

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

1 TRANSMITTAL NUMBER  
11-008

2 STATE  
WYOMING

FOR: HEALTH CARE FINANCING ADMINISTRATION

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

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

4 PROPOSED EFFECTIVE DATE  
September 30, 2011

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  
Section 1940 (a)

7 FEDERAL BUDGET IMPACT    initial start up of 300,000-  
500,000, and 100,000 per year to maintain at 50/50 match

8 PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Supplemental 16 to Attachment 2 6-A, pages 1-2

9 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  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

New

10 SUBJECT OF AMENDMENT

Asset Verification System (AVS) for Aged, Blind or Disabled programs that meet the federal requirements

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, Office of  
HealthCare Financing

12 SIGNATURE OF STATE AGENCY OFFICIAL



13 TYPED NAME TERI GREEN

14 TITLE STATE MEDICAID AGENT

15 DATE SUBMITTED August 29, 2011

16 RETURN TO

TERI GREEN  
STATE MEDICAID AGENT  
OFFICE OF HEALTH CARE FINANCING  
6101 YELLOWSTONE ROAD SUITE 210  
CHEYENNE WY 82002

CC TAMMY ARNOLD, MANAGEMENT ASSISTANT  
(SAME ADDRESS)

**FOR REGIONAL OFFICE USE ONLY**

17 DATE RECEIVED

8/29/11

18 DATE APPROVED

11/21/11

19 EFFECTIVE DATE OF APPROVED MATERIAL

9/30/11

20 SIGNATURE OF REGIONAL OFFICIAL

22 TITLE

ARA, DMCHO

21 TYPED NAME

Richard C. Allen

23 REMARKS