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State/Territory Name: WY

State Plan Amendment (SPA) #: 20-0008

This file contains the following documents in the order listed:

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- 3) Approved SPA Pages

WY - Submission Package - WY2020MS00030 - (WY-20-0008) - Eligibility

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CMS-10434 OMB 0938-1188

Package Information

Package ID	WY2020MS00030	Submission Type	Official
Program Name	N/A	State	WY
SPA ID	WY-20-0008	Region	Denver, CO
Version Number	5	Package Status	Approved
Submitted By	Heather Gallo	Submission Date	10/13/2020
Package Disposition		Approval Date	5/13/2021 2:39 PM EDT
Priority Code	P2		

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Medicaid and CHIP Operations Group - Division of Program Operations
601 East 12th Street
Suite 355
Kansas City, MO 64106-2898



Center for Medicaid & CHIP Services

May 13, 2021

Teri Green
Director Wyoming Department of Health
Wyoming Department of Health
6101 Yellowstone Road
Suite 210
Cheyenne, WY 82009

Re: Approval of State Plan Amendment WY-20-0008

Dear Teri Green,

On October 13, 2020, the Centers for Medicare and Medicaid Services (CMS) received Wyoming State Plan Amendment (SPA) WY-20-0008 to add the Optional Targeted Low Income Children eligibility group to the Medicaid state plan. This SPA is part of the state's transition of its separate Children's Health Insurance Program (CHIP) to a Medicaid expansion program.

We approve Wyoming State Plan Amendment (SPA) WY-20-0008 with an effective date(s) of October 01, 2020.

Please see the companion letter attached with this approval.

If you have any questions regarding this amendment, please contact Ford Blunt at ford.blunt@cms.hhs.gov

Sincerely,

James G. Scott

Director, Division of Program
Operations

Center for Medicaid & CHIP Services

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | WY2020MS00030 | WY-20-0008

Package Header

Package ID	WY2020MS00030	SPA ID	WY-20-0008
Submission Type	Official	Initial Submission Date	10/13/2020
Approval Date	5/13/2021	Effective Date	N/A
Superseded SPA ID	N/A		

State Information

State/Territory Name: Wyoming

Medicaid Agency Name: Wyoming Department of Health

Submission Component

State Plan Amendment

Medicaid

CHIP

DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services
601 East 12th Street, Suite 355
Kansas City, Missouri 64106-2898



Medicaid and CHIP Operations Group

May 12, 2021

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

RE: Wyoming MACPro State Plan Amendment (SPA) Transmittal Number WY-20-0008

Dear Ms. Green:

We are issuing this letter as a companion to the approval of Wyoming State Plan Amendment (SPA) WY-20-0008, which adds the Optional Targeted Low Income Children eligibility group to the Medicaid state plan. This SPA is part of the state's transition of its separate Children's Health Insurance Program (CHIP) to a Medicaid expansion program. The effective date of the approved SPA is October 1, 2020. During the course of our review of SPA 20-0008, we found an issue stemming from the difference in the requirement between CHIP and Medicaid relating to lawful permanent residents (LPR) and 40 quarters of qualifying work history. This letter memorializes an agreement to resolve the 40 qualifying work quarters policy issue.

States are required to provide full Medicaid coverage to individuals who are LPRs, have 40 qualifying work quarters, and are otherwise eligible for Medicaid. (See 8 USC 1612(b)(2)(B).) States have the option to extend Medicaid eligibility to other LPRs, but states must cover in Medicaid LPRs with 40 qualifying work quarters, who are otherwise eligible under the state plan. (When a state limits coverage only to LPRs with 40 qualifying work quarters, an LPR without the 40 qualifying work quarters in such states would only be eligible for Medicaid coverage of the treatment of an emergency medical condition.) Wyoming has elected in its Medicaid state plan to require LPRs to have 40 qualifying work quarters. (See Wyoming's S89 "Non-Financial Eligibility Citizenship and Non-Citizen Eligibility" MMDL template in SPA WY-13-0011.) By contrast, there is no requirement for LPRs to have 40 qualifying work quarters in CHIP eligibility determinations.

Prior to October 1, 2020, Wyoming required LPR children to have – or for their parents to have – 40 quarters of qualifying work history to be eligible for full Medicaid coverage. Because states may not require 40 qualifying work quarters for eligibility in a separate CHIP, Wyoming was enrolling in its CHIP program children under age 19 who were denied Medicaid due to the lack of 40 qualifying work quarters (as well as those within the CHIP income range).

On October 1, 2020, Wyoming transitioned its separate CHIP population to a Medicaid expansion group, the Optional Targeted Low Income Children group. The state informed CMS that it included in its transition a small number of LPR children who had previously attained eligibility for CHIP and who did not meet the 40 qualifying work quarters requirement in Wyoming's Medicaid state plan.

On the basis of the maintenance of effort requirement described in section 2105(d)(3) of the Social Security Act, CMS informed the state that it must continue enrolling children with income from 0 to 119 percent of the federal poverty level without 40 qualifying work quarters into Medicaid or CHIP. We provided several options for the state to continue coverage for these individuals. The state informed CMS that it would elect to eliminate the requirement of 40 qualifying work quarters for LPRs in Medicaid effective April 1, 2021.

Additionally, CMS determined that once the separate CHIP enrollees were enrolled in Medicaid, the state may continue to claim the increased federal medical assistance percentage authorized under section 6008(a) of the Families First Coronavirus Response Act (FFCRA), if the state does not terminate the Medicaid eligibility of these children during the COVID-19 public health emergency, in accordance with the continuous enrollment requirement described in section 6008(b)(3) of the FFCRA.

Therefore, this letter documents that Wyoming agrees it will submit an additional Medicaid SPA as soon as practicable, but no later than June 30, 2021, to remove the 40 qualifying work quarters requirement for LPRs in its Medicaid state plan. This SPA will be submitted through the MACPro system to include the "Citizenship and Non-Citizen Eligibility" reviewable unit, and the state has agreed the SPA will have a proposed effective date no later than April 1, 2021. Elimination of the 40 qualifying work quarters policy will permit the state to enroll otherwise eligible LPRs in full Medicaid coverage without regard to the individual's qualifying work history.

CMS welcomes the opportunity to work with you and your staff to resolve these issues. Should you or your staff have any questions regarding this letter, please contact Ford Blunt at Ford.Blunt@cms.hhs.gov.

Sincerely,



Digitally signed by James G. Scott
-S
Date: 2021.05.12 13:21:45 -05'00'

James G. Scott, Director
Division of Program Operations

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | WY2020MS0003O | WY-20-0008

Package Header

Package ID	WY2020MS0003O	SPA ID	WY-20-0008
Submission Type	Official	Initial Submission Date	10/13/2020
Approval Date	5/13/2021	Effective Date	N/A
Superseded SPA ID	N/A		

SPA ID and Effective Date

SPA ID WY-20-0008

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
Optional Eligibility Groups	10/1/2020	WY-20-0001
Optional Targeted Low Income Children	10/1/2020	WY-13-008-MM1

Page Number of the Superseded Plan Section or Attachment (If Applicable):

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | WY2020MS0003O | WY-20-0008

Package Header

Package ID	WY2020MS0003O	SPA ID	WY-20-0008
Submission Type	Official	Initial Submission Date	10/13/2020
Approval Date	5/13/2021	Effective Date	N/A
Superseded SPA ID	N/A		

Executive Summary

Summary Description Including Goals and Objectives Children previously enrolled in the State's stand-alone Children's Health Insurance Program (CHIP) will now be enrolled as Medicaid Expansion children as Optional Targeted Low Income Children.

Federal Budget Impact and Statute/Regulation Citation

Federal Budget Impact

	Federal Fiscal Year	Amount
First	2021	\$0
Second	2022	\$0

Federal Statute / Regulation Citation

42 CFR 435.229

Supporting documentation of budget impact is uploaded (optional).

Name	Date Created	
No items available		

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | WY2020MS00030 | WY-20-0008

Package Header

Package ID WY2020MS00030
Submission Type Official
Approval Date 5/13/2021
Superseded SPA ID N/A

SPA ID WY-20-0008
Initial Submission Date 10/13/2020
Effective Date N/A

Governor's Office Review

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

Medicaid State Plan Eligibility

Optional Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | WY2020MS00030 | WY-20-0008

Package Header

Package ID	WY2020MS00030	SPA ID	WY-20-0008
Submission Type	Official	Initial Submission Date	10/13/2020
Approval Date	5/13/2021	Effective Date	10/1/2020
Superseded SPA ID	WY-20-0001		
	System-Derived		

A. Options for Coverage

The state provides Medicaid to specified optional groups of individuals.

Yes No
















The optional eligibility groups covered in the state plan are (elections made in this screen may not be comprehensive during the transition period from the paper-based state plan to MACPro):

Families and Adults

Eligibility Group Name		Covered In State Plan	Include RU In Package	Included in Another Submission Package	Source Type
Optional Coverage of Parents and Other Caretaker Relatives		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Reasonable Classifications of Individuals under Age 21		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Children with Non-IV-E Adoption Assistance		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Independent Foster Care Adolescents		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Optional Targeted Low Income Children		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	APPROVED
Individuals above 133% FPL under Age 65		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Needing Treatment for Breast or Cervical Cancer		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Eligible for Family Planning Services		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals with Tuberculosis		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Individuals Electing COBRA Continuation Coverage		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

Aged, Blind and Disabled

Eligibility Group Name		Covered In State Plan	Include RU In Package	Included in Another Submission Package	Source Type
Individuals Eligible for but Not Receiving Cash Assistance		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Eligible for Cash Except for Institutionalization		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

Eligibility Group Name		Covered In State Plan	Include RU In Package 	Included in Another Submission Package	Source Type 
Individuals Receiving Home and Community-Based Waiver Services under Institutional Rules		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Optional State Supplement Beneficiaries		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals in Institutions Eligible under a Special Income Level		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
PACE Participants		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="radio"/>	NEW
Individuals Receiving Hospice		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Children under Age 19 with a Disability		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Age and Disability-Related Poverty Level		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Work Incentives		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Ticket to Work Basic		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Ticket to Work Medical Improvements		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Family Opportunity Act Children with a Disability		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Receiving State Plan Home and Community-Based Services		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Receiving State Plan Home and Community-Based Services Who Are Otherwise Eligible for HCBS Waivers		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

Optional Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | WY2020MS0003O | WY-20-0008

Package Header

Package ID	WY2020MS0003O	SPA ID	WY-20-0008
Submission Type	Official	Initial Submission Date	10/13/2020
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Superseded SPA ID	WY-20-0001		
	System-Derived		

B. Medically Needy Options for Coverage

The state provides Medicaid to specified groups of individuals who are medically needy.

Yes No

Optional Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | WY2020MS0003O | WY-20-0008

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Superseded SPA ID	WY-20-0001		
	System-Derived		

C. Additional Information (optional)

Eligibility Groups Deselected from Coverage

The following eligibility groups were previously covered in the source approved version of the state plan and deselected from coverage as part of this submission package:

- N/A

Medicaid State Plan Eligibility

Eligibility Groups - Options for Coverage

Optional Targeted Low Income Children

MEDICAID | Medicaid State Plan | Eligibility | WY2020MS0003O | WY-20-0008

Uninsured children who meet the definition of optional targeted low income children at 42 C.F.R. §435.4, who have household income at or below a standard established by the state.

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Superseded SPA ID	WY-13-008-MM1		
	User-Entered		

The state covers the optional targeted low income children group in accordance with the following provisions:

A. Characteristics

Individuals qualifying under this eligibility group must meet the following criteria:

1. Are under age 19, or a lower age, as specified in C.
2. Are uninsured and otherwise meet the definition of optional targeted low-income child at 42 CFR 435.4 and section 1905(u)(2)(B) of the Act.
3. Have household income at or below the standard established by the state, if the state has an income standard.
4. Are not otherwise eligible for and enrolled in mandatory coverage under the state plan.

B. Financial Methodologies

MAGI-based methodologies are used in calculating household income. Please refer as necessary to MAGI-Based Methodologies, completed by the state.

C. Individuals Covered

1. The state covers all children under a specified age under this eligibility group.

- Yes
 No

The age of children covered under this eligibility group is:

- a. Under age 19
 b. Under age 18
 c. Under other age

D. Income Standard Used

The income standard for this eligibility group is:

FPL 200.00%

Optional Targeted Low Income Children

MEDICAID | Medicaid State Plan | Eligibility | WY2020MS0003O | WY-20-0008

Package Header

Package ID	WY2020MS0003O	SPA ID	WY-20-0008
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Superseded SPA ID	WY-13-008-MM1		
	User-Entered		

E. Basis for Income Standard

1. Minimum income standard

The minimum income standard for this eligibility group is a standard greater than the lowest income standard currently used for children of this age under the mandatory Infants and Children under Age 19 eligibility group.

2. Maximum income standard

a. The state certifies that it has submitted and received approval for its converted income standard(s) for this eligibility group to MAGI-equivalent standards and the determination of the maximum income standard to be used for this classification of children under this eligibility group.

b. The state's maximum income standard for this eligibility group is:

- i. The state's effective income level for this eligibility group under the Medicaid state plan as of March 23, 2010, converted to a MAGI-equivalent percent of FPL.
- ii. The state's effective income level for this group of children under the CHIP state plan as of March 23, 2010, converted to a MAGI-equivalent percent of FPL.
- iii. The state's effective income level for this eligibility group under the Medicaid state plan as of December 31, 2013, converted to a MAGI-equivalent percent of FPL.
- iv. The state's effective income level for this group of children under the CHIP state plan as of December 31, 2013, converted to a MAGI-equivalent percent of FPL.
- v. The state's effective income level for this group of children under a Medicaid 1115 demonstration as of March 23, 2010, converted to a MAGI-equivalent percent of FPL.
- vi. The state's effective income level for this group of children under a CHIP-1115 demonstration as of March 23, 2010, converted to a MAGI-equivalent percent of FPL.
- vii. The state's effective income level for this group of children under a Medicaid 1115 demonstration as of December 31, 2013, converted to a MAGI-equivalent percent of FPL.
- viii. The state's effective income level for this group of children under a CHIP 1115 demonstration as of December 31, 2013, converted to a MAGI-equivalent percent of FPL.
- ix. 200% FPL
- x. A percentage of the FPL which may exceed the Medicaid Applicable Income Level, defined in section 2110(b)(4), but by no more than 50 percentage points.

c. The amount of the maximum income standard is:

FPL 200.00%

Optional Targeted Low Income Children

MEDICAID | Medicaid State Plan | Eligibility | WY2020MS0003O | WY-20-0008

Package Header

Package ID	WY2020MS0003O	SPA ID	WY-20-0008
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Superseded SPA ID	WY-13-008-MM1		
	User-Entered		

F. Additional Information (optional)

PRA Disclosure Statement: Centers for Medicare & Medicaid Services (CMS) collects this mandatory information in accordance with (42 U.S.C. 1396a) and (42 CFR 430.12); which sets forth the authority for the submittal and collection of state plans and plan amendment information in a format defined by CMS for the purpose of improving the state application and federal review processes, improve federal program management of Medicaid programs and Children's Health Insurance Program, and to standardize Medicaid program data which covers basic requirements, and individualized content that reflects the characteristics of the particular state's program. The information will be used to monitor and analyze performance metrics related to the Medicaid and Children's Health Insurance Program in efforts to boost program integrity efforts, improve performance and accountability across the programs. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. 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 range from 1 hour to 80 hours per response (see below), 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.

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