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State/Territory Name: Wyoming

State Plan Amendment (SPA) #: 21-0009

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages

WY - Submission Package - WY2021MS0001O - (WY-21-0009) - Eligibility

- Summary
- Reviewable Units
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CMS-10434 OMB 0938-1188

Package Information

Package ID	WY2021MS0001O	Submission Type	Official
Program Name	N/A	State	WY
SPA ID	WY-21-0009	Region	Denver, CO
Version Number	2	Package Status	Approved
Submitted By	Tyler Deines	Submission Date	5/25/2021
Package Disposition		Approval Date	8/10/2021 12:04 PM EDT
Priority Code	P2		

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Division of Program Operations
601 E. 12th
Room 355
Kansas City, MO 64106



Center for Medicaid & CHIP Services

August 10, 2021

Teri Green
Director Wyoming Department of Health
Wyoming Department of Health
112 West 25th Street
4 West
Cheyenne, WY 82002

Re: Approval of State Plan Amendment WY-21-0009

Dear Teri Green,

On May 25, 2021, the Centers for Medicare and Medicaid Services (CMS) received Wyoming State Plan Amendment (SPA) WY-21-0009 to remove the optional eligibility group for Program of All-Inclusive Care for the Elderly (PACE) participants.

We approve Wyoming State Plan Amendment (SPA) WY-21-0009 with an effective date(s) of April 01, 2021.

If you have any questions regarding this amendment, please contact Ford Blunt at ford.blunt@cms.hhs.gov

Sincerely,

James G. Scott

Director, Division of Program
Operations

Center for Medicaid & CHIP Services

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | WY2021MS0001O | WY-21-0009

Package Header

Package ID WY2021MS0001O
Submission Type Official
Approval Date 8/10/2021
Superseded SPA ID N/A

SPA ID WY-21-0009
Initial Submission Date 5/25/2021
Effective Date N/A

State Information

State/Territory Name: Wyoming

Medicaid Agency Name: Wyoming Department of Health

Submission Component

State Plan Amendment

Medicaid

CHIP

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | WY2021MS0001O | WY-21-0009

Package Header

Package ID WY2021MS0001O	SPA ID WY-21-0009
Submission Type Official	Initial Submission Date 5/25/2021
Approval Date 8/10/2021	Effective Date N/A
Superseded SPA ID N/A	

SPA ID and Effective Date

SPA ID WY-21-0009

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
Optional Eligibility Groups	4/1/2021	WY-20-0008
PACE Participants	4/1/2021	WY-11-003

Page Number of the Superseded Plan Section or Attachment (If Applicable):

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | WY2021MS0001O | WY-21-0009

Package Header

Package ID	WY2021MS0001O	SPA ID	WY-21-0009
Submission Type	Official	Initial Submission Date	5/25/2021
Approval Date	8/10/2021	Effective Date	N/A
Superseded SPA ID	N/A		

Executive Summary

Summary Description Including Goals and Objectives Remove optional eligibility group for Program of All-Inclusive Care for the Elderly (PACE) participants.

Federal Budget Impact and Statute/Regulation Citation

Federal Budget Impact

	Federal Fiscal Year	Amount
First	2021	\$-839221
Second	2022	\$-1042947

Federal Statute / Regulation Citation

§1905(a)(26) SSA, §1934 SSA, 42 CFR §460.50

Supporting documentation of budget impact is uploaded (optional).

Name	Date Created	
No items available		

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | WY2021MS0001O | WY-21-0009

Package Header

Package ID WY2021MS0001O
Submission Type Official
Approval Date 8/10/2021
Superseded SPA ID N/A

SPA ID WY-21-0009
Initial Submission Date 5/25/2021
Effective Date N/A

Governor's Office Review

- No comment
- Comments received
- No response within 45 days
- Other

Describe Delegated to Teri Green, State Medicaid Agent

Medicaid State Plan Eligibility

Optional Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | WY2021MS0001O | WY-21-0009

Package Header

Package ID	WY2021MS0001O	SPA ID	WY-21-0009
Submission Type	Official	Initial Submission Date	5/25/2021
Approval Date	8/10/2021	Effective Date	4/1/2021
Superseded SPA ID	WY-20-0008		
	User-Entered		

A. Options for Coverage

The state provides Medicaid to specified optional groups of individuals.

Yes No
















The optional eligibility groups covered in the state plan are (elections made in this screen may not be comprehensive during the transition period from the paper-based state plan to MACPro):

Families and Adults

Eligibility Group Name		Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type ?
Optional Coverage of Parents and Other Caretaker Relatives		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Reasonable Classifications of Individuals under Age 21		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Children with Non-IV-E Adoption Assistance		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Independent Foster Care Adolescents		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Optional Targeted Low Income Children		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	APPROVED
Individuals above 133% FPL under Age 65		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Needing Treatment for Breast or Cervical Cancer		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Eligible for Family Planning Services		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals with Tuberculosis		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Individuals Electing COBRA Continuation Coverage		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

Aged, Blind and Disabled

Eligibility Group Name		Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type ?
Individuals Eligible for but Not Receiving Cash Assistance		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Eligible for Cash Except for Institutionalization		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

Eligibility Group Name		Covered In State Plan	Include RU In Package 	Included in Another Submission Package	Source Type 
Individuals Receiving Home and Community-Based Waiver Services under Institutional Rules		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Optional State Supplement Beneficiaries		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals in Institutions Eligible under a Special Income Level		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
PACE Participants		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Receiving Hospice		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Children under Age 19 with a Disability		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Age and Disability-Related Poverty Level		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Work Incentives		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Ticket to Work Basic		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Ticket to Work Medical Improvements		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Family Opportunity Act Children with a Disability		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Receiving State Plan Home and Community-Based Services		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Receiving State Plan Home and Community-Based Services Who Are Otherwise Eligible for HCBS Waivers		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

Optional Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | WY2021MS0001O | WY-21-0009

Package Header

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Superseded SPA ID	WY-20-0008		
	User-Entered		

B. Medically Needy Options for Coverage

The state provides Medicaid to specified groups of individuals who are medically needy.

Yes No

Optional Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | WY2021MS0001O | WY-21-0009

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	User-Entered		

C. Additional Information (optional)

Eligibility Groups Deselected from Coverage

The following eligibility groups were previously covered in the source approved version of the state plan and deselected from coverage as part of this submission package:

- PACE Participants

Medicaid State Plan Eligibility

Eligibility Groups - Options for Coverage

PACE Participants

MEDICAID | Medicaid State Plan | Eligibility | WY2021MS0001O | WY-21-0009

Individuals who would be eligible for Medicaid under institutional rules and who participate in the PACE program.

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Superseded SPA ID	WY-11-003		
	User-Entered		

Group No Longer Covered

Covered Through ⓘ 3/31/2021 **Terminated As Of** ⓘ 4/1/2021

PRA Disclosure Statement: Centers for Medicare & Medicaid Services (CMS) collects this mandatory information in accordance with (42 U.S.C. 1396a) and (42 CFR 430.12); which sets forth the authority for the submittal and collection of state plans and plan amendment information in a format defined by CMS for the purpose of improving the state application and federal review processes, improve federal program management of Medicaid programs and Children's Health Insurance Program, and to standardize Medicaid program data which covers basic requirements, and individualized content that reflects the characteristics of the particular state's program. The information will be used to monitor and analyze performance metrics related to the Medicaid and Children's Health Insurance Program in efforts to boost program integrity efforts, improve performance and accountability across the programs. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1188. The time required to complete this information collection is estimated to range from 1 hour to 80 hours per response (see below), including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

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