

## **Table of Contents**

**State/Territory Name: Wyoming**

**State Plan Amendment (SPA) #: 24-0005**

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

601 E. 12th St., Room 355

Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

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October 31, 2024

Lee Grossman  
State Medicaid Agent  
Division of Healthcare Financing  
Herschler Building  
122 West 25<sup>th</sup> Street, 4 West  
Cheyenne, WY 82002

Re: Wyoming State Plan Amendment (SPA) 24-0005

Dear State Medicaid Agent Grossman:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) WY 24-0005. This amendment moves the Applied Behavior Analysis (ABA) services from the Rehabilitative Services – Mental Health and Substance Abuse section to the Preventive Services Section of the plan with a reference in the Early Periodic Screening Diagnosis and Treatment (EPSDT) services to Preventive services.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations. This letter informs you that Wyoming's Medicaid SPA TN WY 24-0005 was approved on October 31, 2024, with an effective date of July 1, 2024.

Enclosed are copies of Form CMS-179 and approved SPA pages to be incorporated into the Wyoming State Plan.

If you have any questions, please contact Ford Blunt at (214) 767-6381 or via email at [Ford.Blunt@cms.hhs.gov](mailto:Ford.Blunt@cms.hhs.gov).

Sincerely,

Ruth

Hughes -S

Ruth A. Hughes, Acting Director  
Division of Program Operations

Digitally signed by  
Ruth Hughes -S  
Date: 2024.10.31  
13:06:08 -05'00'

Enclosures

cc: Jennifer Conrick  
Karen Small


<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b> <b>FOR: CENTERS FOR MEDICARE &amp; MEDICAID SERVICES</b>	<b>1. TRANSMITTAL NUMBER</b> 2 4 — 0 0 0 5	<b>2. STATE</b> WY
	<b>3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT</b> <input checked="" type="radio"/> XIX <input type="radio"/> XXI	
<b>TO: CENTER DIRECTOR</b> CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	<b>4. PROPOSED EFFECTIVE DATE</b> 7/1/2024	
<b>5. FEDERAL STATUTE/REGULATION CITATION</b> <del>CFR 440.60 and Section 1902(a)(30) of the Social Security Act</del> Title XIX of the Social Security Act	<b>6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)</b> a. FFY 2024 \$ 0 b. FFY 2025 \$ 0	
<b>7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT</b> Attachment 3.1A Section 4b, Page 1 Attachment 3.1A Section 13c Pages 2 - 3	<b>8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)</b> Attachment 3.1A Section 4b Page 1	

**9. SUBJECT OF AMENDMENT**  
 Moving the Applied Behavior Analysis (ABA) section from Attachment 3.1A - 13d. REHABILITATIVE SERVICES – MENTAL HEALTH & SUBSTANCE ABUSE to Attachment 3.1A - 4.b, Page 1 EPSDT Services and Preventive Services to Attachment 3.1A - 13.c pages 2 and 3 Preventive Services.

**10. 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:

<b>11. SIGNATURE OF STATE AGENCY OFFICIAL</b> 	<b>15. RETURN TO</b> Lee Grossman, MPA Senior Administrator / State Medicaid Agent Division of Healthcare Financing Wyoming Department of Health 122 W 25th St, 4 West Cheyenne, WY 82002  CC: Jennifer Conrick - Executive Assistant
<b>12. TYPED NAME – Lee Grossman</b>	
<b>13. TITLE – Senior Administrator/State Medicaid Agent</b>	
<b>14. DATE SUBMITTED</b> 10/ 28 /2024	

FOR CMS USE ONLY

<b>16. DATE RECEIVED</b> 8/5/2024	<b>17. DATE APPROVED</b> October 31, 2024
PLAN APPROVED - ONE COPY ATTACHED	
<b>18. EFFECTIVE DATE OF APPROVED MATERIAL</b> 7/1/2024	<b>19. SIGNATURE OF APPROVING OFFICIAL</b> Ruth Hughes -S <small>Digitally signed by Ruth Hughes -S Date: 2024.10.31 13:06:36 -05'00'</small>
<b>20. TYPED NAME OF APPROVING OFFICIAL</b> Ruth A. Hughes	<b>21. TITLE OF APPROVING OFFICIAL</b> Acting Director, Division of Program Operations

**22. REMARKS**

This is a revised CMS-179. The original CMS-179 was submitted on 8/5/24.

State submitted a pen and ink change for Box 5 on 10/30/24.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: WYOMING

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Amounts, Duration and Scope of Medical and Remedial Care and Services Provided

Explanation of Limitations

4. b The following expanded EPSDT services, which are not currently covered elsewhere in the state plan are available to treat conditions detected in children and young adults under the age of 21. A prior authorization process will determine the medical necessity and most cost effective setting for the service.

Expanded EPSDT Services:

- Medical care, or any other type of remedial care recognized under state law, furnished by licensed practitioners within the scope of their practice as defined by state law, i.e. services provided by a chiropractor, podiatrist, psychiatric nurse practitioners, psychologist, social worker or nutritionist.
- Private duty nursing services;
- Occupational and speech therapy services;
- Dentures;
- Case management services as defined in section 1915(g) (2);
- Respiratory care services as defined in section 1902 (e)(9) (C);
- Personal care services furnished to an individual who is not an inpatient or resident of a hospital, nursing facility, intermediate care facility for the mentally retarded, or institution for mental disease that are: (A) authorized for the individual by a physician in accordance with a plan of treatment or (at the option of the state) otherwise authorized for the individual in accordance with a service plan approved by the state; (B) provided by an individual who is qualified to provide such services and who is not a member of the individual's family, and (C) furnished in a home or other location; and,
- Other diagnostic, screening, preventive, and rehabilitative services including any medical or remedial services (provided in a facility, a home or other setting) recommended by a physician or other licensed practitioner of the healing arts within the scope of their practice under state law for the maximum reduction of physical or mental disability and restoration of an individual to the best possible functional level, which are not currently covered.
- 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. Refer to Preventive Services Attachment 3.1A, Section 13.c. for additional information regarding ABA.

Service Limitations:

Any limits on services or treatments are not applicable to EPSDT recipients if the service is determined to be medically necessary as a result of an EPSDT referral and is prior authorized.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: WYOMING

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Applied Behavior Analysis

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.

Licensed and certified practitioners include:

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

TN# WY 24-0005

Supersedes

TN# New Page

Approval Date: October 31, 2024

Effective Date: July 1, 2024



STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: WYOMING

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- 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.