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**State/Territory Name: Wyoming**

**State Plan Amendment (SPA) #: 13-0007-MM3**

This file contains the following documents in the order listed:

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

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
1600 Broadway, Suite 700  
Denver, CO 80202-4967



## Region VIII

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November 26, 2013

Teri Green, State Medicaid Agent  
Wyoming Division of Health Care Financing  
401 Hathaway Building  
Cheyenne, WY 82002

Re: SPA WY-13-0007-MM3

Dear Ms. Green:

Enclosed is an approved copy of Wyoming's state plan amendment (SPA) 13-0007-MM3, which was submitted to CMS on August 28, 2013. SPA 13-0007-MM3 incorporates the MAGI-based income methodology requirements into Wyoming's Medicaid state plan in accordance with the Affordable Care Act. The effective date of this SPA is January 1, 2014.

Enclosed is a copy of the following S94 state plan pages and attachments to be incorporated within a separate section at the end of Wyoming's approved state plan:

- S10, pages S10-1 and S10-2

In addition, enclosed is a summary of the state plan pages which are superseded by SPA 13-0007-MM3, which should also be incorporated into a separate section in the front of the state plan.

- Superseding pages of state plan material, SPA 13-0007-MM3.

CMS appreciates the significant amount of work your staff dedicated to preparing this state plan amendment. If you have any questions concerning this SPA, please contact Cindy Riddle of my staff at (303) 844-7116 or by email at [Cindy.Riddle@cms.hhs.gov](mailto:Cindy.Riddle@cms.hhs.gov).

Sincerely,

/s/

Richard C. Allen  
Associate Regional Administrator  
Division for Medicaid and Children's Health Operations

CC: Chris Bass  
Lee Clabots, Deputy Director

## Medicaid State Plan Eligibility: Summary Page (CMS 179)

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**State/Territory name:** Wyoming

**Transmittal Number:**

*Please enter the Transmittal Number (TN) in the format ST-YY-0000 where ST= the state abbreviation, YY = the last two digits of the submission year, and 0000 = a four digit number with leading zeros. The dashes must also be entered.*

WY-13-0007

**Proposed Effective Date**

01/01/2014 (mm/dd/yyyy)

**Federal Statute/Regulation Citation**

Public Law 111-148; 42 C.F.R. 435.603

**Federal Budget Impact**

	Federal Fiscal Year	Amount
<b>First Year</b>	2014	\$ 0.00
<b>Second Year</b>	2015	\$ 0.00

**Subject of Amendment**

Income methodology for MAGI eligibility groups

**Governor's Office Review**

Governor's office reported no comment

Comments of Governor's office received

Describe:

No reply received within 45 days of submittal

Other, as specified

Describe:

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

**Signature of State Agency Official**

**Submitted By:** Chris Bass

**Last Revision Date:** Nov 25, 2013

**Submit Date:** Oct 8, 2013





# Medicaid Eligibility

OMB Control Number 0938-1148

OMB Expiration date: 10/31/2014

## MAGI-Based Income Methodologies

S10

1902(e)(14)  
42 CFR 435.603

- The state will apply Modified Adjusted Gross Income (MAGI)-based methodologies as described below, and consistent with 42 CFR 435.603.

In the case of determining ongoing eligibility for beneficiaries determined eligible for Medicaid on or before December 31, 2013, MAGI-based income methodologies will not be applied until March 31, 2014, or the next regularly-scheduled renewal of eligibility, whichever is later, if application of such methods results in a determination of ineligibility prior to such date.

In determining family size for the eligibility determination of a pregnant woman, she is counted as herself plus each of the children she is expected to deliver.

In determining family size for the eligibility determination of the other individuals in a household that includes a pregnant woman:

- The pregnant woman is counted just as herself.
- The pregnant woman is counted as herself, plus one.
- The pregnant woman is counted as herself, plus the number of children she is expected to deliver.

Financial eligibility is determined consistent with the following provisions:

When determining eligibility for new applicants, financial eligibility is based on current monthly income and family size.

When determining eligibility for current beneficiaries, financial eligibility is based on:

- Current monthly household income and family size
- Projected annual household income and family size for the remaining months of the current calendar year

In determining current monthly or projected annual household income, the state will use reasonable methods to:

- Include a prorated portion of a reasonably predictable increase in future income and/or family size.
- Account for a reasonably predictable decrease in future income and/or family size.

Except as provided at 42 CFR 435.603(d)(2) through (d)(4), household income is the sum of the MAGI-based income of every individual included in the individual's household.

In determining eligibility for Medicaid, an amount equivalent to 5 percentage points of the FPL for the applicable family size will be deducted from household income in accordance with 42 CFR 435.603(d).

Household income includes actually available cash support, exceeding nominal amounts, provided by the person claiming an individual described at §435.603(f)(2)(i) as a tax dependent.

Yes  No



# Medicaid Eligibility

The age used for children with respect to 42 CFR 435.603(f)(3)(iv) is:

Age 19

Age 19, or in the case of full-time students, age 21

## PRA Disclosure Statement

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 0938-1148. The time required to complete this information collection is estimated to average 40 hours per response, 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.