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State/Territory Name Wyoming

State Plan Amendment (SPA) #: 25-0002

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) Companion Letter
- 3) CMS Form 179
- 4) 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

August 29, 2025

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

Re: Wyoming State Plan Amendment (SPA) 25-0002

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 25-0002. This SPA attests to Wyoming's compliance with sections 5121 and 5122 of the Consolidated Appropriations Act, 2023, establishing Medicaid coverage for screening, diagnostic services, and targeted case management for eligible incarcerated individuals under 21 and former foster care youth 18-26, and electing to provide full Medicaid benefits to juveniles pending disposition of charges.

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 25-0002 was approved on August 29, 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.

Sincerely,

Shantrina Roberts, Acting Director
Division of Program Operations

Enclosures

cc: Jennifer Conrick
Denzel Clifton

DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services

601 E. 12th St., Room 355

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Medicaid and CHIP Operations Group

August 29, 2025

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

Re: Wyoming State Plan Amendment (SPA) - 25-0002 Companion Letter

Dear Medicaid Agent Grossman:

The Centers for Medicare & Medicaid Services (CMS) is sending this companion letter to WY-25-0002, approved on August 29, 2025. This SPA amends the Medicaid state plan to provide for mandatory coverage in accordance with section 1902(a)(84)(D) of the Social Security Act (the Act) for eligible juveniles that are incarcerated in a public institution post-adjudication of charges. As noted in the approval letter and state plan, this SPA is effective January 1, 2025, and will sunset on December 31, 2025. The state must complete the actions identified in this letter by the sunset date. Once these actions are completed, the state should submit a SPA to remove the sunset date from the state plan.

Effective January 1, 2025, section 1902(a)(84)(D) of the Act requires states to have an internal operational plan and, in accordance with such plan, provide for the following for eligible juveniles as defined in section 1902(nn) of the Act (individuals who are under 21 years of age and determined eligible for any Medicaid eligibility group, or individuals determined eligible for the mandatory eligibility group for former foster care children under 42 C.F.R. § 435.150 who are at least age 18 but under age 26) who are within 30 days of their scheduled date of release from a public institution following adjudication:

- In the 30 days prior to release (or not later than one week, or as soon as practicable, after release from the public institution), and in coordination with the public institution, the state must provide any screenings and diagnostic services which meet reasonable standards of medical and dental practice, as determined by the state, or as otherwise indicated as medically necessary, in accordance with the Early and Periodic Screening, Diagnostic, and Treatment requirements, including a behavioral health screening or diagnostic service.
- In the 30 days prior to release and for at least 30 days following release, the state must provide targeted case management services, including referrals to appropriate care and

services available in the geographic region of the home or residence of the eligible juvenile, where feasible, under the Medicaid state plan (or waiver of such plan).

We appreciate the state's efforts to implement this mandatory coverage and recognize the progress that has been made as well as the complexities associated with full implementation. However, during the review of WY-25-0002, CMS identified actions that must be completed to fully implement mandatory coverage in accordance with section 1902(a)(84)(D) of the Act. CMS is issuing this companion letter to document these actions and establish a timeframe for their completion.

The state must complete the following actions by December 31, 2025, to fully implement section 1902(a)(84)(D) of the Act. Once these actions are completed the state should submit a SPA to remove the sunset date from the state plan.

- 1. System Configuration Updates:** Wyoming will implement Medicaid Management Information System updates, including the creation of three new benefit plans: one for incarcerated youth, one for incarcerated adults, and one for incarcerated former foster care youth. These updates are scheduled for implementation in December 2025.

Wyoming will also finish implementing the system mechanisms for processing claims for this coverage. Claims are expected to be processed with retroactive coverage to January 1, 2025.

Lastly, Wyoming has data matches with the Wyoming Department of Corrections and the Wyoming Department of Family Services to identify eligible individuals incarcerated in state correctional institutions. For jails and other county facilities that have not established data matches, Wyoming plans to accept referrals for Targeted Case Management and/or eligible pre- or post-release services. Wyoming is considering whether it may identify eligible individuals and services using relevant place of service codes on claims billed by enrolled providers.

- 2. Provider Manual Revisions:** Wyoming will update provider-facing materials, including revisions to the Medicaid Provider Manual to clarify billing guidance and service coverage related to section 1902(a)(84)(D) of the Act. Wyoming intends to issue bulletin(s) addressing these provisions between July and September 2025, with formal manual updates scheduled for inclusion in the Q1 2026 update cycle.
- 3. Stakeholder Engagement and Outreach:** Correctional facilities within Wyoming have been informed of this new coverage and have been provided with options for participation. Any able and willing correctional institution may work with Wyoming to ensure the provisions of section 1902(a)(84)(D) of the Act are met.

Wyoming will continue to coordinate with correctional facilities, including jails where feasible, to provide education, explore data-sharing partnerships, and offer support with Medicaid provider enrollment for eligible entities that choose to enroll.

Wyoming has engaged and will continue to engage stakeholders throughout CY 2025 to support full operational readiness to the extent feasible.

As always, CMS is available to provide technical assistance on any of these actions. If you have any questions, please contact Ford Blunt at (214) 767-6381 or via email at Ford.Blunt@cms.hhs.gov.

Sincerely,

Shantrina Roberts, Acting Director
Division of Program Operations

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 2

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

January 1, 2025

5. FEDERAL STATUTE/REGULATION CITATION
Section 5121 and 5122 of the Consolidated Appropriations Act,
2023

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 2025 \$ 26,632

b. FFY 2026 \$ 35,510

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 3.1-M Pg. 1 - 3
Supplement 1 to Attachment 3.1-A Pg. 5a - 5h

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

N/A

9. SUBJECT OF AMENDMENT

Attests to Wyoming's compliance with Sections 5121 and 5122 of the Consolidated Appropriations Act, 2023, establishing Medicaid coverage for screening, diagnostic services, and targeted case management for eligible incarcerated individuals under 21 and former foster care youth 18-26, and electing to provide full Medicaid benefits to juveniles pending disposition of charges.

10. GOVERNOR'S REVIEW (Check One)



GOVERNOR'S OFFICE REPORTED NO COMMENT



OTHER, AS SPECIFIED:



COMMENTS OF GOVERNOR'S OFFICE ENCLOSED



NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

11. SIGNATURE OF STATE AGENCY OFFICIAL

12. TYPED NAME
Lee Grossman

13. TITLE
State Medicaid Agent

14. DATE SUBMITTED
03/24/2025

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 27, 2025

17. DATE APPROVED

August 29, 2025

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL

January 1, 2025

19. SIGNATURE OF APPROVING OFFICIAL

20. TYPED NAME OF APPROVING OFFICIAL

Shantrina Roberts

21. TITLE OF APPROVING OFFICIAL

Acting Director, Division of Program Operations

22. REMARKS

**Mandatory Coverage for
Eligible Juveniles who are
Inmates of a Public Institution
Post Adjudication of Charges**

State/Territory: Wyoming

General assurances. State must indicate compliance with all four items below with a check.

☒ In accordance with section 1902(a)(84)(D) of the Social Security Act, the state has an internal operational plan and, in accordance with such plan, provides for the following for eligible juveniles as defined in 1902(nn) (individuals who are under 21 years of age and determined eligible for any Medicaid eligibility group, or individuals determined eligible for the mandatory eligibility group for former foster care children age 18 up to age 26, immediately before becoming an inmate of a public institution or while an inmate of a public institution) who are within 30 days of their scheduled date of release from a public institution following adjudication:

☒ In the 30 days prior to release (or not later than one week, or as soon as practicable, after release from the public institution), and in coordination with the public institution, any screenings and diagnostic services which meet reasonable standards of medical and dental practice, as determined by the state, or as otherwise indicated as medically necessary, in accordance with the Early and Periodic Screening, Diagnostic, and Treatment requirements, including a behavioral health screening or diagnostic service.

☒ In the 30 days prior to release and for at least 30 days following release, targeted case management services, including referrals to appropriate care and services available in the geographic region of the home or residence of the eligible juvenile, where feasible, under the Medicaid state plan (or waiver of such plan).

☒ The state acknowledges that a correctional institution is considered a public institution and may include prisons, jails, detention facilities, or other penal settings (e.g., boot camps or wilderness camps).

Additional information provided (optional):

☐ No

☒ Yes [provide below]

The authority to provide for mandatory coverage for eligible juveniles who are inmates of a public institution post adjudication of charges will cease on December 31, 2025.

The state may determine that it is not feasible to provide the required services during the pre-release period in certain carceral facilities (e.g., identified local jails, youth correctional facilities, and state prisons) and/or certain circumstances (e.g. unexpected release or short-term stays). The state will maintain clear documentation in its internal operational plan regarding each facility and/or circumstances where the state determines that it is not feasible to provide for the required services during the pre-release period. This information is available to CMS upon request. Services will be provided post-release, including the mandatory 30-days of targeted case management, screening, and diagnostic services.

The state will maintain clear documentation in its internal operational plan indicating which carceral facility/facilities are furnishing required services during the pre-release period but not enrolling in or billing Medicaid. This information is available to CMS upon request.

**Optional Coverage for Eligible
Juveniles Who are Inmates of a
Public Institution Pending
Disposition of Charges**

State/Territory: Wyoming

Consistent with subdivision (A) following the last paragraph of section 1905(a) of the Social Security Act (the Act), optional coverage for eligible juveniles as defined in 1902(nn) (individuals who are under 21 years of age and determined eligible for any Medicaid eligibility group, or individuals determined eligible for the mandatory eligibility group for former foster care children age 18 up to age 26, immediately before becoming an inmate of a public institution or while an inmate of a public institution) while such individuals are inmates of a public institution, pending disposition of charges. For Medicaid beneficiaries under the age of 21, this includes all medically necessary section 1905(a) services provided in accordance with the Early and Periodic Screening, Diagnostic, and Treatment requirements as outlined in section 1905(r) of the Act, and any additional services as covered in the state plan, waiver of such state plan, and/or 1115 demonstration project for which a beneficiary is entitled. For former foster care youth ages 21-26, this includes all Medicaid mandatory and optional benefits provided to adults in the state plan, waiver of such state plan, and/or 1115 demonstration project for which a beneficiary is entitled. (check below)

☒ The state assures it is electing the option and provides such coverage.

Additional Information (Optional):

Click or tap here to enter text.

01/01/2025

State Plan under Title XIX of the Social Security Act
State/Territory: Wyoming

TARGETED CASE MANAGEMENT SERVICES FOR ELIGIBLE JUVENILES

Target Group (42 Code of Federal Regulations 441.18(a)(8)(i) and 441.18(a)(9)):

Eligible juveniles as defined in §1902(nn) (individuals who are under 21 years of age and determined eligible for any Medicaid eligibility group, or individuals determined eligible for the mandatory eligibility group for former foster care children age 18 up to age 26, immediately before becoming an inmate of a public institution or while an inmate of a public institution) who are within 30 days of their scheduled date of release from a public institution following adjudication, and for at least 30 days following release.

Post Release TCM Period beyond 30 day post release minimum requirement:

☒ State will provide TCM beyond the 30 day post release requirement: Depending on the client's health condition(s), identified need(s), and how quickly interventions are completed and the client makes healthy improvements, TCM support may continue beyond the thirty (30) days post release. Although TCM may be offered and can extend beyond the thirty (30) days post release, services may be refused at any time by the member.

Areas of State in which services will be provided (§1915(g)(1) of the Act):

☒ Entire state

Comparability of services (§§1902(a)(10)(B) and 1915(g)(1))

☒ Services are not comparable in amount duration and scope (§1915(g)(1)).

Definition of services (42 CFR 440.169): Targeted case management (TCM) services are defined as services furnished to assist individuals, eligible under the State Plan, in gaining access to needed medical, social, educational and other services.

Targeted Case Management includes the following assistance:

- ❖ Comprehensive assessment and periodic reassessment of individual needs, to determine the need for any medical, educational, social or other services. These assessment activities include:
 - taking client history;
 - identifying the individual's needs and completing related documentation; and
 - gathering information from other sources such as family members, medical providers, social workers, and educators (if necessary), to form a complete assessment of the eligible individual;

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 5121 of the Consolidated Appropriations Act, 2023. 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 #85). Public burden for all of the collection of information requirements under this control number is estimated to take about 15 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

State Plan under Title XIX of the Social Security Act
State/Territory: Wyoming

TARGETED CASE MANAGEMENT SERVICES FOR ELIGIBLE JUVENILES

The periodic reassessment is conducted every (check all that apply):

- ☐ 1 month
- ☐ 3 months
- ☐ 6 months
- ☐ 12 months

☒ Other frequency: The state will reassess the individual's needs every ninety (90) days and at the same time the initial comprehensive assessment and individual plan of care for Targeted Case Management (TCM) services is reassessed in conjunction with the client's quarterly treatment plan progress review, or more often as individual client preference and need indicates.

- ❖ Development (and periodic revision) of a specific care plan that is based on the information collected through the assessment that:
 - specifies the goals and actions to address the medical, social, educational, and other services needed by the individual;
 - includes activities such as ensuring the active participation of the eligible individual, and working with the individual (or the individual's authorized health care decision maker) and others to develop those goals; and
 - identifies a course of action to respond to the assessed needs of the eligible individual;
- ❖ Referral and related activities, including referrals to appropriate care and services available in the geographic region of the home or residence of the eligible juvenile, where feasible (such as scheduling appointments for the individual) to help the eligible individual obtain needed services including:
 - activities that help link the individual with medical, social, educational providers, or other programs and services that are capable of providing needed services to address identified needs and achieve goals specified in the care plan; and
- ❖ Monitoring and follow-up activities are: activities and contacts that are necessary to ensure the care plan is implemented and adequately addresses the eligible individual's needs, and which

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State Plan under Title XIX of the Social Security Act
State/Territory: Wyoming

TARGETED CASE MANAGEMENT SERVICES FOR ELIGIBLE JUVENILES

may be with the individual, family members, service providers, or other entities or individuals and conducted as frequently as necessary, and including at least one annual monitoring, to determine whether the following conditions are met:

services are being furnished in accordance with the individual's care plan;

- services in the care plan are adequate; and
- changes in the needs or status of the individual are reflected in the care plan.

Monitoring and follow-up activities include making necessary adjustments in the care plan and service arrangements with providers.

Frequency of additional monitoring: Specify the type and frequency of monitoring (check all that apply)

- ☒ Telephonic. Frequency: The state will conduct additional monitoring and follow-up activities every ninety (90) days and at the same time periodic reassessment is conducted, or more often as individual client preference and need indicates.
- ☐ In-person. Frequency: Click or tap here to enter text.
- ☐ Other [explain]: Click or tap here to enter text.
- ☒ Case management includes contacts with non-eligible individuals that are directly related to identifying the eligible individual's needs and care, for the purposes of helping the eligible individual access services; identifying needs and supports to assist the eligible individual in obtaining services; providing case managers with useful feedback, and alerting case managers to changes in the eligible individual's needs. For instance, a case manager might also work with state children and youth agencies for children who are involved with the foster care system. (42 CFR 440.169(e))

☒ If another case manager is involved upon release or for case management after the 30-day post release mandatory service period, states should ensure a warm hand off to transition case management and support continuity of care of needed services that are documented in the person-centered care plan. A warm handoff should include a meeting between the eligible juvenile, and both the pre-release and post-release case manager. It also should include a review of the person-centered care plan and next steps to ensure continuity of case management and follow-up as the eligible juvenile transitions into the community

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State Plan under Title XIX of the Social Security Act
State/Territory: Wyoming

TARGETED CASE MANAGEMENT SERVICES FOR ELIGIBLE JUVENILES

Qualifications of providers (42 CFR 441.18(a)(8)(v) and 42 CFR 441.18(b)):

Providers of TCM services are required to maintain current working knowledge of community resources, human service agencies and strong ability to work collaboratively with other agencies. Targeted case managers are part of the client's care team and provide feedback to the team on progress and goals for TCM.

Targeted Case Management Services may be provided by the following disciplines who are 1) Contracted directly by Wyoming Medicaid as an administrative health vendor, or 2) Enrolled with Wyoming Medicaid as a targeted case management provider practicing independently or as part of a FQHC or RHC, or 3) Employed by or under contract with a Medicaid-enrolled community mental health or substance abuse treatment center that is certified by the State Mental Health and Substance Abuse Treatment Authority:

- Physician, Psychologist, or Advanced Practice Nurse.
- Licensed or Certified Mental Health or Substance Abuse Professionals to include:
 - Licensed Professional Counselor; Licensed Clinical Social Worker; Licensed Marriage and Family Therapist, Licensed Addictions Therapist; Provisionally licensed mental health or substance abuse practitioner practicing under the supervision of a qualified clinical supervisor as defined by the Mental Health Professions Licensing Board pursuant to Wyoming State Statute;
 - Certified Social Worker (CSW) or a Certified Mental Health Worker CMHW) who is certified by the Mental Health Professions Licensing Board pursuant to Wyoming State Statute;
 - Certified Addictions Practitioner (CAP) who has received a baccalaureate degree in human resource discipline or a baccalaureate level equivalency in addiction therapy and is certified by the Mental Health Professions' Licensing Board pursuant to Wyoming State Statute; and,
- Mental Health Assistant (MHA) who has achieved a bachelors degree in a human relations discipline and who is working under the documented, scheduled supervision of a licensed mental health professional.

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 5121 of the Consolidated Appropriations Act, 2023. 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 #85). Public burden for all of the collection of information requirements under this control number is estimated to take about 15 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

State Plan under Title XIX of the Social Security Act**State/Territory:** Wyoming**TARGETED CASE MANAGEMENT SERVICES FOR ELIGIBLE JUVENILES**

- Certified Peer Specialist (CPS) who has a GED, a high school degree, or a higher degree in a discipline other than human relations, who is working under the documented, scheduled supervision of a licensed mental health professional, and who has completed a course of no less than thirty two (32) contact hours of standard training in addition to completing a Wellness Recovery Action Plan. The CPS must also participate in ongoing training annually to include at least fourteen (14) contact hours of routine training, participation in at least one (1) statewide, regional, or national training/conference with at least ten (10) contact hours of training, and participation in at least three (3) local trainings that each include at least one (1) contact hour related to the advancement of peer specialist proficiencies. The CPS will be further trained in the provision of TCM services.
- Registered Nurse (R.N), licensed in the State of Wyoming, who has at least two years of clinical experience after the awarding of the RN.

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State Plan under Title XIX of the Social Security Act
State/Territory: Wyoming

TARGETED CASE MANAGEMENT SERVICES FOR ELIGIBLE JUVENILES

Freedom of choice (42 CFR 441.18(a)(1)):

☒ The State assures that the provision of case management services will not restrict an individual's free choice of providers in violation of section 1902(a)(23) of the Act.

1. Eligible individuals will have free choice of any qualified Medicaid provider within the specified geographic area identified in this plan.
2. Eligible individuals will have free choice of any qualified Medicaid providers of other medical care under the plan.

Freedom of Choice Exception (§1915(g)(1) and 42 CFR 441.18(b)):

☐ Target group consists of eligible individuals with developmental disabilities or with chronic mental illness. Providers are limited to qualified Medicaid providers of case management services capable of ensuring that individuals with developmental disabilities or with chronic mental illness receive needed services:

There are no additional limitations to be imposed on the providers outside of those listed within this SPA on pages 5d-5e.

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 5121 of the Consolidated Appropriations Act, 2023. 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 #85). Public burden for all of the collection of information requirements under this control number is estimated to take about 15 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

State Plan under Title XIX of the Social Security Act
State/Territory: Wyoming

TARGETED CASE MANAGEMENT SERVICES FOR ELIGIBLE JUVENILES

Access to Services (42 CFR 441.18(a)(2), 42 CFR 441.18(a)(3), 42 CFR 441.18(a)(6)):

☒ The state assures the following:

- Case management (including targeted case management) services will not be used to restrict an individual's access to other services under the plan.
- Individuals will not be compelled to receive case management services, condition receipt of case management (or targeted case management) services on the receipt of other Medicaid services, or condition receipt of other Medicaid services on receipt of case management (or targeted case management) services; and
- Providers of case management services do not exercise the agency's authority to authorize or deny the provision of other services under the plans.
- Delivery of TCM and the policies, procedures, and processes developed to support implementation of these provisions are built in consideration of the individual's release and will not effectuate a delay of an individual's release or lead to increased involvement in the juvenile and adult justice systems.

Payment (42 CFR 441.18(a)(4)):

- ☒ The state assures payment for case management or targeted case management services under the plan does not duplicate payments made to public agencies or private entities under other program authorities for this same purpose.

Case Records (42 CFR 441.18(a)(7)):

- ☒ The state assures providers maintain case records that document for all individuals receiving case management as follows: (i) The name of the individual; (ii) The dates of the case management services; (iii) The name of the provider agency (if relevant) and the person providing the case management service; (iv) The nature, content, units of the case management services received and whether goals specified in the care plan have been achieved; (v) Whether the individual has declined services in the care plan; (vi) The need for, and occurrences of, coordination with other case managers; (vii) A timeline for obtaining needed services; (viii) A timeline for reevaluation of the plan.

Limitations:

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 5121 of the Consolidated Appropriations Act, 2023. 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 #85). Public burden for all of the collection of information requirements under this control number is estimated to take about 15 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

State Plan under Title XIX of the Social Security Act**State/Territory:** Wyoming**TARGETED CASE MANAGEMENT SERVICES FOR ELIGIBLE JUVENILES**

☒ The state assures that case management does not include, and Federal Financial Participation (FFP) is not available in expenditures for services defined in §440.169 when the case management activities are an integral and inseparable component of another covered Medicaid service (State Medicaid Manual (SMM) 4302.F).

Case management does not include, and Federal Financial Participation (FFP) is not available in expenditures for, services defined in §440.169 when the case management activities constitute the direct delivery of underlying medical, educational, social, or other services to which an eligible individual has been referred, including for foster care programs, services such as, but not limited to, the following: research gathering and completion of documentation required by the foster care program; assessing adoption placements; recruiting or interviewing potential foster care parents; serving legal papers; home investigations; providing transportation; administering foster care subsidies; making placement arrangements. (42 CFR 441.18(c))

FFP only is available for case management services or targeted case management services if there are no other third parties liable to pay for such services, including as reimbursement under a medical, social, educational, or other program except for case management that is included in an individualized education program or individualized family service plan consistent with §1903(c) of the Act. (§§1902(a)(25) and 1905(c))

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 5121 of the Consolidated Appropriations Act, 2023. 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 #85). Public burden for all of the collection of information requirements under this control number is estimated to take about 15 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