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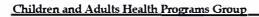
State/Territory Name: Wyoming

## State Plan Amendment (SPA) #: WY-21-0018

This file contains the following documents in the order listed:

Approval Letter
State Plan Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES Centers for Medicare & Medicaid Services 7500 Security Boulevard, Mail Stop S2-01-16 Baltimore, MD 21244-1850





May 25, 2021

Heather Gifford Kid Care CHIP Manager Wyoming Department of Health Division of Healthcare Financing 122 West 25<sup>th</sup> Street, 4 West Cheyenne, WY 82002

Dear Ms. Gifford:

Your title XXI Children's Health Insurance Program (CHIP) state plan amendment (SPA), WY-21-0017, submitted on January 5, 2021 and WY-21-0018, submitted on March 15, 2021, with additional information submitted on May 25, 2021, has been approved. These SPAs allow the state to transition its separate CHIP program, Kid Care CHIP, to a Medicaid expansion program effective as of October 1, 2020.

Through SPA WY-21-0017, the state removes references to its separate CHIP program throughout the state plan. This population transitioned to Wyoming's Medicaid state plan through Medicaid SPA WY-20-0008. SPA WY-21-0018 updates the income standards for the state's Medicaid expansion CHIP.

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

If you have additional questions, please contact Meg Barry, Director, Division of State Coverage Programs at (410) 786-1536. We look forward to continuing to work with you and your staff.

Sincerely, /Signed by Amy Lutzky/

Amy Lutzky Deputy Director



# **CHIP Eligibility**

State Name: Wyoming

Transmittal Number: WY - 21 - 0018

### **Eligibility for Medicaid Expansion Program**

42 CFR 457.320(a)(2) and (3)

Income eligibility for children under the Medicaid Expansion is determined in accordance with the following income standards:

There should be no overlaps or gaps for the ages entered.

Age and Household Income Ranges

Add	From Age	To Age	Above (% FPL)	Up to & including (% FPL)	Remove
Add	0	6	154	200	Remove
Add	6	19	119	200	Remove

#### 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 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.20181119

OMB Control Number: 0938-1148

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