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**State/Territory Name: Wyoming** 

State Plan Amendment (SPA) #: 13-0011

This file contains the following documents in the order listed:

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

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



#### Region VIII

November 6, 2013

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

RE: Wyoming # 13-0011

Dear Ms. Green:

We have reviewed the proposed State Plan Amendment (SPA) submitted under transmittal number (TN) 13-0011. With this SPA, the State affirms citizenship regulations, specifies reasonable opportunity options, and specifies policy options related to immigrant eligibility in accordance to the Affordable Care Act.

Please be informed that this State Plan Amendment is approved effective January 1, 2014. We are enclosing the Summary Page (CMS-179) and the amended plan page(s).

If you have any questions concerning this amendment, please contact Cindy Riddle at (303) 844-7116.

Sincerely,

/s/

Mary Marchioni
Acting Associate Regional Administrator
Division for Medicaid & Children's Health Operations

CC: Chris Bass

Lee Clabots, Deputy Director

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

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WY-13-0011	o be entered.		
Proposed Effective I	Date		
01/01/2014	(mm/dd/yyyy)		
Federal Statute/Reg	ulation Citation		
Public Law 111	-148		
Federal Budget Imp	act		
2 2	Federal Fiscal Year	Amount	
First Year	2014	\$ 150000.00	
Second Year	2015	A 150000 00	
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SUPERSEDING PAGES OF STATE PLAN MATERIAL			
TRANSMITTAL NUMBER:	STATE:		
WY-13-0011	Wyoming		
PAGE NUMBER OF THE PLAN SECTION OR	PAGE NUMBER OF THE SUPERSEDED PLAN SECTION		
ATTACHMENT:	OR ATTACHMENT (If Applicable):		
S89 Non-Financial Eligibility- Citizenship and Non-Citizen Eligibility	Attachment 2.6-A: Page 2, Item 3, Subparagraphs (a) and (b), TN 91-14 Attachment 2.6-A: Page 3, Item 3, Subparagraphs (d) and (e), TN 91-14		



# **Medicaid Eligibility**

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

Non-Financial Engiolity Citizenship and Non-Citizen Eligibility	
1902(a)(46)(B) 8 U.S.C. 1611, 1612, 1613, and 1641 1903(v)(2),(3) and (4) 42 CFR 435.4 42 CFR 435.406 42 CFR 435.956	
Citizenship and Non-Citizen Eligibility	
The state provides Medicaid to citizens and nationals of the United States and certain non-citizens consistent with requirements of 42   CFR 435.406, including during a reasonable opportunity period pending verification of their citizenship, national status or satisfactory immigration status.	
■ The state provides Medicaid eligibility to otherwise eligible individuals:	
■ Who are citizens or nationals of the United States; and	
Who are qualified non-citizens as defined in section 431 of the Personal Responsibility and Work Opportunity  Reconciliation Act (PRWORA) (8 U.S.C. §1641), or whose eligibility is required by section 402(b) of PRWORA (8 U.S.C. §1612(b)) and is not prohibited by section 403 of PRWORA (8 U.S.C. §1613); and	
Who have declared themselves to be citizens or nationals of the United States, or an individual having satisfactory immigration status, during a reasonable opportunity period pending verification of their citizenship, nationality or satisfactory immigration status consistent with requirements of 1903(x), 1137(d), 1902(ee) of the SSA and 42 CFR 435.406, and 956.	
The reasonable opportunity period begins on and extends 90 days from the date the notice of reasonable opportunity is received by the individual.	
The agency provides for an extension of the reasonable opportunity period if the individual is making a good faith effort to resolve any inconsistencies or obtain any necessary documentation, or the agency needs more time to complete the verification process.	
○ Yes    No	
The agency begins to furnish benefits to otherwise eligible individuals during the reasonable opportunity period on a date earlier than the date the notice is received by the individual.	
● Yes  ○ No	
The date benefits are furnished is:	
• The date of application containing the declaration of citizenship or immigration status.	
The date the reasonable opportunity notice is sent.	
Other date, as described:	

Effective Date: 1/1/14



# **Medicaid Eligibility**

The state provides Medicaid coverage to all Qualified Non-Citizens whose eligibility is not prohibited by section 403 of PRWORA (8 U.S.C. §1613).
○ Yes
Indicate which requirements apply:
The state requires Lawful Permanent Residents to have 40 qualifying work quarters under Title II of the Social Security Ac
• Yes O No
The state limits eligibility to 7 years for certain non-citizens.
○ Yes
The state elects the option to provide Medicaid coverage to otherwise eligible individuals under 21 and pregnant women, lawfully residing in the United States, as provided in section $1903(v)(4)$ of the Act.
• Yes O No
Pregnant women
☐ Individuals under age 21:
An individual is considered to be lawfully residing in the United States if he or she is lawfully present and otherwise meets the eligibility requirements in the state plan.
■ An individual is considered to be lawfully present in the United States if he or she:
1. Is a qualified non-citizen as defined in 8 U.S.C. 1641(b) and (c);
2. Is a non-citizen in a valid nonimmigrant status, as defined in 8 U.S.C. 1101(a)(15) or otherwise under the immigration laws (a defined in 8 U.S.C. 1101(a)(17));
3. Is a non-citizen who has been paroled into the United States in accordance with 8 U.S.C. 1182(d)(5) for less than 1 year, except for an individual paroled for prosecution, for deferred inspection or pending removal proceedings;
4. Is a non-citizen who belongs to one of the following classes:
■ Granted temporary resident status in accordance with 8 U.S.C. 1160 or 1255a, respectively;
Granted Temporary Protected Status (TPS) in accordance with 8 U.S.C. §1254a, and individuals with pending applications for TPS who have been granted employment authorization;
■ Granted employment authorization under 8 CFR 274a.12(c);
Family Unity beneficiaries in accordance with section 301 of Pub. L. 101-649, as amended;
■ Under Deferred Enforced Departure (DED) in accordance with a decision made by the President;
■ Granted Deferred Action status;
■ Granted an administrative stay of removal under 8 CFR 241;
■ Beneficiary of approved visa petition who has a pending application for adjustment of status;
5. Is an individual with a pending application for asylum under 8 U.S.C. 1158, or for withholding of removal under 8

U.S.C.1231, or under the Convention Against Torture who -



## **Medicaid Eligibility**

■ Has been granted employment authorization; or
■ Is under the age of 14 and has had an application pending for at least 180 days;
6. Has been granted withholding of removal under the Convention Against Torture;
7. Is a child who has a pending application for Special Immigrant Juvenile status as described in 8 U.S.C. 1101(a)(27)(J);
8. Is lawfully present in American Samoa under the immigration laws of American Samoa; or
9. Is a victim of severe trafficking in persons, in accordance with the Victims of Trafficking and Violence Protection Act of 2000, Pub. L. 106-386, as amended (22 U.S.C. 7105(b));
10. Exception: An individual with deferred action under the Department of Homeland Security's deferred action for the childhood arrivals process, as described in the Secretary of Homeland Security's June 15, 2012 memorandum, shall not be considered to be lawfully present with respect to any of the above categories in paragraphs (1) through (9) of this definition.
Other
The state assures that it provides limited Medicaid services for treatment of an emergency medical condition, not related to an organ transplant procedure, as defined in 1903(v)(3) of the SSA and implemented at 42 CFR 440.255, to the following individuals who meet all Medicaid eligibility requirements, except documentation of citizenship or satisfactory immigration status and/or present an SSN:
Qualified non-citizens subject to the 5 year waiting period described in 8 U.S.C. 1613;
Non-qualified non-citizens, unless covered as a lawfully residing child or pregnant woman by the state under the option in accordance with 1903(y)(4) and implemented at 435 406(b)

#### 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.

Effective Date: 1/1/14