## 16. RETURN TO:

Teri Green  
State Medicaid Agent  
Division of Healthcare Financing  
Herschler Building  
122 West 25<sup>th</sup> Street, 4 West  
Cheyenne, WY 28002

CC: Heather Gallo, Executive Assistant (Same Address)

## FOR REGIONAL OFFICE USE ONLY

## 17. DATE RECEIVED

May 20, 2021

## 18. DATE APPROVED

July 30, 2021

## PLAN APPROVED - ONE COPY ATTACHED

## 19. EFFECTIVE DATE OF APPROVED MATERIAL

April 1, 2021

## 20. SIGNATURE OF REGIONAL OFFICIAL

## 21. TYPED NAME

Shantrina Roberts

## 22. TITLE

Deputy Director, Division of Managed Care Operations

Citation 3.1(a)(1) Amount, Duration, and Scope of Services: Categorically Needy  
(Continued)

1905(a)(26) and 1934

\_\_\_\_\_ Program of All-Inclusive Care for the Elderly (PACE) services, as described and limited in Supplement 3 to Attachment 3.1-A.

ATTACHMENT 3.1-A identifies the medical and remedial services provided to the categorically needy. (Note: Other programs to be offered to Categorically Needy beneficiaries would specify all limitations on the amount, duration and scope of those services. As PACE provides services to the frail elderly population without such limitation, this is not applicable for this program. In addition, other programs to be offered to Categorically Needy beneficiaries would also list the additional coverage -that is in excess of established service limits- for pregnancy-related services for conditions that may complicate the pregnancy. As PACE is for the frail elderly population, this also is not applicable for this program.)

Amount, Duration and Scope of Medical and Remedial Care Services Provided To the  
Categorically Needy

27. Program of All-Inclusive Care for the Elderly (PACE) services, as described in  
Supplement 3 to Attachment 3.1-A.

\_\_\_\_\_ Election of PACE: By virtue of this submittal, the State elects PACE as an  
optional State Plan service.

  X   No election of PACE: By virtue of this submittal, the State elects to not add  
PACE as an optional State Plan service.