
Table of Contents

State/Territory Name: Wyoming

State Plan Amendment (SPA) #: WY-16-0018

This file contains the following documents in the order listed:

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

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
1961 Stout Street, Room 08-148
Denver, CO 80294



Region VIII

April 6, 2017

Teri Green, State Medicaid Agent
Office of Health Care Financing
Wyoming Department of Health
6101 Yellowstone Road, Suite 210
Cheyenne, WY 82009

RE: Wyoming #16-0018

Dear Ms. Green:

We have reviewed the proposed State Plan Amendment (SPA) submitted under transmittal number (TN) 16-0018. This SPA changes the Federal Poverty Level standard from 300% of the SSI payment level to 100% of the Federal Poverty Level and to include countable earned and unearned income.

Please be informed that this State Plan Amendment was approved April 5, 2017, with an effective date of May 1, 2017. We are enclosing the 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,



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

cc: Thomas Forslund, Director
Sheree Nall
Cindy Tallerdy

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

1. TRANSMITTAL NUMBER:

WY16-0018

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

July 1, 2017

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:

1902 (a) (10) (A) (ii) (XV) of the ACT

7. FEDERAL BUDGET IMPACT:

a. FFY 2017 \$ 125,668.13 (estimated savings)

b. FFY 2018 \$ 502,672.50 (estimated savings)

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 2.6-A, Page 12c

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION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

Attachment 2.6-A, Page 12c

10. SUBJECT OF AMENDMENT:

Change in the Federal Poverty Level standard from 300% of the SSI payment level to 100% of the Federal Poverty Level and to include countable earned and unearned income.

11. GOVERNOR'S REVIEW (*Check One*):

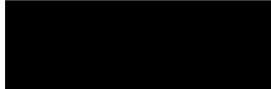
GOVERNOR'S OFFICE REPORTED NO COMMENT

COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

OTHER, AS SPECIFIED: Delegated to Teri Green, State Medicaid Agent, Division of Healthcare Financing

12. SIGNATURE OF STATE AGENCY OFFICIAL:



16. RETURN TO:

TERI GREEN
STATE MEDICAID AGENT
DIVISION OF HEALTHCARE FINANCING
6101 YELLOWSTONE ROAD, SUITE 210
CHEYENNE, WY 82002

13. TYPED NAME: TERI GREEN

14. TITLE: STATE MEDICAID AGENT

CC: CINDY TALLERDY, SENIOR ADMINISTRATIVE ASSISTANT
(SAME ADDRESS)

15. DATE SUBMITTED: 1-19-17

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

January 19, 2017

18. DATE APPROVED:

April 5, 2017

19. EFFECTIVE DATE OF APPROVED MATERIAL:

May 1, 2017

20. SIGNATURE OF REGIONAL OFFICIAL:



21. TYPED NAME:

Richard C. Allen

22. TITLE:

ARA, DMCHO

REMARKS:

STATE PLAN AMENDMENT UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Wyoming

Citation:	Condition or Requirement
1902 (a) (10) (A) (ii) (XV) of the Act	<p>(ii) <u>Working Individuals with Disabilities – Basic Insurance Group – TWWIIA</u></p> <p>In determining financial eligibility for working individuals with disabilities under this provision, the following standards and methodologies are applied:</p> <p>(x) The agency does <u>not</u> apply any resource standard.</p> <p>(xi) The agency does apply the following income standard(s):</p> <p style="padding-left: 40px;">Total countable income shall be equal to or less than one hundred percent (100%) of the Federal Poverty Level (FPL).</p>

TN No.: WY-16-0018Approval Date: April 5, 2017Effective Date: May 1, 2017

Supersedes

TN NO.: 05-004