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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

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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](mailto:Ford.Blunt@cms.hhs.gov).

Sincerely,

Shantrina Roberts, Acting Director  
Division of Program Operations

Enclosures

cc: Jennifer Conrick  
Denzel Clifton

**FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

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Attachment 3.1-A, section 11.a, 11.b, and 11.c (TN# 92-04, 03-004, and 19-0022)



22. REMARKS

## STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: WYOMING

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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

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

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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.