

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

1. TRANSMITTAL NUMBER:  
10-002

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, 2010

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 1902(a)(10)(E)(i)-(iv), 1860D-14(a)(3), 1902(r)(2), and 1905(p)  
of the Act.

7. FEDERAL BUDGET IMPACT: Impact unknown due to  
Legislation.

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 2.2-A, page 9b  
Attachment 2.2-A, page 9c  
Attachment 2.2-A, page 9d  
Attachment 2.2-A, page 9e

Attachment 2.6-A, page 22  
Attachment 2.6-A, page 22a  
Supplemental 8a to Attachment 2.6A, page 1  
Supplemental 8b to Attachment 2.6A, page 4

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT (*If Applicable*):

Attachment 2.2-A, page 9b  
Attachment 2.2-A, page 9b1  
Attachment 2.2-A, page 9b2  
Attachment 2.2-A, page 9c

Attachment 2.6-A, page 22  
Attachment 2.6-A, page 22a  
Supplemental 8a to Attachment 2.6A, page 1  
New

10. SUBJECT OF AMENDMENT:

Income and Resources for the Medicare Savings programs.

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:

13. TYPED NAME: TERI GREEN

14. TITLE: STATE MEDICAID AGENT

15. DATE SUBMITTED: May 20, 2010

16. RETURN TO:

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

CC: YVONNE STAYER, MANAGEMENT ASSISTANT  
(SAME ADDRESS)

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED:  
03/31/10 Original 05/20/10 Revised

18. DATE APPROVED: June 29, 2010

19. EFFECTIVE DATE OF APPROVED MATERIAL:  
January 1, 2010

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:  
Richard C. Allen

22. TITLE:  
Associate Regional Administrator

23. REMARKS:

State: Wyoming

More liberal Method of Treating Income under Section 1902 (r)(2) of the Act

Section 1902 (f) State

Non-Section 1902(F) State

Under the authority of Section 303(e) of the Medicare Catastrophic Coverage Act of 1988, 1902 (r)(2), more liberal income methods may be applied Qualified Medicare Beneficiaries, Specified Low-Income Medicare Beneficiaries and Qualifying Individuals.

Exempt in-kind support and maintenance (ISM) as income.

State: Wyoming

More liberal Method of Treating Resources under Section 1902 (r) (2) of the Act

Under the authority of Section 303(e) of the Medicare Catastrophic Coverage Act of 1988, 1902 (r) (2), more liberal resource methods may be applied to Qualified Medicare Beneficiaries, Specified Low-Income Medicare Beneficiaries and Qualifying Individuals.

Exempt life insurance policies as a resource.

State: Wyoming

Agency	Citation(s)	Groups Covered
		A. <u>Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)</u>
1902(a)(10)(E)(i), 1905(p)		<p>25. Qualified Medicare Beneficiaries --</p> <ul style="list-style-type: none"> <li>a. Who are entitled to hospital insurance benefits under Medicare Part A, (but not pursuant to an enrollment under section 1818A of the Act);</li> <li>b. Whose income does not exceed 100 percent of the Federal poverty level; and</li> <li>c. Whose resources do not exceed three times the SSI resource limit, adjusted annually by the increase in the consumer price index.</li> </ul> <p>(Medical assistance for this group is limited to Medicare cost-sharing as defined in item 3.2 of this plan.)</p>
1902(a)(10)(E)(ii), 1905(p)(3)(A)(i), 1905(p)		<p>26. Qualified Disabled and Working Individuals --</p> <ul style="list-style-type: none"> <li>a. Who are entitled to hospital insurance benefits under Medicare Part A under section 1818A of the Act;</li> <li>b. Whose income does not exceed 200 percent of the Federal poverty level; and</li> <li>c. Whose resources do not exceed two times the SSI resource limit.</li> <li>d. Who are not otherwise eligible for medical assistance under Title XIX of the Act.</li> </ul> <p>(Medical assistance for this group is limited to Medicare Part A premiums under section 1818A of the Act.)</p>

TN No: 10-002

Supersedes

TN No. 92-001Approval Date 6/29/10Effective Date January 1, 2010

State: Wyoming

Agency	Citation(s)	Groups Covered
1902(a)(10)(E)(iii), 1905(p)(3)(A)(ii), and 1860D-14(a)(3)(D) of the Act	A. <u>Mandatory Coverage - Categorically Needy and Other Required Special Groups</u> (Continued)	<p>27. Specified Low-Income Medicare Beneficiaries --</p> <p>a. Who are entitled to hospital insurance benefits under Medicare Part A (but not pursuant to an enrollment under section 1818A of the Act);</p> <p>b. Whose income is greater than 100 percent but less than 120 percent of the Federal Poverty Level; and</p> <p>c. Whose resources do not exceed three times the SSI resource limit, adjusted annually by the increase in the consumer price index.</p> <p>(Medical assistance for this group is limited to Medicare Part B premiums under section 1839 of the Act.)</p>
1902(a)(10)(E)(iv) and 1905(p)(3)(A)(ii) and 1860D-14(a)(3)(D) of the Act	28. Qualifying Individuals --	<p>a. Who are entitled to hospital insurance benefits under Medicare Part A (but not pursuant to an enrollment under section 1818A of the Act);</p> <p>b. Whose income is at least 120 percent but less than 135 percent of the Federal poverty level;</p> <p>c. Whose resources do not exceed three times the SSI resource limit, adjusted annually by the increase in the consumer price index.</p>

State: Wyoming

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Agency	Citation(s)	Groups Covered
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A. Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)

1634 (e)

29. a. Each person to whom SSI benefits by reason of disability are not payable for any month solely by reason of clause (I) or (v) of Section 1611 (e) (3) (A) shall be treated, for purposes of Title XIX, as receiving SSI benefits for the month.
- \_\_\_\_\_ b. The state applies more restrictive eligibility standards than those under SSI.

Individuals whose eligibility for SSI benefits are based solely on disability who are not payable for any months solely by reason of clause (I) or (v) of Section 1611 (e) (3) (A) and who continue to meet the more restrictive requirements for Medicaid eligibility under the State Plan, are eligible for Medicaid as categorically needy.

State: Wyoming

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Agency*	Citation(s)	Groups Covered
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B. Optional Groups Other Than the Medically Needy

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|---|-------------------------------------|--|
| 42 CFR<br>435.210<br>1902 (a)<br>(10)(A)(ii) and<br>1905(a) of<br>the Act | <input type="checkbox"/>            | <p>1. Individuals described below who meet the income and resource requirements of AFDC, SSI, or an optional state supplement as specified in 42 CFR 435.230, but who do not receive cash assistance.</p> <p><input type="checkbox"/> The plan covers all individuals as described above.</p> <p><input type="checkbox"/> The plan covers only the following group or groups of individuals:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Aged</li> <li><input type="checkbox"/> Blind</li> <li><input type="checkbox"/> Disabled</li> <li><input type="checkbox"/> Caretaker relatives</li> <li><input type="checkbox"/> Pregnant women</li> </ul> |
| 42 CFR.<br>435.211  | <input checked="" type="checkbox"/> | <p>2. Individuals who would be eligible for AFDC, SSI or an optional state supplement as specified in 42 CFR 435.230, if they were not in a medical institution.</p>   |

\*Agency that determines eligibility for coverage.