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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
# Package Information

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<td>Jolene Flores</td>
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<td>8/24/2020 2:58 PM EDT</td>
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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.

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 | WY2019MS0007O | WY-19-0024

Package Header

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State Information

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<td>Wyoming</td>
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Submission Component

- State Plan Amendment
- Medicaid
Submission - Summary
MEDICAID | Medicaid State Plan | Eligibility | WY2019MS0007O | WY-19-0024

Package Header

Package ID WY2019MS0007O
Submission Type Official
Approval Date 8/24/2020
Superseded SPA ID N/A

SPA ID WY-19-0024

SPA ID and Effective Date

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<td>WY-13-0009</td>
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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

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<td>Second 2021</td>
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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).

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No items available
Submission - Summary
MEDICAID | Medicaid State Plan | Eligibility | WY2019MS0007O | WY-19-0024

Package Header

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Governor's Office Review

- No comment
- Comments received
- No response within 45 days
- Other
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
- Website of the State Medicaid Agency or Responsible Agency

Select the type of website


Upload copies of public notices and other documents used

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

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

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

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

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.

Date of consultation: 11/22/2019

Method of consultation:

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

Tribal and Public Notice - Streamlined Application Changes

Date Created

11/22/2019 12:17 PM EST

Indicate the key issues raised (optional)

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

<table>
<thead>
<tr>
<th>Document Name</th>
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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
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

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

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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
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.

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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.
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 collect additional information have been uploaded

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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

Package Header

Package ID  WY2019MS0007O
Submission Type  Official
Approval Date  8/24/2020
Superseded SPA ID  WY-13-0009
User-Entered

SPA ID  WY-19-0024
Initial Submission Date  1/6/2020
Effective Date  3/1/2020

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.

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