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State/Territory Name: Wyoming

State Plan Amendment (SPA) #: 19-0020

This file contains the following documents in the order listed:

- 1) Approval Letter
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- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
1961 Stout Street, Room 08-148
Denver, CO 80294



Denver Regional Operations Group

July 8, 2019

Teri Green, State Medicaid Agent
Office of Health Care Financing
Wyoming Department of Health
6101 Yellowstone Road, Suite 210
Cheyenne, WY 82009

Dear Ms. Green:

We have reviewed the proposed State Plan Amendment (SPA) submitted under transmittal number (TN) 19-0020. This SPA updates Wyoming's tribal consultation pages to clarify that consultation is only required for actions that are likely to impact tribes.

Please be informed that this State Plan Amendment was approved today with an effective date of July 1, 2019. We are enclosing the CMS-179 and the amended plan page(s).

If you have any questions concerning this amendment, please contact Sonja Madera at (303) 844-3522.

Sincerely,



Richard C. Allen
Director, Western Regional Operations Group
Denver Regional Office
Centers for Medicaid and CHIP Services

cc: Michael Ceballos, Director
Sheree Nall, Wyoming
Andrew Chapin, Wyoming
Chris Bass, Wyoming

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

FOR: HEALTH CARE FINANCING ADMINISTRATION

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

1. TRANSMITTAL NUMBER:

WY19-0020

2. STATE:

WYOMING

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE
SOCIAL SECURITY ACT (MEDICAID)

4. PROPOSED EFFECTIVE DATE

07/01/19

5. TYPE OF PLAN MATERIAL (*Check One*):

NEW STATE PLAN

AMENDMENT TO BE CONSIDERED AS NEW PLAN

AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (*Separate Transmittal for each amendment*)

6. FEDERAL STATUTE/REGULATION CITATION:

42 CFR 431.12b

7. FEDERAL BUDGET IMPACT:

FFY2019 – \$0.00

FFY2020 – \$0.00

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Section 1.4

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (*If Applicable*):

Section 1.4

10. SUBJECT OF AMENDMENT:

Wyoming is seeking to amend the Tribal Consultation SPA to update the current tribal consultation process. The Amendment submitted will include the changes to language regarding notification of State Plan Amendments and the frequency of Tribal Leadership Advisory Council Meetings.

11. 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: Delegated to Teri Green, State Medicaid Agent, Division of Healthcare Financing

12. SIGNATURE OF STATE AGENCY OFFICIAL:



16. RETURN TO:

TERI GREEN
STATE MEDICAID AGENT
DIVISION OF HEALTHCARE FINANCING
6101 YELLOWSTONE ROAD, SUITE 210
CHEYENNE, WY 82002

13. TYPED NAME: TERI GREEN

14. TITLE: STATE MEDICAID AGENT

CC: CHRIS BASS, MANAGEMENT ASSISTANT
(SAME ADDRESS)

15. DATE SUBMITTED: June 5, 2019

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

June 5, 2019

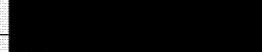
18. DATE APPROVED:

July 8, 2019

19. EFFECTIVE DATE OF APPROVED MATERIAL:

July 1, 2019

20. SIGNATURE OF REGIONAL OFFICIAL:



21. TYPED NAME:

Richard C. Allen

22. TITLE:

Director, Western Regional Operations Group

REMARKS:

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

1.4 State Medical Care Advisory Committee (42CFR 431.12 (b))

There is an advisory committee to a Medicaid agency director on health and medical care services established in accordance with and meeting all requirements of 42 CFR 431.12.

Tribal Consultation Requirements

Section 1902 (a)(73) of the Social Security Act (the Act) requires a State in which one or more Indian Health Programs or Urban Indian Organizations furnish health care services to establish a process for the State Medicaid agency to see advice on a regular, ongoing basis from designees of Indian health programs, whether operated by Indian Health Services (IHS), Tribes or Tribal organizations under the Indian Self-Determination and Education Assistance Act (ISDEAA), or Urban Indian Organizations under the Indian Health Care Improvement Act (IHCA). Section 2107 (e)(I) of the Act was also amended to apply these requirements to the Children's Health Insurance Program (CHIP). Consultation is required concerning Medicaid and CHIP matters having a direct impact on Indian Health Programs and Urban Indian organizations.

The Department of Health, as a state agency, shall establish and promote a relationship of cooperation and coordination, open communication and good will. The Department will work in good faith to amicably and fairly resolve issues and differences. The Department staff will interact and consult with Tribal governments, and the parties noted above, on a government to government basis to provide services to Wyoming's American Indians.

Wyoming will use the process identified in the section to seek advice on a regular, ongoing basis from Indian Health Services located at Fort Washakie (IHS) and the federally recognized Wyoming tribes on matters related to the Medicaid and/or CHIP Program and for consultation on State Plan Amendments (SPA), waiver proposals, waiver extensions, waiver amendments, waiver renewals and proposals for demonstration projects except for those involving minor technical amendment (e.g. taking out a reference to another chapter which had changed numbers or had been repealed), prior to submission to the Centers for Medicare and Medicaid Services (CMS).

- A) The State will assure that representatives of both the Eastern Shoshone and Northern Arapaho tribes and Indian Health Services (IHS) are notified at least 30 days prior to the above changes to being submitted to CMS. This will allow time for the tribes to review and provide recommendations and advice on current and future policy initiatives and pending changes to the Medicaid and/or CHIP programs.
- B) The Wyoming Department of Health, Division of Healthcare Financing will appoint a designated liaison for Medicaid and CHIP to facilitate the intergovernmental relationship between Medicaid, CHIP, the Wyoming Tribes and Wyoming IHS or other entities meeting the definition under the Act to assure compliance with the federal provisions for consultation and to expedite communications.

- C) The Medicaid Agency will implement the following process to seek advice on a regular and ongoing basis on matters related to Medicaid and/or CHIP
- (1) Up to four (4) times a year, Tribal Leadership Advisory Council meetings will be held in person or by another agreed upon means of communication (conference call, webinar, etc). The meetings will include two representatives from the Eastern Shoshone Tribal Leadership, two representatives from the Northern Arapaho Tribal Leadership, two representatives in a decision making capacity from IHS and/or their designees, one representative from each of the Department of Health divisions and/or other designated groups. The Department must be notified in writing if the designees change.
 - (2) Convene as needed additional face-to-face meetings with representatives from both Tribes, IHS and the State to discuss any items of importance to the parties.
 - (3) Provide both Tribes and IHS with a current list of Division contacts for the Medicaid and CHIP programs
 - (4) The Medicaid Agency will make an annual onsite visit to federally recognized Tribal Programs and/or facilitate collaboration and understanding among all parties.