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**State/Territory Name: Wyoming**

**State Plan Amendment (SPA) #: 24-0008**

This file contains the following documents in the order listed:

- 1) Approval Letter
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- 3) Approved SPA Pages

# WY - Submission Package - WY2024MS0002O - (WY-24-0008) - Administration

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DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
Medicaid and CHIP Operations Group  
601 E. 12th St.  
Room 355  
Kansas City, MO 64106



## Center for Medicaid & CHIP Services

February 27, 2025

Lee Grossman  
State Medicaid Agent  
Wyoming Department of Health - Division of Healthcare Financing  
112 West 25th Street  
4 West  
Cheyenne, WY 82002

Re: Approval of State Plan Amendment WY-24-0008

Dear Lee Grossman,

On January 14, 2025, the Centers for Medicare & Medicaid Services (CMS) received Wyoming State Plan Amendment (SPA) WY-24-0008 to update state plan assurances in accordance with federally mandated quality reporting requirements for the Child Core Set and the behavioral health quality measures on the Adult Core Set outlined in 42 CFR 431.16 and 437.10 through 437.15. This SPA attests to Wyoming Medicaid's adherence with federal reporting requirements.

We approve Wyoming State Plan Amendment (SPA) WY-24-0008 with an effective date(s) of December 31, 2024.

If you have any questions regarding this amendment, please contact Ford Blunt at [ford.blunt@cms.hhs.gov](mailto:ford.blunt@cms.hhs.gov).

Sincerely,

Ruth A. Hughes

Acting Director, Division of Program  
Operations

Center for Medicaid & CHIP Services

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## Submission - Summary

MEDICAID | Medicaid State Plan | Administration | WY2024MS0002O | WY-24-0008

CMS-10434 OMB 0938-1188

### Package Header

|                   |               |                         |            |
|-------------------|---------------|-------------------------|------------|
| Package ID        | WY2024MS0002O | SPA ID                  | WY-24-0008 |
| Submission Type   | Official      | Initial Submission Date | 1/14/2025  |
| Approval Date     | 02/27/2025    | Effective Date          | N/A        |
| Superseded SPA ID | N/A           |                         |            |

### State Information

|                       |         |                       |                              |
|-----------------------|---------|-----------------------|------------------------------|
| State/Territory Name: | Wyoming | Medicaid Agency Name: | Wyoming Department of Health |
|-----------------------|---------|-----------------------|------------------------------|

### Submission Component

- ☒ State Plan Amendment
- ☒ Medicaid
- ☐ CHIP

# Submission - Summary

MEDICAID | Medicaid State Plan | Administration | WY2024MS00020 | WY-24-0008

## Package Header

|                   |               |                         |            |
|-------------------|---------------|-------------------------|------------|
| Package ID        | WY2024MS00020 | SPA ID                  | WY-24-0008 |
| Submission Type   | Official      | Initial Submission Date | 1/14/2025  |
| Approval Date     | 02/27/2025    | Effective Date          | N/A        |
| Superseded SPA ID | N/A           |                         |            |

## SPA ID and Effective Date

SPA ID WY-24-0008

|                 |                         |                   |
|-----------------|-------------------------|-------------------|
| Reviewable Unit | Proposed Effective Date | Superseded SPA ID |
| Reporting       | 12/31/2024              | New               |

Page Number of the Superseded Plan Section or Attachment (If Applicable):  
N/A

## Submission - Summary

MEDICAID | Medicaid State Plan | Administration | WY2024MS00020 | WY-24-0008

### Package Header

|                   |               |                         |            |
|-------------------|---------------|-------------------------|------------|
| Package ID        | WY2024MS00020 | SPA ID                  | WY-24-0008 |
| Submission Type   | Official      | Initial Submission Date | 1/14/2025  |
| Approval Date     | 02/27/2025    | Effective Date          | N/A        |
| Superseded SPA ID | N/A           |                         |            |

### Executive Summary

**Summary Description Including Goals and Objectives** The purpose of this SPA is to attest that Wyoming Medicaid complies with the reporting requirements outlined in 42 CFR 431.16 and the annual Child and Adult Core Quality Measure Sets reporting requirements in 42 CFR 437.10 through 437.15. Wyoming Medicaid reports annually on all Child Core Set measures and all behavioral health measures from the Adult Core Set, as identified by the Secretary pursuant to 42 CFR 437.10. This SPA attests to Wyoming Medicaid's adherence with federal reporting requirements.

### Federal Budget Impact and Statute/Regulation Citation

#### Federal Budget Impact

|        | Federal Fiscal Year | Amount |
|--------|---------------------|--------|
| First  | 2025                | \$0    |
| Second | 2026                | \$0    |

#### Federal Statute / Regulation Citation

42 CFR 431.16; 42 CFR 437.10 through 437.15

Supporting documentation of budget impact is uploaded (optional).

| Name               | Date Created |  |
|--------------------|--------------|--|
| No items available |              |  |

# Submission - Summary

MEDICAID | Medicaid State Plan | Administration | WY2024MS0002O | WY-24-0008

## Package Header

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| Superseded SPA ID | N/A           |                         |            |

## Governor's Office Review

- ☐ No comment
- ☐ Comments received
- ☐ No response within 45 days
- ☒ Other

**Describe** Lee Grossman  
State Medicaid Agent  
Division of Healthcare Financing  
122 West 25th Street, 4 West  
Cheyenne, WY 82002

PRA Disclosure Statement: Centers for Medicare & Medicaid Services (CMS) collects this mandatory information in accordance with (42 U.S.C. 1396a) and (42 CFR 430.12); which sets forth the authority for the submittal and collection of state plans and plan amendment information in a format defined by CMS for the purpose of improving the state application and federal review processes, improve federal program management of Medicaid programs and Children's Health Insurance Program, and to standardize Medicaid program data which covers basic requirements, and individualized content that reflects the characteristics of the particular state's program. The information will be used to monitor and analyze performance metrics related to the Medicaid and Children's Health Insurance Program in efforts to boost program integrity efforts, improve performance and accountability across the programs. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1188. The time required to complete this information collection is estimated to range from 1 hour to 80 hours per response (see below), including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

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# WY - Submission Package - WY2024MS0002O - (WY-24-0008) - Administration

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## Medicaid State Plan Administration

### General Administration

### Reporting

MEDICAID | Medicaid State Plan | Administration | WY2024MS0002O | WY-24-0008

CMS-10434 OMB 0938-1188

### Package Header

|                   |               |                         |            |
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| Superseded SPA ID | New           |                         |            |
|                   | User-Entered  |                         |            |

### A. General Reporting

The agency submits all reports in the form and with the content required by the Secretary and complies with any provisions that the Secretary finds necessary to verify and assure the correctness of all reports.

- ☒ 1. The agency assures that all requirements of 42 CFR 431.16 are met.

### B. Annual Reporting on the Child and Adult Core Sets

- ☒ 1. The agency assures that all requirements of 42 CFR 437.10 through 437.15 are met.
- ☒ 2. The agency reports annually, by December 31, on:

a. All measures on the Child Core Set that are identified by the Secretary pursuant to 42 CFR 437.10.

b. All behavioral health measures on the Adult Core Set that are identified by the Secretary pursuant to 42 CFR 437.10.

### C. Additional Information (optional)

PRA Disclosure Statement: Centers for Medicare & Medicaid Services (CMS) collects this mandatory information in accordance with (42 U.S.C. 1396a) and (42 CFR 430.12); which sets forth the authority for the submittal and collection of state plans and plan amendment information in a format defined by CMS for the purpose of improving the state application and federal review processes, improve federal program management of Medicaid programs and Children's Health Insurance Program, and to standardize Medicaid program data which covers basic requirements, and individualized content that reflects the characteristics of the particular state's program. The information will be used to monitor and analyze performance metrics related to the Medicaid and Children's Health Insurance Program in efforts to boost program integrity efforts, improve performance and accountability across the programs. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1188. The time required to complete this information collection is estimated to range from 1 hour to 80 hours per response (see below), including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

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