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State/Territory Name: Wyoming

State Plan Amendment (SPA) #: WY-13-0009-MM

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) Additional Companion letter
- 3) Summary Form
- 4) Approved SPA Pages
- 5) Additional Attachments that are part of the state plan

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



Region VIII

January 14, 2014

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

RE: Wyoming 13-0009-MM

Dear Ms. Green:

Enclosed is an approved copy of Wyoming's state plan amendment (SPA) 13-0009-MM, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on October 8, 2013. SPA 13-0009-MM incorporates the MAGI-based eligibility process requirements, including the single streamlined application, into Wyoming's state plan in accordance with the Affordable Care Act. The effective date of this SPA is October 1, 2013.

The approval of SPA 13-0009-MM includes full approval of your state's alternative single streamlined application used to apply for multiple human service programs. Until May 31, 2014, the state is using an interim online alternative single streamlined online application. By June 1, 2014 the state will implement a revised alternative single streamlined online application that addresses CMS concerns outlined in the companion letter issued with this SPA approval.

Enclosed is a copy of the new state plan pages and attachments to be incorporated within a separate section at the end of South Dakota's approved state plan:

- S94, pages S94-1 and S94-2
- Attachment 3 - Statement of Use with Respect to the Alternative Single, Streamlined Online Application

In addition, enclosed is a summary of the state plan pages which are superseded by SPA 13-0009-MM, which should also be incorporated into a separate section in the front of the state plan.

- Superseding pages of state plan material, SPA 13-0009-MM.

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 at 303-844-7116, or by e-mail at Cynthia.Riddle@cms.hhs.gov.

Sincerely,

/s/

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

CC: Chris Bass
Lee Clabots, Deputy Director

DEPARTMENT OF HEALTH & HUMAN SERVICES
 Centers for Medicare & Medicaid Services
 San Francisco Regional Office
 90 Seventh Street, Suite 5-300 (5W)
 San Francisco, CA 94103-6706



DIVISION OF MEDICAID & CHILDREN'S HEALTH OPERATIONS

January 14, 2014

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

Dear Ms. Green:

This letter is being sent as a companion to Centers for Medicare & Medicaid Services (CMS) approval of state plan amendment (SPA) 13-0009-MM, which was submitted to CMS on October 8, 2013. Our review of this submission included a review of both the paper and online alternative single streamlined applications developed by the state.

Until March 30, 2014, the state is using an interim alternative single streamlined on-line application. The interim on-line application must be revised to reflect the following changes:

Necessary changes:	Date by which changes will be completed:
Wyoming will add language to indicate that both family members living together, as well as people sharing a tax return, should be included on the application.	April 1, 2014
Wyoming will remove a question about applicants being deceased.	April 1, 2014
Wyoming will not request documentation from the application filer unless attestations cannot be verified using electronic data sources.	April 1, 2014
<p>The following questions will not appear, by not later than April 1, 2014, for applicants that have not indicated potential eligibility on a non-MAGI basis:</p> <ul style="list-style-type: none"> • Questions regarding student status; • Questions regarding child support income; • Questions regarding resources; • Questions regarding disregards not applicable under MAGI 	April 1, 2014
<p>The following questions will not appear for household members who are not seeking any benefits:</p> <ul style="list-style-type: none"> • Questions regarding citizenship; • Questions regarding residency; • Questions regarding immigration status 	April 1, 2014

Applicants will have the opportunity to identify themselves as American Indian and Alaska Natives for purposes of cost-sharing protections, and identify American Indian and Alaska Native income not countable for Medicaid and CHIP income determinations.

April 1, 2014

Please submit the revised alternative single streamlined on-line application to CMS for review no later than March 1, 2014 to ensure approval by April 1, 2014. We continue to be available to provide technical assistance. For technical assistance with your application, please contact Dena Greenblum at 410-786-8684 or Dena.Greenblum@cms.hhs.gov. If you have any questions or require any further assistance, please contact Cynthia Riddle of my staff at either 303- 844-7116 or by email at Cynthia.Riddle@cms.hhs.gov.

Sincerely,

/s/

Richard C. Allen
Associate Regional Administrator
Division of Medicaid & Children's Health Operations

CC: Chris Bass
Lee Clabots, Deputy Director

Medicaid State Plan Eligibility: Summary Page (CMS 179)

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-13-0009

Proposed Effective Date

10/01/2013 (mm/dd/yyyy)

Federal Statute/Regulation Citation

Public Law 111-148; 42 C.F.R. 435.907

Federal Budget Impact

	Federal Fiscal Year	Amount
First Year	2014	\$ 0.00
Second Year	2015	\$ 0.00

Subject of Amendment

This Amendment establishes Wyoming Medicaid eligibility processes and application procedures.

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: Dec 18, 2013
 Submit Date: Oct 8, 2013



Medicaid Eligibility

OMB Control Number 0938-1148
OMB Expiration date: 10/31/2014

General Eligibility Requirements Eligibility Process

S94

42 CFR 435, Subpart J and Subpart M

Eligibility Process

- The state meets all the requirements of 42 CFR 435, Subpart J for processing applications, determining and verifying eligibility, and furnishing Medicaid.

Application Processing

Indicate which application the agency uses for individuals applying for coverage who may be eligible based on the applicable modified adjusted gross income standard.

- The single, streamlined application for all insurance affordability programs, developed by the Secretary in accordance with section 1413(b)(1)(A) of the Affordable Care Act

- An alternative single, streamlined application developed by the state in accordance with section 1413(b)(1)(B) of the Affordable Care Act and approved by the Secretary, which may be no more burdensome than the streamlined application developed by the Secretary.

An attachment is submitted.

- An alternative application used to apply for multiple human service programs approved by the Secretary, provided that the agency makes readily available the single or alternative application used only for insurance affordability programs to individuals seeking assistance only through such programs.

An attachment is submitted.

Indicate which application the agency uses for individuals applying for coverage who may be eligible on a basis other than the applicable modified adjusted gross income standard:

- The single, streamlined application developed by the Secretary or one of the alternate forms developed by the state and approved by the Secretary, and supplemental forms to collect additional information needed to determine eligibility on such other basis, submitted to the Secretary.

An attachment is submitted.

- An application designed specifically to determine eligibility on a basis other than the applicable MAGI standard which minimizes the burden on applicants, submitted to the Secretary.

An attachment is submitted.

The agency's procedures permit an individual, or authorized person acting on behalf of the individual, to submit an application via the internet website described in 42 CFR 435.1200(f), by telephone, via mail, and in person.

The agency also accepts applications by other electronic means:

- Yes No



Medicaid Eligibility

- The agency has procedures to take applications, assist applicants and perform initial processing of applications for the eligibility groups listed below at locations other than those used for the receipt and processing of applications for the title IV-A program, including Federally-qualified health centers and disproportionate share hospitals.

Parents and Other Caretaker Relatives

Pregnant Women

Infants and Children under Age 19

Redetermination Processing

- Redeterminations of eligibility for individuals whose financial eligibility is based on the applicable modified adjusted gross income standard are performed as follows, consistent with 42 CFR 435.916:
- Once every 12 months
 - Without requiring information from the individual if able to do so based on reliable information contained in the individual's account or other more current information available to the agency
- If the agency cannot determine eligibility solely on the basis of the information available to it, or otherwise needs additional information to complete the redetermination, it provides the individual with a pre-populated renewal form containing the information already available.
- Redeterminations of eligibility for individuals whose financial eligibility is not based on the applicable modified adjusted gross income standard are performed, consistent with 42 CFR 435.916 (check all that apply):
- Once every 12 months
 - Once every 6 months
 - Other, more often than once every 12 months

Coordination of Eligibility and Enrollment

- The state meets all the requirements of 42 CFR 435, Subpart M relative to coordination of eligibility and enrollment between Medicaid, CHIP, Exchanges and other insurance affordability programs. The single state agency has entered into agreements with the Exchange and with other agencies administering insurance affordability programs.
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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.

USE OF THE ALTERNATIVE SINGLE STREAMLINED APPLICATION

Paper Application Online Application

TRANSMITTAL NUMBER:

WY 13-0009

STATE:

Wyoming

Through May 31, 2014, the state is using an interim online alternative single streamlined application. As of June 1, 2014, the state will use a revised online alternative single streamlined application. The revised application will address the issues outlined in the CMS companion letter, which was issued with the approval of this state plan amendment, concerning the state's application. The revised application will be incorporated by reference into the state plan.