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# **State/Territory Name Wyoming**

State Plan Amendment (SPA) #: 25-0006

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

September 9, 2025

Jesse Springer Interim Division Administrator Division of Healthcare Financing (Medicaid & CHIP) Wyoming Department of Health 122 West 25th Street, 4 West Cheyenne, WY 82002

Re: Wyoming State Plan Amendment (SPA) 25-0006

Dear Interim Division Administrator Springer:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) WY 25-0006. This SPA updates and clarifies language regarding the eligible prescriber of physical therapy, occupational therapy, and speech pathology 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 25-0006 was approved on September 9, 2025, with an effective date of July 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

TRANSMITTAL AND NOTICE OF APPROVAL	L OF   1. TRANSMITTAL NUMBER   2. STATE   2. STATE   WY
STATE PLAN MATERIAL	
FOR: CENTERS FOR MEDICARE & MEDICAID SERVI	SECURITY ACT
	● XIX ○ XXI
TO: CENTER DIRECTOR	4. PROPOSED EFFECTIVE DATE
CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	07/01/2025
5. FEDERAL STATUTE/REGULATION CITATION	6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)
42 CFR 440.110, 440.230	a FFY2025\$_0
	b. FFY 2026 \$ 0
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT	T 8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)
Attachment 3.1-A, section 11.a - 11. c, Pg's 1 - 2	Attachment 3.1-A, section 11.a, 11.b, and 11.c (TN#
	92-04, 03-004, and 19-0022)
9. SUBJECT OF AMENDMENT	
	egarding the eligible prescriber of physical therapy, occupational
therapy, and speech pathology services.	sgalanig the engine processor of projectar therapy, eccupational
10. GOVERNOR'S REVIEW (Check One)	
OGOVERNOR'S OFFICE REPORTED NO COMMENT	OTHER, AS SPECIFIED:
COMMENTS OF GOVERNOR'S OFFICE ENCLOSED	
O NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTA	AL .
11 SIGNATURE OF STATE AGENCY OFFICIAL	15. RETURN TO
0.0	Lee Grossman
	State Medicaid Agent
Lee Grossman	Division of Healthcare Financing
13. TITLE	122 W. 25th Street 4 W Cheyenne, WY 82002
State Medicaid Agent	Cheyenne, W1 02002
14. DATE SUBMITTED	
07/30/2025	CMS LISE ONLY
A	IT. DATE APPROVED
16. DATE RECEIVED  July 30, 2025	September 9, 2025
	D - ONE COPY ATTACHED
18. EFFECTIVE DATE OF APPROVED MATERIAL	19. SIGNATURE OF APPROVING OFFICIAL
I.l. 1 2025	
July 1, 2025 20. TYPED NAME OF APPROVING OFFICIAL	
Shantrina Roberts	Acting Director, Division of Program Operations
22. REMARKS	

Effective Date: 07/01/2025

# STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT State: WYOMING

# AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED **EXPLANATION OF LIMITATIONS**

## 11.a. PHYSICAL THERAPY

Physical therapy services are limited to those rehabilitative and restorative services which are prescribed by a physician, advanced practice registered nurse, physician's assistant, or other licensed practitioner of the healing arts within the scope of their practice under State law and provided by a qualified physical therapist, or by a physical therapist assistant operating under the direction of a physical therapist, as defined in 42 CFR 484.115; which the state deems appropriate consistent with the patient's condition; and which are provide following physical debilitation due to acute trauma or physical illness.

#### Amount

Outpatient and independent physical therapy visits are limited to twenty (20) visits per calendar year. Additional visits will be provided if medically necessary. Recipients in the health check (EPSDT) program are not benefit limited.

# 11.b. OCCUPATIONAL THERAPY

Occupational therapy services are limited to those rehabilitative and restorative services which are prescribed by a physician, advanced practice registered nurse, physician's assistant, or other licensed practitioner of the healing arts within the scope of their practice under State law and provided by a qualified occupational therapist, or by an occupational therapist assistant operating under the direction of an occupational therapist, as defined in 42 CFR 484.115; which the state deems appropriate consistent with the patient's condition; and which are provide following physical debilitation due to acute trauma or physical illness.

## Amount

Outpatient and independent occupational therapy visits are limited to twenty (20) visits per calendar year. Additional visits will be provided if medically necessary. Recipients in the health check (EPSDT) program are not benefit limited.

#### 11.c. SPEECH PATHOLOGY

Speech pathology services are limited to those rehabilitative and restorative services which are prescribed by a physician, advanced practice registered nurse, physician's assistant, or other licensed practitioner of the healing arts within the scope of their practice under State law and provided by a qualified speech pathologist, or by an speech pathology assistant operating under the direction of a speech pathologist, as defined in 42 CFR 440.110; which the state deems

Approval Date: 09/09/2025

TN #: WY-25-0006

Supersedes

TN #: 92-04, 03-004, 19-0022

# STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT State: <u>WYOMING</u>

appropriate consistent with the patient's condition; and which are provide following physical debilitation due to acute trauma or physical illness.

## Amount

Speech pathology services are limited to thirty (30) visits per calendar year. Additional visits will be provided if medically necessary. Recipients in the health check (EPSDT) program are not benefit limited.

TN #: WY-25-0006 Supersedes

TN #: 19-0022

Approval Date: <u>09/09/2025</u> Effective Date: <u>7/01/2025</u>