DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S2-14-26
Baltimore, Maryland 21244-1850


CENTER FOR MEDICAID & CHIP SERVICES

**Disabled & Elderly Health Programs Group**

July 9, 2015

Ms. Teri Green
State Medicaid Agent
State of Wyoming, Department of Health
6101 Yellowstone Road, Suite 210
Cheyenne, WY 82009

Dear Ms. Green:

Thank you for your submission of the Wyoming Statewide Transition Plan as required at 42 CFR 441.301(c)(6). The Centers for Medicare & Medicaid Services (CMS) received the submission on November 24, 2014.

CMS completed its review of the submission consisting of a Statewide Transition Plan (STP), evidence of public notice and the state's summary of public comments. CMS has determined that more information is needed in the STP as noted below.

**Overview of Settings:**
Please provide a list of all the residential and non-residential settings in the state that are used in the provision of services in the 1915(c) HCBS waiver programs.

**Assessment of Settings Compliance:**
Please provide the following information:
1. Results from provider surveys completed August 1, 2014.
2. CMS and the state have negotiated July 2015 as the end date for the completion of the assessment of state policies, certifications and licensing requirements to determine if any need to be revised. In order for CMS to understand the impact of this assessment the state needs to crosswalk the policies, certification and licensure against the settings used in the state's 1915(c) HCBS waiver programs.

**Monitoring of Settings Compliance:**

Please provide information regarding the state's strategies for ongoing monitoring of settings, including beyond the transition period ending March 2019.

**Heightened Scrutiny:**

CMS needs to clearly understand the state process for identifying settings that are presumed to be institutional in nature. These are settings for which the state must submit information for the heightened scrutiny process if the state determines, through its assessments, that these settings do have qualities that are home and community-based in nature and do not have the qualities of an institution. If the state determines it will not submit information on settings meeting the scenarios described in the regulation, the presumption will stand and the state must describe the process for informing and transitioning the individuals involved to compliant settings or to non-Medicaid funding streams.

These settings include the following:

- Settings located in a building that is also a publicly or privately operated facility that provides inpatient institutional treatment;
- Settings in a building on the grounds of, or immediately adjacent to, a public institution;
- Any other setting that has the effect of isolating individuals receiving Medicaid HCBS from the broader community of individuals not receiving Medicaid HCBS.

**Public Comment:**

Please indicate in this section that the newsletter provided as public notice included information on how/where to obtain the transition plan for comment.

CMS learned in discussion with the state that the state had a purpose for removing specific "flags" from the provider setting analysis that went out for public comment. In order to ensure transparency, please include information regarding why the flags were removed from the provider setting analysis so that it is clear that they were not removed solely due to public disagreement.

**Remedial Actions:**

- Please align milestones and action items with those already approved in the Acquired Brain Injury, Assisted Living Facility, Comprehensive and Supports waiver specific transition plans.
- Please clarify how the state will use the analysis of the provider surveys completed August 1, 2014 to determine actions and milestones for providers to ensure or attain compliance with settings requirements.
- Please provide milestones, or potential milestones, for any corrective action required for the policies, certification and licensure against the settings used in the state's 1915(c) HCBS waiver programs.

Please provide a date, consistent with that provided in the waiver specific plans, by which the state will submit a modification to the Statewide Transition Plan delineating the findings of the systemic assessment and any associated changes to remedial milestones.

The State must submit the revised STP to CMS within 30 days from the date of receipt of this letter. CMS will coordinate with the State to schedule future meetings, if necessary, to discuss the results of CMS' review and how the State should proceed with making revisions.

Please contact Ondrea Richardson of my staff in the CMS Central Office at 410-786-4606, ondrea.richardson@cms.hhs.gov with any questions related to this letter.

Sincerely,

Ralph F. Lollar
Director
Division of Long Term Services and Supports

cc: Richard Allen, Denver Regional Office, Associate Regional Administrator