HEALTH CARE FINANCING ADMINISTRATION		
TRANSMITTAL AND NOTICE OF APPROVAL OF	1 TRANSMITTAL NUMBER	2 STATE
	11-008	WYOMING
STATE PLAN MATERIAL	11.000	
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FOR: HEALTH CARE FINANCING ADMINISTRATION	3 PROGRAM IDENTIFICATION TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TOR, HEALTH CARE FHANCING ADMINISTRATION		
TO REGIONAL ADMINISTRATOR	4 PROPOSED EFFECTIVE DATE	
HEALTH CARE FINANCING ADMINISTRATION	September 30, 2011	
DEPARTMENT OF HEALTH AND HUMAN SERVICES	· ·	
5 TYPE OF PLAN MATERIAL (Check One)		
3 TIPE OF FLAN MATERIAL (Check One)		
	CONCIDENCE ACAIEM NEAD	E AMENDA COMO
	CONSIDERED AS NEW PLAN	
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)		
6 FEDERAL STATUTE/REGULATION CITATION	7 FEDERAL BUDGET IMPACT I	nitial start up of 300,000-
Section 1940 (a)	500,000, and 100,000 per year to maint	
5 to (a)	500,000, 2.12 100,000 pt. 700 to 112.11	
8 PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT	9 PAGE NUMBER OF THE SUPERS	PEDED BLAN SECTION
6 FAGE NUMBER OF THE FLAN SECTION OR ATTACHMENT		
	OR ATTACHMENT (If Applicable)	
Supplemental 16 to Attachment 2 6-A, pages 1-2	New	
	1	
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10 SUBJECT OF AMENDMENT		
Asset Verification System (AVS) for Aged, Blind or Disabled programs	that meet the federal requirements	
		
		
II GOVERNOR'S REVIEW (Check One)	_	
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