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State/Territory Name: Wyoming

State Plan Amendment (SPA) #: 18-0001

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) 179
- 3) Approved SPA Pages

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



REGION VIII - DENVER

March 8, 2018

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

Dear Ms. Green:

We have reviewed the proposed State Plan Amendment (SPA) submitted under transmittal number (TN) 18-0001. This SPA amends the Asset Verification System (AVS) for Aged, Blind or Disabled programs that meet the federal requirements.

Please be informed that this State Plan Amendment was approved March 8, 2018 with an effective date of January 1, 2018. 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
Kristy Wilmarth

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

1. TRANSMITTAL NUMBER:
18-0001

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
January 1, 2018

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: \$39,125 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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION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*):

This SPA is replacing pages 1 and 2 of supplement 2.6-A

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:



16. RETURN TO:

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

13. TYPED NAME: TERI GREEN

14. TITLE: STATE MEDICAID AGENT

CC: KRISTY WILMARTH, MANAGEMENT ASSISTANT
(SAME ADDRESS)

15. DATE SUBMITTED: February 1, 2018

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

February 1, 2018

18. DATE APPROVED:

March 8, 2018

19. EFFECTIVE DATE OF APPROVED MATERIAL:

January 1, 2018

20. SIGNATURE OF REGIONAL OFFICIAL:



21. TYPED NAME:

Richard C. Allen

22. TITLE:

ARA, DMCHO

23. REMARKS:

STATE PLAN AMENDMENT UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Wyoming

ASSET VERIFICATION SYSTEM

1940 (a)
of the Act

1. The agency will provide for the verification of assets for purposes of determining or redetermining Medicaid eligibility for aged, blind or disabled Medicaid applicants and clients using an Asset Verification System (AVS) that meets the following minimum requirements.
 - A. The request and response system must be electronic:
 - (1) Verification inquiries must be sent electronically via the internet or similar means from the agency to the financial institution (FI).
 - (2) The system cannot be based on mailing paper-based requests.
 - (3) The system must have the capability to accept responses electronically.
 - B. The system must be secure, based on recognized industry standard of security (e.g., as defined U.S. Commerce Department's National Institute of Standards and Technology, or NIST).
 - C. The system must establish and maintain a database of FIs that participate in the agency's AVS.
 - D. Verification requests also must be sent to FIs other than those identified by applicants and recipients, based on some logic such as geographic proximity to the applicant's home address , or other reasonable factors whenever the agency determines that such requests are needed to determine or redetermine the individual's eligibility.
 - E. The verification requests must include a request for information on both open and closed accounts, going back up to 5 years as determined by the State.

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Supersedes

TN NO.: WY-11-008

2. System Development

A. The agency itself will develop an AVS.

In 3 below, provide any additional information the agency wants to include.

B. The agency will hire a contractor to develop an AVS.

In 3 below, provide any additional information the agency wants to include.

C. The agency will be joining a consortium to develop an AVS.

In 3 below, identify the states participating in the consortium. Also provide any other information the agency wants to include pertaining to how the consortium will implement the AVS requirements.

D. The agency already has a system in place that meets the requirements in Section 1.

In 3 below, describe how the existing system meets the requirements in Section 1.

E. Other alternative not include in A. – D. above.

In 3 below, describe the alternative approach and how it will meet the requirements in Section 1.

3. Provide the AVS implementation information requested for the implementation approach checked in Section 2 and any other information the agency may want to include.

Wyoming has contracted with Accuity Asset Verification Services, Inc. to implement the AVS . Programs utilizing AVS are: Nursing Home, Inpatient Hospital, Hospice, PACE, Waivers and Medicare Savings Program (MSP). Accuity Asset Verification Services, Inc. will implement an AVS system that meets the requirements of Supplement 16 to Attachment 2.-A, Page 1.

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Supersedes

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