

## **Table of Contents**

**State/Territory Name: Wyoming**

**State Plan Amendment (SPA) #: 25-0001**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS Form 179
- 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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June 13, 2025

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) 25-0001

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 25-0001. This SPA implements the mandatory exception to the “four walls” requirement for Indian Health Service (IHS) and Tribal clinics and elects the optional exception for clinics located in rural areas in accordance with 42 CFR 440.90.

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 25-0001 was approved on June 13, 2025, with an effective date of January 1, 2025.

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 A Hughes, Acting Director  
Division of Program Operations

Enclosures

cc: Jennifer Conrick  
Denzel Clifton

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL  
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER

2 5 — 0 0 0 1

2. STATE

WY

3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL  
SECURITY ACT

XIX



XXI

TO: CENTER DIRECTOR  
CENTERS FOR MEDICAID & CHIP SERVICES  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

01/01/2025

5. FEDERAL STATUTE/REGULATION CITATION

42 C.F.R. 440.90

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 2025

\$ 0

b. FFY 2026

\$ 0

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 3.1-A, Section 9, Pg 1 - 7

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT (If Applicable)

Attachment 3.1A, Section 9, Pg 1, Clinic Services (TN #94-014)

## 9. SUBJECT OF AMENDMENT

This State Plan Amendment implements the mandatory exception to the 'four walls' requirement for IHS and Tribal clinics.

## 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:

11. SIGNATURE OF STATE AGENCY OFFICIAL

12. TYPED NAME

Lee Grossman

13. TITLE

State Medicaid Agent

14. DATE SUBMITTED

05/16/2025

15. RETURN TO

Lee Grossman

State Medicaid Agent

Division of Healthcare Financing

122 West 25th, St. 4 West

Cheyenne, WY 82002

CC:

## FOR CMS USE ONLY

16. DATE RECEIVED

March 26, 2025

17. DATE APPROVED

June 13 2025

## PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL

January 1, 2025

19. SIGNATURE

20. TYPED NAME OF APPROVING OFFICIAL

Ruth A. Hughes

21. TITLE OF APPROVING OFFICIAL

Acting Director, Division of Program Operations

22. REMARKS

This is a revised CMS-179. The original CMS-179 was submitted on 3/26/2025.

**State Plan under Title XIX of the Social Security Act**

State/Territory: Wyoming

**Section 1905(a)(9) Clinic Services**

The state provides coverage for this benefit as defined at section §1905(a)(9) of the Social Security Act (the Act) and 42 C.F.R. 440.90 and as described as follows:

**General Assurances****[Select all three checkboxes below.]**

- ☒ The state assures services are furnished by a facility that is not part of a hospital in accordance with 42 C.F.R. 440.90.
- ☒ The state assures that services are furnished by facilities that are organized and operated to provide medical care to outpatients in accordance with 42 C.F.R. 440.90.
- ☒ The state assures that services are furnished under the direction of a physician or dentist in accordance with 42 C.F.R. 440.90(a).

**Types of Clinic Services and Limitations in Amount, Duration, or Scope****[Select if applicable, describe below, and indicate if limits may be exceeded based upon state determined medical necessity criteria.]**

- ☒ Limitations apply to all services within the benefit category.

To ensure clinic services are medically necessary, the agency may trigger verification of medical necessity after a designated number of visits established in other portions of the Wyoming Medicaid State Plan, or the agency has established that the individual is participating with health management. Wyoming does not have any hard limits on clinic services.

PRA Disclosure Statement - This use of this form is mandatory and the information is being collected to assist the Centers for Medicare & Medicaid Services in implementing section §1905(a)(9) of the Social Security Act. Under the Privacy Act of 1974, any personally identifying information obtained will be kept private to the extent of the law. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid Office of Management and Budget (OMB) control number. The OMB control number for this project is 0938-1148 (CMS-10398 #91). Public burden for all of the collection of information requirements under this control number is estimated to take about 25 hours per response. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to CMS, 7500 Security Boulevard, Attn: Paperwork Reduction Act Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

TN: WY-25-0001

Approval Date: 6/13/2025

Supersedes TN: TN 94-014

Effective: 01/01/2025

## State Plan under Title XIX of the Social Security Act

State/Territory: Wyoming

## Section 1905(a)(9) Clinic Services

Types of Clinics and Services:

[Select all that apply and describe below as applicable]

- ☐ Behavioral Health Clinics [Describe the types of behavioral health clinics below and select below if applicable.]:

- ☐ Limitations apply only to this clinic type within the benefit category. [Describe below and indicate if limits may be exceeded based upon state determined medical necessity criteria.]

- ☒ IHS and Tribal Clinics [Select below if applicable.]:

- ☐ Limitations apply only to this clinic type within the benefit category. [describe below and indicate if limits may be exceeded based upon state determined medical necessity criteria].

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TN: WY-25-0001

Approval Date: 6/13/2025

Supersedes TN: New Page

Effective: 01/01/2025

## State Plan under Title XIX of the Social Security Act

State/Territory: Wyoming

## Section 1905(a)(9) Clinic Services

Renal Dialysis Clinics **[Select below if applicable.]:**

Limitations apply only to this clinic type within the benefit category.  
**[Describe below and indicate if limits may be exceeded based upon state determined medical necessity criteria.]**



Other Clinics **[Describe the types of clinics, if any limitations apply, and select below if applicable.]:**

County Health Department Clinics in Wyoming which provide preventative, diagnostic or therapeutic services which are rendered under the direction of a physician or dentist within the scope of their practice.

Family Planning Clinics providing services which meet the Wyoming Medicaid definition of family planning services.

Free-standing Ambulatory Surgical Centers that meet the conditions for Medicare coverage and as evidenced by an agreement with the Wyoming Department of Health, Division of Healthcare Financing.



Limitations apply only to this clinic type within the benefit category.  
**[Describe below and indicate if limits may be exceeded based upon state determined medical necessity criteria.]**

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TN: WY-25-0001

Approval Date: 6/13/2025

Supersedes TN: New Page

Effective: 01/01/2025

**State Plan under Title XIX of the Social Security Act****State/Territory:** Wyoming**Section 1905(a)(9) Clinic Services**

PRA Disclosure Statement - This use of this form is mandatory and the information is being collected to assist the Centers for Medicare & Medicaid Services in implementing section §1905(a)(9) of the Social Security Act. Under the Privacy Act of 1974, any personally identifying information obtained will be kept private to the extent of the law. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid Office of Management and Budget (OMB) control number. The OMB control number for this project is 0938-1148 (CMS-10398 #91). Public burden for all of the collection of information requirements under this control number is estimated to take about 25 hours per response. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to CMS, 7500 Security Boulevard, Attn: Paperwork Reduction Act Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

TN: WY-25-0001

Approval Date: 6/13/2025

Supersedes TN: New Page

Effective: 01/01/2025

## State Plan under Title XIX of the Social Security Act

State/Territory: Wyoming

## Section 1905(a)(9) Clinic Services

Four Walls Exceptions

The state assures that the following services may be furnished outside of the clinic. **[Select the first and second checkbox; Do not select the second checkbox if the state does not enroll IHS or Tribal facilities as providers of clinic services.]**

- ☒ Services furnished outside the clinic, by clinic personnel under the direction of a physician, to an eligible individual who does not reside in a permanent dwelling or does not have a fixed home or mailing address in accordance with 42 C.F.R. 440.90(b).
- ☒ Services furnished outside a clinic that is a facility of the Indian Health Service, whether operated by the Indian Health Service (IHS) or by a Tribe or Tribal organization (as authorized by the Indian Self-Determination and Education Assistance Act (ISDEAA), Pub. L. 93-638), by clinic personnel under the direction of a physician in accordance with 42 C.F.R. 440.90(c).

The state elects to cover the following services outside of the clinic **[Select all that apply.]**:

- ☐ Services furnished outside of a clinic that is primarily organized for the care and treatment of outpatients with behavioral health disorders, including mental health and substance use disorders, by clinic personnel under the direction of a physician in accordance with 42 C.F.R. 440.90(d) **[Describe the types of behavioral health clinics such exception applies to below:]**

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## State Plan under Title XIX of the Social Security Act

State/Territory: Wyoming

## Section 1905(a)(9) Clinic Services



Services furnished outside of a clinic that is located in a rural area and is not a rural health clinic (as referenced in section §1905(a)(2)(B) of the Act and 42 C.F.R. 440.20(b) of this subpart) by clinic personnel under the direction of a physician in accordance with 42 C.F.R. 440.90(e) **[Select one of the checkboxes below and describe the definition of a rural area that applies to this exception.]**:



A definition adopted and used by a federal governmental agency for programmatic purposes **[Describe below.]**:

Areas defined by OMB as Micro area (urban core of 10,000 – 49,999 people) or counties outside of Metro or Micro Areas are considered "rural" in Wyoming.



A definition adopted by a state governmental agency with a role in setting state rural health policy **[Describe below.]**:

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**State Plan under Title XIX of the Social Security Act**

State/Territory: Wyoming

**Section 1905(a)(9) Clinic Services**

The state attests that **[Select the checkbox if the state elects to cover services outside of a clinic that is located in a rural area.]**:



The selected definition of a rural area best captures the population of rural individuals that meets more of the four criteria that mirror the needs and barriers to access experienced by individuals who are unhoused:

- The population experiences high rates of behavioral health diagnoses or difficulty accessing behavioral health services;
- The population experiences issues accessing services due to lack of transportation;
- The population experiences a historical mistrust of the health care system; and
- The population experiences high rates of poor health outcomes and mortality.

**Additional Benefit Description (Optional)**

At its option the state may provide additional descriptive information about the benefit, beyond what is included in the federal statutory and regulatory definitions and descriptions. **[Describe below.]**:

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