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**State/Territory Name: WY**

**State Plan Amendment (SPA) #:19-0008**

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## Division of Medicaid and Children's Health Operations

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

Re: Approval of State Plan Amendment WY-19-0008

Dear Ms. Green:

On February 25, 2019, the Centers for Medicare and Medicaid Services (CMS) received Wyoming State Plan Amendment (SPA) WY-19-0008 to update the definition of temporary absence from the state..

We approve Wyoming State Plan Amendment (SPA) WY-19-0008 on April 11, 2019 with an effective date(s) of January 01, 2019.

Name	Date Created
No items available	

If you have any questions regarding this amendment, please contact Sonja Madera at 7202538099 or [sonja.madera@cms.hhs.gov](mailto:sonja.madera@cms.hhs.gov).

Sincerely,  
Mary Marchioni  
Acting Deputy Director  
Division of Medicaid and Children's Health Operations

### Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | WY2018MS00040 | WY-19-0008

#### Package Header

**Package ID** WY2018MS00040  
**Submission Type** Official  
**Approval Date** 4/11/2019  
**Superseded SPA ID** N/A

**SPA ID** WY-19-0008  
**Initial Submission Date** 2/25/2019  
**Effective Date** N/A

#### State Information


**State/Territory Name:** Wyoming

**Medicaid Agency Name:** Wyoming Department of Health

#### Submission Component

- State Plan Amendment  Medicaid  CHIP

## Package Information

**Package ID** WY2018MS00040  
**Program Name** N/A  
**SPA ID** WY-19-0008  
**Version Number** 2  
**Submitted By** Jolene Flores  
**Package Disposition**   
**Priority Code** P2

**Submission Type** Official  
**State** WY  
**Region** Denver, CO  
**Package Status** Approved  
**Submission Date** 2/25/2019  
**Approval Date** 4/11/2019 5:00 PM EDT

## Submission - Summary

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**Initial Submission Date** 2/25/2019  
**Effective Date** N/A

### SPA ID and Effective Date

**SPA ID** WY-19-0008

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
State Residency	1/1/2019	WY-13-0010

## Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | WY2018MS00040 | WY-19-0008

### Package Header

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**Effective Date** N/A

### Executive Summary

**Summary Description Including Goals and Objectives** We are updating policy to better define the definition of temporary absence.

### Federal Budget Impact and Statute/Regulation Citation

#### Federal Budget Impact

	Federal Fiscal Year	Amount
First	2018	\$0
Second	2019	\$0

#### Federal Statute / Regulation Citation

42 CFR 435.403

#### Supporting documentation of budget impact is uploaded (optional).

Name	Date Created
No items available	

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### Governor's Office Review

- No comment
- Comments received
- No response within 45 days
- Other

# Submission - Public Comment

MEDICAID | Medicaid State Plan | Eligibility | WY2018MS00040 | WY-19-0008

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### Indicate whether public comment was solicited with respect to this submission.

- Public notice was not federally required and comment was not solicited
- Public notice was not federally required, but comment was solicited
- Public notice was federally required and comment was solicited

### Indicate how public comment was solicited:

- Newspaper Announcement
- Publication in state's administrative record, in accordance with the administrative procedures requirements
- Email to Electronic Mailing List or Similar Mechanism
- Website Notice

### Select the type of website

- Website of the State Medicaid Agency or Responsible Agency  
**Date of Posting:** Jan 25, 2019  
**Website URL:** <https://health.wyo.gov/healthcarefin/medicaid/>
- Website for State Regulations
- Other

Public Hearing or Meeting

Other method

### Upload copies of public notices and other documents used

Name	Date Created
State Residency Public Notice	1/22/2019 4:37 PM EST

### Upload with this application a written summary of public comments received (optional)

Name	Date Created
No items available	

### Indicate the key issues raised during the public comment period (optional)

- Access
- Quality
- Cost
- Payment methodology
- Eligibility
- Benefits
- Service delivery
- Other issue

# Submission - Tribal Input

MEDICAID | Medicaid State Plan | Eligibility | WY2018MS00040 | WY-19-0008

## Package Header

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**SPA ID** WY-19-0008  
**Initial Submission Date** 2/25/2019  
**Effective Date** N/A

One or more Indian health programs or Urban Indian Organizations furnish health care services in this state

- Yes  
 No

This state plan amendment is likely to have a direct effect on Indians, Indian health programs or Urban Indian Organizations

- Yes  
 No

The state has solicited advice from Indian Health Programs and/or Urban Indian Organizations, as required by section 1902(a)(73) of the Social Security Act, prior to submission of this SPA

Complete the following information regarding any solicitation of advice and/or tribal consultation conducted with respect to this submission:

Solicitation of advice and/or Tribal consultation was conducted in the following manner:

- All Indian Health Programs

Date of solicitation/consultation:	Method of solicitation/consultation:
1/25/2019	E-mail of public notice to all tribal facilities and business councils.

- All Urban Indian Organizations

States are not required to consult with Indian tribal governments, but if such consultation was conducted voluntarily, provide information about such consultation below:

- All Indian Tribes

Date of consultation:	Method of consultation:
1/25/2019	E-mail of public notice to all tribal facilities and business councils.

The state must upload copies of documents that support the solicitation of advice in accordance with statutory requirements, including any notices sent to Indian Health Programs and/or Urban Indian Organizations, as well as attendee lists if face-to-face meetings were held. Also upload documents with comments received from Indian Health Programs or Urban Indian Organizations and the state's responses to any issues raised. Alternatively indicate the key issues and summarize any comments received below and describe how the state incorporated them into the design of its program.

Name	Date Created
State Residence Notice to Tribes	1/25/2019 11:13 AM EST

Indicate the key issues raised (optional)

- Access  
 Quality  
 Cost  
 Payment methodology  
 Eligibility  
 Benefits  
 Service delivery  
 Other issue



# Medicaid State Plan Eligibility

## Non-Financial Eligibility

### State Residency

MEDICAID | Medicaid State Plan | Eligibility | WY2018MS00040 | WY-19-0008

#### Package Header

**Package ID** WY2018MS00040  
**Submission Type** Official  
**Approval Date** 4/11/2019  
**Superseded SPA ID** WY-13-0010  
System-Derived

**SPA ID** WY-19-0008  
**Initial Submission Date** 2/25/2019  
**Effective Date** 1/1/2019

The state provides Medicaid to otherwise eligible residents of the state, including residents who are absent from the state under certain conditions.

#### A. Mandatory Residency Requirements

The state considers individuals under the following conditions to be residents of the state:

1. Non-institutionalized individuals age 21 and over, or under age 21, capable of indicating intent and who are emancipated or married, if the individual is living in the state and:
  - a. Intends to reside in the state, including without a fixed address, or
  - b. Entered the state with a job commitment or seeking employment, whether or not currently employed.
2. Individuals age 21 and over, not living in an institution, who are not capable of indicating intent, are residents of the state in which they live.
3. Non-institutionalized individuals under 21 who are not emancipated or married and who are not receiving payments under Title IV-E of the Social Security Act:
  - a. Residing in the state, with or without a fixed address, or
  - b. The state of residency of the parent or caretaker, in accordance with 42 CFR. 435.403(h)(1), with whom the individual resides.
4. Individuals living in institutions, as defined in 42 CFR 435.1010, including foster care homes, who became incapable of indicating intent before age 21 and individuals under age 21 living in institutions who are not emancipated or married:
  - a. Regardless of in which state the individual resides, if the parent or guardian applying for Medicaid on the individual's behalf resides in the state, or
  - b. Regardless of in which state the individual resides, if the parent or guardian resides in the state at the time of the individual's placement, or
  - c. If the individual applying for Medicaid on the individual's behalf resides in the state and the parental rights of the institutionalized individual's parent(s) were terminated and no guardian has been appointed and the individual is institutionalized in the state.
5. Individuals living in institutions who became incapable of indicating intent at or after age 21, if physically present in the state, unless another state made the placement.
6. Individuals who have been placed in an out-of-state institution, including foster care homes, by an agency of the state.
7. Any other institutionalized individual age 21 or over when living in the state with the intent to reside there, and not placed in the institution by another state.
8. Individuals receiving IV-E payments living in the state, or
9. Individuals who otherwise meet the requirements of 42 CFR 435.403.

## State Residency

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## B. Interstate Agreements

Individuals are considered to be residents of the state if they meet the criteria specified in an interstate agreement.

Yes

No

## State Residency

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**Effective Date** 1/1/2019

### C. Students from Other States

The state has a policy related to individuals in the state only to attend school.

- Yes  
 No

## State Residency

MEDICAID | Medicaid State Plan | Eligibility | WY2018MS00040 | WY-19-0008

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### D. Temporary Absence from the State

The state considers individuals who are state residents and who are temporarily absent from the state, to be state residents if the person intends to return when the purpose of the absence has been accomplished, unless another state has determined that the individual is a resident there for purposes of Medicaid eligibility, in accordance with 435,403(j)(3).

The state has an additional definition of temporary absence, including treatment of individuals who attend school in another state.

- Yes  
 No

Description of the definition:

Temporary absence includes, but is not limited to, one of the following conditions:

Individual leaves the state with the intent to return to Wyoming within three months;

Individual is in another state to get prescribed medical treatment not available in Wyoming and intends to return to Wyoming once the medical treatment is complete;

Temporary absence is due to the illness of the individual or the individual's parent, spouse, sibling or child;

A child in the custody of the State is placed in an out-of-state facility, unless the child is covered by the other state;

Individual's employer requires them to work out of state.

## State Residency

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### E. Additional Information (optional)

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 0938-1188. 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.

*This view was generated on 4/12/2019 8:56 AM EDT*