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State/Territory Name: Wyoming

State Plan Amendment (SPA) #: 19-0024

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

WY - Submission Package - WY2019MS0007O - (WY-19-0024) - Eligibility

- Summary
- Reviewable Units
- Versions
- Correspondence Log
- Compare Doc Change Report
- Analyst Notes
- Review Assessment Report
- Approval Letter
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- Related Actions

CMS-10434 OMB 0938-1188

Package Information

Package ID	WY2019MS0007O	Submission Type	Official
Program Name	N/A	State	WY
SPA ID	WY-19-0024	Region	Denver, CO
Version Number	5	Package Status	Approved
Submitted By	Jolene Flores	Submission Date	1/6/2020
Package Disposition		Approval Date	8/24/2020 2:58 PM EDT
Priority Code	P2		

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



Center for Medicaid & CHIP Services

August 24, 2020

Teri Green
State Medicaid Agent
Wyoming Department of Health
6101 Yellowstone Road
Suite 210
Cheyenne, WY 82002

Re: Approval of State Plan Amendment WY-19-0024

Dear Ms. Green:

On January 06, 2020, the Centers for Medicare and Medicaid Services (CMS) received Wyoming State Plan Amendment (SPA) WY-19-0024 to make a number of revisions to the paper application, including: remove instructions with one general income limit for Medicaid, Kid Care CHIP and Marketplace subsidies; add checkboxes to allow individuals to opt-in or opt-out of receiving email or text notifications from the Wyoming Department of Health; ask if the individual applying is a Wyoming resident, add the specific timeframe a client has to notify Wyoming Medicaid of any changes; add a line to include the state the applicant was in foster care; and update Appendix C to collect information about a responsible adult who is signing the application for a minor.

We approve Wyoming State Plan Amendment (SPA) WY-19-0024 on August 24, 2020 with an effective date(s) of March 01, 2020.

CMS acknowledges Wyoming has implemented different versions of this application prior to SPA approval.

Accompanying the approval of SPA 19-0024 is the enclosed companion letter regarding the need for Wyoming to submit a SPA to implement an online application no later than December 1, 2020. Wyoming will provide a date by which it will implement a single streamlined online application, and will provide screen shots of that application, within 60 days of approval of this SPA.

Name	Date Created	
WY 19-0024_ Companion letterfinal	8/19/2020 3:44 PM EDT	

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 | WY2019MS00070 | WY-19-0024

Package Header

Package ID	WY2019MS00070	SPA ID	WY-19-0024
Submission Type	Official	Initial Submission Date	1/6/2020
Approval Date	8/24/2020	Effective Date	N/A
Superseded SPA ID	N/A		

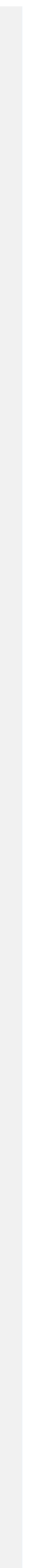
State Information

State/Territory Name: Wyoming

Medicaid Agency Name: Wyoming Department of Health

Submission Component

- ☒ State Plan Amendment
- ☐ Medicaid



Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | WY2019MS0007O | WY-19-0024

Package Header

Package ID	WY2019MS0007O	SPA ID	WY-19-0024
Submission Type	Official	Initial Submission Date	1/6/2020
Approval Date	8/24/2020	Effective Date	N/A
Superseded SPA ID	N/A		

SPA ID and Effective Date

SPA ID WY-19-0024

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
Application	3/1/2020	WY-13-0009

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | WY2019MS00070 | WY-19-0024

Package Header

Package ID	WY2019MS00070	SPA ID	WY-19-0024
Submission Type	Official	Initial Submission Date	1/6/2020
Approval Date	8/24/2020	Effective Date	N/A
Superseded SPA ID	N/A		

Executive Summary

- Summary Description Including Goals and Objectives** The Wyoming Department of Health would like to make changes to the Streamlined Application used to determine Medicaid and Kid Care CHIP Eligibility. These changes include:
- Remove information that includes one general income limit for Medicaid, Kid Care CHIP and Market Place subsidies
 - Add checkboxes to allow individuals to opt-in or opt-out of receiving email or text notifications from the Wyoming Department of Health
 - Ask if the individual applying is a Wyoming resident
 - Add the specific time frame a client has to notify Wyoming Medicaid of any changes for clarification
 - Add a line for an individual to give the state they were in foster care in
 - Update Appendix C to collect information about a responsible adult who is signing the application for a minor.

Federal Budget Impact and Statute/Regulation Citation

Federal Budget Impact

	Federal Fiscal Year	Amount
First	2020	\$0
Second	2021	\$0

Federal Statute / Regulation Citation

These changes will not have any impact on the current budget. Changes are based on CFR 435.907

Supporting documentation of budget impact is uploaded (optional).

Name	Date Created	
No items available		

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | WY2019MS0007O | WY-19-0024

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Submission Type	Official	Initial Submission Date	1/6/2020
Approval Date	8/24/2020	Effective Date	N/A
Superseded SPA ID	N/A		

Governor's Office Review

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

Submission - Public Comment

MEDICAID | Medicaid State Plan | Eligibility | WY2019MS0007O | WY-19-0024

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Package ID	WY2019MS0007O	SPA ID	WY-19-0024
Submission Type	Official	Initial Submission Date	1/6/2020
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Superseded SPA ID	N/A		

Indicate whether public comment was solicited with respect to this submission.

- ☐ Public notice was not federally required and comment was not solicited
- ☐ Public notice was not federally required, but comment was solicited
- ☒ Public notice was federally required and comment was solicited

Indicate how public comment was solicited:

- ☐ Newspaper Announcement
- ☐ Publication in state's administrative record, in accordance with the administrative procedures requirements
- ☐ Email to Electronic Mailing List or Similar Mechanism
- ☒ Website Notice

Select the type of website

- ☒ Website of the State Medicaid Agency or Responsible Agency


Date of Posting: Nov 22, 2019

Website URL: <https://health.wyo.gov/wp-content/uploads/2019/11/Streamline-d-Application-Changes-Public-Notice.pdf>

- ☐ Website for State Regulations
- ☐ Other

- ☐ Public Hearing or Meeting
- ☐ Other method

Upload copies of public notices and other documents used

Name	Date Created	
Public Notice Streamlined Application	11/22/2019 12:11 PM EST	

Upload with this application a written summary of public comments received (optional)

Name	Date Created
No items available	

Indicate the key issues raised during the public comment period (optional)

- ☐ Access
- ☐ Quality
- ☐ Cost
- ☐ Payment methodology
- ☐ Eligibility
- ☐ Benefits
- ☐ Service delivery
- ☐ Other issue

Submission - Tribal Input

MEDICAID | Medicaid State Plan | Eligibility | WY2019MS00070 | WY-19-0024

Package Header

Package ID WY2019MS00070
Submission Type Official
Approval Date 8/24/2020
Superseded SPA ID N/A

SPA ID WY-19-0024
Initial Submission Date 1/6/2020
Effective Date N/A

One or more Indian Health Programs or Urban Indian Organizations furnish health care services in this state

- ☒ Yes
☐ No

This state plan amendment is likely to have a direct effect on Indians, Indian Health Programs or Urban Indian Organizations, as described in the state consultation plan.

- ☒ Yes
☐ No

☒ The state has solicited advice from Indian Health Programs and/or Urban Indian Organizations, as required by section 1902(a)(73) of the Social Security Act, and in accordance with the state consultation plan, prior to submission of this SPA.

Complete the following information regarding any solicitation of advice and/or tribal consultation conducted with respect to this submission:

Solicitation of advice and/or Tribal consultation was conducted in the following manner:


- ☐ All Indian Health Programs
☐ All Urban Indian Organizations

States are not required to consult with Indian tribal governments, but if such consultation was conducted voluntarily, provide information about such consultation below:

- ☒ All Indian Tribes

Date of consultation:	Method of consultation:
11/22/2019	Email to Tribal health leaders and business council.

The state must upload copies of documents that support the solicitation of advice in accordance with statutory requirements, including any notices sent to Indian Health Programs and/or Urban Indian Organizations, as well as attendee lists if face-to-face meetings were held. Also upload documents with comments received from Indian Health Programs or Urban Indian Organizations and the state's responses to any issues raised. Alternatively indicate the key issues and summarize any comments received below and describe how the state incorporated them into the design of its program.

Name	Date Created	
Tribal and Public Notice - Streamlined Application Changes	11/22/2019 12:17 PM EST	

Indicate the key issues raised (optional)

- ☐ Access
☐ Quality
☐ Cost
☐ Payment methodology
☐ Eligibility
☐ Benefits
☐ Service delivery
☐ Other issue

Medicaid State Plan Eligibility

General Eligibility Requirements

Application

MEDICAID | Medicaid State Plan | Eligibility | WY2019MS0007O | WY-19-0024

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Submission Type	Official	Initial Submission Date	1/6/2020
Approval Date	8/24/2020	Effective Date	3/1/2020
Superseded SPA ID	WY-13-0009		
	User-Entered		

A. MAGI Paper Application


The state uses the following paper application(s) for individuals applying for coverage based on the applicable modified adjusted gross income (MAGI) standard.

- ☐ 1. The single, streamlined application for all insurance affordability programs, developed by the Secretary in accordance with section 1413(b)(1)(A) of the Affordable Care Act
- ☒ 2. One or more alternative single, streamlined applications developed by the state in accordance with section 1413(b)(1)(B) of the Affordable Care Act and approved by the Secretary, which may be no more burdensome than the streamlined application developed by the Secretary

Name

Application for Health Coverage & Help Paying Costs

The paper application(s) has been uploaded.

Document Name ↓	Date Created	↓
Application for Health Coverage & Help Paying Costs	7/30/2020 4:11 PM EDT	

- ☐ 3. One or more alternative applications used to apply for multiple human service programs approved by the Secretary, provided that the agency makes readily available the single streamlined application used only for insurance affordability programs to individuals seeking assistance only through such programs
- ☐ 4. Other alternative applications, provided that the agency makes readily available the single streamlined application used only for insurance affordability programs to individuals seeking assistance only through such programs

Application

MEDICAID | Medicaid State Plan | Eligibility | WY2019MS0007O | WY-19-0024

Package Header

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	User-Entered		

B. MAGI Online Application


The state uses the following online application(s) for individuals applying for coverage based on the applicable MAGI standard.

- ☐ 1. The single, streamlined application for all insurance affordability programs, developed by the Secretary in accordance with section 1413(b)(1)(A) of the Affordable Care Act
- ☒ 2. One or more alternative single, streamlined application developed by the state in accordance with section 1413(b)(1)(B) of the Affordable Care Act and approved by the Secretary, which may be no more burdensome than the streamlined application developed by the Secretary

Name

Online Application Note

Screenshots or other documentation of the online application(s) has been uploaded.

Document Name ↓	Date Created	↓
Online Application Note	6/22/2020 1:22 PM EDT	

- ☐ 3. One or more alternative application used to apply for multiple human service programs approved by the Secretary, provided that the agency makes readily available the single application used only for insurance affordability programs to individuals seeking assistance only through such programs
- ☐ 4. Other alternative applications, provided that the agency makes readily available the single streamlined application used only for insurance affordability programs to individuals seeking assistance only through such programs

Application

MEDICAID | Medicaid State Plan | Eligibility | WY2019MS0007O | WY-19-0024

Package Header


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User-Entered			

C. Basis Other than MAGI - Paper Application

The state uses the following paper application(s) for individuals applying for coverage on a basis other than the applicable MAGI standard:

- ☒ 1. The single, streamlined application developed by the Secretary or one of the alternate forms developed by the state and approved by the Secretary, and supplemental forms to collect additional information needed to determine eligibility on such other basis, submitted to the Secretary

The supplemental form(s) used to collect additional information has been uploaded.

Name	Date Created	
Application for Health Coverage & Help Paying Costs	7/30/2020 4:13 PM EDT	

- ☐ 2. One or more applications designed specifically to determine eligibility on a basis other than the applicable MAGI standard which minimizes the burden on applicants, submitted to the Secretary
- ☐ 3. One or more applications used to apply for multiple human service programs
- ☐ 4. Other alternative applications

Application

MEDICAID | Medicaid State Plan | Eligibility | WY2019MS0007O | WY-19-0024

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	User-Entered		

D. Other than MAGI - Online Application

The state uses the following online application(s) for individuals applying for coverage who may be eligible on a basis other than the applicable MAGI standard:

- ☒ 1. The single, streamlined application developed by the Secretary or one of the alternate online forms developed by the state and approved by the Secretary, and supplemental online forms to collect additional information needed to determine eligibility on such other basis, submitted to the Secretary

Screenshots or other documentation of the online form(s) used to the collect additional information have been uploaded

Name	Date Created	
Online Application Note	6/22/2020 1:32 PM EDT	

- ☐ 2. One or more application designed specifically to determine eligibility on a basis other than the applicable MAGI standard which minimizes the burden on applicants, submitted to the Secretary
- ☐ 3. One or more application used to apply for multiple human service programs
- ☐ 4. Other alternative applications

Application

MEDICAID | Medicaid State Plan | Eligibility | WY2019MS0007O | WY-19-0024

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	User-Entered		

E. Additional Information (optional)

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 0938-1188. The time required to complete this information collection is estimated to average 40 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.

This view was generated on 8/25/2020 3:41 PM EDT

