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State/Territory Name: Wyoming

State Plan Amendments (SPA) #: WY-13-0011

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) SPA Summary Form
- 3) Approved SPA Pages

The complete title XXI state plan for Wyoming consists of the most recent state plan posted on Medicaid.gov under CHIP and State Plan Amendments. The link is provided below. The following approved templates are in addition to, or replace sections of the state's posted current state plan. The attached approval letter(s) explain how these templates fit into that state plan.

Link to state title XXI state plans and amendments: http://medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Childrens-Health-Insurance-Program-CHIP/CHIP-State-Program-Information.html

DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services 7500 Security Boulevard, Mail Stop: S2-26-12 Baltimore, Maryland 21244-1850



Children and Adults Health Programs Group

MAY 0 9 2014

Ms. Susie Scott CHIP Director & Kid Care CHIP Manager Wyoming Department of Health 6101 Yellowstone Rd, Suite 210 Cheyenne, WY 82002

Dear Ms. Scott:

I am pleased to inform you that the Centers for Medicare & Medicaid Services has approved your title XXI Children's Health Insurance Program (CHIP) state plan amendment (SPA) number WY-13-0011 submitted on February 12, 2014, and related Modified Adjusted Gross Income (MAGI) Eligibility with an effective date of January 1, 2014.

In SPA number WY-13-0011, page CS15 provides assurance that the state will apply methodologies based on MAGI for all separate CHIP covered groups. Page CS7 indicates that, using the approved MAGI conversion plan income thresholds, the state will cover targeted low-income children. A copy of the approved CS15 is attached and should be incorporated within a separate subsection under Section 4.3 of the state's approved CHIP state plan. Page CS15 also supersedes Attachment A of the state's current CHIP state plan. A copy of the approved CS7 is attached and supersedes the current Geographic Area, Age and Income Sections 4.1.1, 4.1.2 and 4.1.3 of the current CHIP state plan.

Your title XXI project officer is Ms. Joyce Jordan. She is available to answer questions concerning this amendment and other CHIP-related issues. Ms. Jordan's contact information is as follows:

Centers for Medicare & Medicaid Services Center for Medicaid and CHIP Services Mail Stop: S2-01-16 7500 Security Boulevard Baltimore, MD 21244-1850

Telephone: (410) 786-3413 Facsimile: (410) 786-5882

E-mail: Joyce.Jordan@cms.hhs.gov

Official communications regarding program matters should be sent simultaneously to Ms. Jordan and to Mr. Richard Allen, Associate Regional Administrator (ARA) in our Denver Regional Office. Mr. Allen's address is:

Centers for Medicare & Medicaid Services Denver Regional Office Colorado State Bank Building 1600 Broadway, Suite# 700 Denver, CO 80202-4367

Congratulations on the approval. We look forward to continuing to work with you and your staff toward the approval of your remaining MAGI Eligibility SPAs. If you have additional questions, please contact Ms. Barbara K. Richards, Acting Director, Division of State Coverage Programs at (410) 786-5920.

Sincerely,

/ Eliot Fishman/

Eliot Fishman Director

Enclosure

cc:

Richard Allen, ARA, CMS Region VIII, Denver

WY.0764.R00.00 - Jan 01, 2014

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Children's Health Insurance Program Eligibility: Summary Page

State/Territory

Wyoming

name:

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-13-0011

Type of SPA:

- MAGI Eligibility & Methods
- XXI Medicaid Expansion
- Establish 2101(f) Group
- Eligibility Processing
- Non-Financial Eligibility

Proposed Effective Date

01/01/2014 (mm/dd/yyyy)

Federal Statute/Regulation Citation

2102(b)(1)(B)(v) of the SSA and 42 CFR 310,315 and 320, 42 CFR 457.315 and 435.603(b)

Federal Budget Impact

■ This SPA has a budget impact.

Total budget impact:

State Funds:

\$

Federal Funds:

\$

Subject of Amendment

Please provide a brief summary of SPA changes.

Character Count: 863

out of 2000

The Wyoming Children's Health Insurance Program (CHIP)State Plan is being amended to reflect the new eligibility income guidelines as a result of the Affordable Care Act (ACA). Effective January 1, 2014 children from birth up to six (6) years of age in families with income above 154% FPL up to, and

Signature of State Agency Official

Submitted By: Chris Bass

Last Revision May 9, 2014

Date:

Submit Date: Feb 12, 2014



SPA# WY-13-0011

CHIP Eligibility

	OMB Control Number: 0938-114 Expiration date: 10/31/201				
	ild Health Insura			EX	piration date: 10/31/2014 CS7
Eligibility -	Fargeted Low-Inc	ome Childrei	1		co.
2102(b)(1)(B)(v) of the SSA and 42 C	FR 457.310, 315	and 320		
Targeted Lostate.	ow-Income Children	- Uninsured child	lren under age 19 whos	se household income is within stand	ards established by the
▼ The CH	IP Agency operates th	is covered group	in accordance with the	following provisions:	
Age					
Must be un	der age 19.				
Income Standar	ds				
Income standards are applied statewide. Yes					
Are there any exceptions, e.g. populations in a county which may qualify under either a statewide income standard or a county income standard?					
Statewide Income Standards					
Begin with lowest age range first.					
Please note that the lower bound for CHIP eligibility should be the highest standard used for Medicaid poverty-level children for the same age group or groups entered here.					
	From Age	To Age	Above (% FPL)	Up to & including (% FPL)	
	• 0	6	154	200	x
	6	19	133	200	×
Age ranges may overlap. If there is an overlap, provide an explanation. Include the age ranges for each income standard that has overlapping ages and the reason for having different income standards.					
Special Program for Children with Disabilities					
Does the s	state have a special pro	gram for children	n with disabilities?	No	
		<u> </u>	PRA Disclosure Sta	<u>tement</u>	
L			MAY N	9 2011	4

Approval Date: Effective Date: January 1, 2014



SPA# WY-13-0011

CHIP Eligibility

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 50 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.

V.20130709

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CHIP Eligibility

OMB Control Number: 0938-1148

Expiration date: 10/31/2014

AGI-Based Income Methodologies CS1:				
02(b)(1)(B)(v) of the SSA and 42 CFR 457.315				
The CHIP Agency will apply Modified Adjusted Gross Income methodologies for all separate CHIP covered groups, as described below, and consistent with 42 CFR 457.315 and 435.603(b) through (i).				
In the case of determining ongoing eligibility for enrollees determined eligible for CHIP on or before December 31, 2013, MAGI-based income methodologies will not be applied until March 31, 2014 or the next regularly-scheduled renewal of eligibility, whichever is later.				
If the state covers pregnant women, in determining family size for the eligibility determination of a pregnant woman, she is counted as herself plus each of the children she is expected to deliver.				
In determining family size for the eligibility determination of the other individuals in a household that includes a pregnant woman:				
The pregnant woman is counted just as herself.				
C The pregnant woman is counted just as herself, plus one.				
The pregnant woman is counted as herself, plus the number of children she is expected to deliver.				
Financial eligibility is determined consistent with the following provisions:				
When determining eligibility for new applicants, financial eligibility is based on current monthly income and family size.				
When determining eligibility for current beneficiaries, financial eligibility is based on:				
© Current monthly household income and family size.				
Projected annual household income for the remaining months of the current calendar year and family size.				
In determining current monthly or projected annual household income, the state will use reasonable methods to:				
Include a prorated portion of the reasonably predictable increase in future income and/or family size.				
Account for a reasonably predictable decrease in future income and/or family size.				
Except as provided at 42 CFR 457.315 and 435.603(d)(2) through (d)(4), household income is the sum of the MAGI-based income every individual included in the individual's household.				
Household income includes actually available cash support, exceeding nominal amounts, provided by the person claiming an individual described at §435.603(f)(2)(i) as a tax dependent.				
The CHIP Agency certifies that it has submitted and received approval for the conversion for all separate CHIP covered group income standards to MAGI-equivalent standards.				
An attachment is submitted.				

PRA Disclosure Statement

MAY 0 9 2014

Approval Date:



CHIP Eligibility

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