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State/Territory Name: Wyoming

State Plan Amendment (SPA) #: WY-17-0006

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Denver Regional Office
1961 Stout Street, Room 08-148
Denver, CO 80294



REGION VIII - DENVER

October 13, 2017

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

RE: Wyoming #17-0006

Dear Ms. Green:

We have reviewed the proposed State Plan Amendment (SPA) submitted under transmittal number (TN) 17-0006. This SPA will apply the following income standard – Unearned income not to exceed 300% of the SSI Payment level.

Please be informed that this State Plan Amendment was approved October 11, 2017, with an effective date of July 1, 2017. We are enclosing the CMS-179 and the amended plan page(s).

If you have any questions concerning this amendment, please contact Cindy Riddle at (303) 844-7116. If you have any questions regarding claiming Federal Financial Participation please contact Gabriel Rackers at Gabriel.Rackers@cms.hhs.gov or at (303) 844-1981.

Sincerely,



Richard C. Allen
Associate Regional Administrator
Division for Medicaid & Children's Health Operations

cc: Thomas Forslund, Director
Sheree Nall
Kristy Wilmarth

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

FOR: HEALTH CARE FINANCING ADMINISTRATION

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

1. TRANSMITTAL NUMBER:

WY17-0006

2. STATE

WYOMING

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE
SOCIAL SECURITY ACT (MEDICAID)

4. PROPOSED EFFECTIVE DATE

July 1, 2017

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:

1902 (a) (10) (A) (ii) (XV) of the ACT

7. FEDERAL BUDGET IMPACT:

a. FFY 2017 \$ 125,668.13 (estimated increase)

b. FFY 2018 \$ 502,672.50 (estimated increase)

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 2.6-A, Page 12c

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION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

Attachment 2.6-A, Page 12c

10. SUBJECT OF AMENDMENT:

Apply the following income standard – Unearned income not to exceed 300% of the SSI Payment level.

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, Division of Healthcare Financing

12. SIGNATURE OF STATE AGENCY OFFICIAL:



13. TYPED NAME: TERI GREEN

14. TITLE: STATE MEDICAID AGENT

15. DATE SUBMITTED: 9/28/17

16. RETURN TO:

TERI GREEN
STATE MEDICAID AGENT
DIVISION OF HEALTHCARE FINANCING
6101 YELLOWSTONE ROAD, SUITE 210
CHEYENNE, WY 82002

CC: CINDY TALLERDY, SENIOR ADMINISTRATIVE ASSISTANT
(SAME ADDRESS)

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

September 28, 2017

18. DATE APPROVED:

October 11, 2017

19. EFFECTIVE DATE OF APPROVED MATERIAL:

July 1, 2017

20. SIGNATURE OF REGIONAL OFFICIAL:



21. TYPED NAME:

Richard C. Allen

22. TITLE:

ARA, DMCHO

REMARKS:

STATE PLAN AMENDMENT UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Wyoming

Citation:	Condition or Requirement
1902 (a) (10) (A) (ii) (XV) of the Act	<p data-bbox="511 556 1430 625">(ii) <u>Working Individuals with Disabilities – Basic Insurance Group – TWWIIA</u></p> <p data-bbox="511 661 1430 766">In determining financial eligibility for working individuals with disabilities under this provision, the following standards and methodologies are applied:</p> <p data-bbox="511 808 1430 840">(x) The agency does <u>not</u> apply any resource standard.</p> <p data-bbox="511 871 1430 903">(xi) The agency does apply the following income standard(s):</p> <p data-bbox="511 945 1430 980">Unearned income not to exceed 300% of the SSI Payment level.</p>

TN No.: 17-0006Approval Date: 10/11/2017Effective Date: 07/01/2017

Supersedes

TN NO.: WY-16-0018