

## **Table of Contents**

**State/Territory Name: Wyoming**

**State Plan Amendment (SPA) #: 20-0007**

This file contains the following documents in the order listed:

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

# WY - Submission Package - WY2020MS0002O - (WY-20-0007) - Eligibility

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DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
Division of Program Operations  
601 E. 12th St  
Room 355  
Kansas City , MO 64106



## Center for Medicaid & CHIP Services

November 23, 2022

Jan Stall  
Interim - State Medicaid Agent  
Wyoming Department of Health - Division of Healthcare Financing  
112 West 25th Street  
4 West  
Cheyenne, WY 82002

Re: Approval of State Plan Amendment WY-20-0007

Dear Jan Stall,

On September 15, 2020, the Centers for Medicare and Medicaid Services (CMS) received Wyoming State Plan Amendment (SPA) WY-20-0007 to approve the state's online single streamlined application.

We approve Wyoming State Plan Amendment (SPA) WY-20-0007 with an effective date(s) of October 01, 2020.

CMS is approving this amendment along with an attached companion letter.

Name	Date Created	
<a href="#">WY 20-0007 Companion Letter</a>	11/22/2022 12:23 PM EST	

If you have any questions regarding this amendment, please contact Ford Blunt at [ford.blunt@cms.hhs.gov](mailto:ford.blunt@cms.hhs.gov)

Sincerely,  
Nicole McKnight  
Acting Director, Division of Program  
Operations  
Center for Medicaid & CHIP Services



## Medicaid and CHIP Operations Group

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November 21, 2022

Ms. Jan Stall  
Interim State Medicaid Agent  
Division of Healthcare Financing  
122 West 25<sup>th</sup> Street, 4 West  
Cheyenne, WY 82002

Dear Ms. Stall:

This letter is sent as a companion to the Centers for Medicare and Medicaid Services (CMS) approval of state plan amendment (SPA) WY – 20-0007, which was submitted to CMS on September 15, 2020. This approval will be effective as of October 1, 2020. Approval of SPA WY 20-0007 includes approval of the alternative single, streamlined online application.

Until June 2023 and pending implementation of the changes described below, Wyoming will use an interim alternative single, streamlined online application. The state will revise the online application as described below.

	<b>Necessary Change</b>	<b>Date by which the changes will be completed:</b>
1	Wyoming will update the section requesting the type of eligible immigration status so that applicants will respond with an open text field. (This will follow the question asking the applicant to attest to having eligible immigration status.) The name of the status will remain an optional field.	June 30, 2023
2	Wyoming will update the optional drop-down list of document types presented to individuals with eligible immigration status. The list will match guidance provided to the state, and will not include document types not used in the verification of immigration status.	June 30, 2023
3	Wyoming will update the household composition instructions to reflect accurate and comprehensive MAGI rules.	June 30, 2023
4	Wyoming will add a question to the application asking all household members if they are an American Indian or Alaska Native. This question will be its own question, separate from questions of race and ethnicity.	June 30, 2023
5	Wyoming will update the application so that unearned income types that are not counted under MAGI are not asked of MAGI applicants.	June 30, 2023

Please submit the revised changes to CMS for review no later than June 2023. We continue to be available to provide technical assistance. Should you have any questions about this letter, please contact Kirstin Michel at [Kirstin.michel@cms.hhs.gov](mailto:Kirstin.michel@cms.hhs.gov).

Sincerely,



Digitally signed by  
James G. Scott -S  
Date: 2022.11.21  
14:05:23 -06'00'

James G. Scott, Director  
Division of Program Operations

# WY - Submission Package - WY2020MS0002O - (WY-20-0007) - Eligibility

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Related Actions  
▼

CMS-10434 OMB 0938-1188

## Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | WY2020MS0002O | WY-20-0007

### Package Header

<b>Package ID</b>	WY2020MS0002O	<b>SPA ID</b>	WY-20-0007
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	9/15/2020
<b>Approval Date</b>	11/23/2022	<b>Effective Date</b>	N/A
<b>Superseded SPA ID</b>	N/A		

### State Information

**State/Territory Name:** Wyoming

**Medicaid Agency Name:** Wyoming Department of Health

### Submission Component

- State Plan Amendment
- Medicaid
- CHIP

## Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | WY2020MS0002O | WY-20-0007

### Package Header

**Package ID** WY2020MS0002O  
**Submission Type** Official  
**Approval Date** 11/23/2022  
**Superseded SPA ID** N/A

**SPA ID** WY-20-0007  
**Initial Submission Date** 9/15/2020  
**Effective Date** N/A

### SPA ID and Effective Date

**SPA ID** WY-20-0007

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
Application	10/1/2020	WY-19-0024

## Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | WY2020MS0002O | WY-20-0007

### Package Header

<b>Package ID</b>	WY2020MS0002O	<b>SPA ID</b>	WY-20-0007
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<b>Approval Date</b>	11/23/2022	<b>Effective Date</b>	N/A
<b>Superseded SPA ID</b>	N/A		

### Executive Summary

**Summary Description Including Goals and Objectives** The goal of this SPA is to make updates to the current online application used by Wyoming Medicaid. The updates include: adding Remote Identity Proofing, updates to the application to more closely align with the hard copy streamlined applications, allow clients to view notices by logging into their account, and making the online application more user friendly.

### Federal Budget Impact and Statute/Regulation Citation

#### Federal Budget Impact

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

#### Federal Statute / Regulation Citation

These changes will not have any impact not he 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 | WY2020MS0002O | WY-20-0007

### Package Header

**Package ID** WY2020MS0002O  
**Submission Type** Official  
**Approval Date** 11/23/2022  
**Superseded SPA ID** N/A

**SPA ID** WY-20-0007  
**Initial Submission Date** 9/15/2020  
**Effective Date** N/A

### Governor's Office Review

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



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.

*This view was generated on 12/12/2022 5:51 PM EST*

# WY - Submission Package - WY2020MS0002O - (WY-20-0007) - Eligibility

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Related Actions

## Medicaid State Plan Eligibility

### General Eligibility Requirements

#### Application

MEDICAID | Medicaid State Plan | Eligibility | WY2020MS0002O | WY-20-0007

CMS-10434 OMB 0938-1188

#### Package Header

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<b>Approval Date</b>	11/23/2022	<b>Effective Date</b>	<u>10/1/2020</u>
<b>Superseded SPA ID</b>	WY-19-0024		
	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
<a href="#">Application for Health Coverage &amp; Help Paying Costs</a>	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 | WY2020MS0002O | WY-20-0007

## Package Header

<b>Package ID</b>	WY2020MS0002O	<b>SPA ID</b>	WY-20-0007
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<b>Approval Date</b>	11/23/2022	<b>Effective Date</b>	10/1/2020
<b>Superseded SPA ID</b>	WY-19-0024		
	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

Additional Screen Shots 10-20-2020

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

Document Name	Date Created
WY Additional Screen Shots 10-20-2020	10/20/2020 2:49 PM EDT

### Name

Online application screen shots

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

Document Name	Date Created
CWP WES Wise	9/4/2020 12:33 PM EDT
WY_CWP_Modernization_Screenshots_Part1_v1.0	9/4/2020 12:33 PM EDT
WY_CWP_Modernization_Screenshots_Part2_v1.0	9/4/2020 12:33 PM EDT
WY_CWP_Modernization_Screenshots_Part10_v1.0	9/4/2020 12:33 PM EDT
WY_CWP_Modernization_Screenshots_Part9_v1.0	9/4/2020 12:33 PM EDT

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### Name

Application Screen shots with all drop down menus






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

Document Name	Date Created
WY_CWP_Modernization_Screenshots_Part3.1_v1.0	10/28/2020 4:06 PM EDT
WY_CWP_Modernization_Screenshots_Part3.2_v1.0	10/28/2020 4:06 PM EDT
WY_CWP_Modernization_Menu_Screenshots_Part9_v1.0	10/28/2020 3:20 PM EDT
WY_CWP_Modernization_Menu_Screenshots_Part8_v1.0	10/28/2020 3:20 PM EDT
WY_CWP_Modernization_Menu_Screenshots_Part7_v1.0	10/28/2020 3:20 PM EDT

**Name**

Screenshots September 2022 Set 2

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






Document Name	Date Created	
Other Information Screen	8/31/2022 10:43 AM EDT	
Household Income 1	8/31/2022 10:42 AM EDT	
Address Screen	8/31/2022 10:37 AM EDT	
Pregnancy Details Screen	8/31/2022 10:36 AM EDT	
Other Information Screen 2	8/31/2022 10:35 AM EDT	

1 - 5 of 12

**Name**

Screenshots September 2022 Set 1

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

Document Name	Date Created	
Child Support Screen	8/31/2022 10:40 AM EDT	
NonCitizen Details Screen	8/31/2022 10:39 AM EDT	
Household Income 2	8/31/2022 10:39 AM EDT	
Member Information Screen	8/31/2022 10:38 AM EDT	
Immigration Status Document Type	8/31/2022 10:31 AM EDT	

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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

# Application

MEDICAID | Medicaid State Plan | Eligibility | WY2020MS0002O | WY-20-0007

## Package Header


<b>Package ID</b> WY2020MS0002O	<b>SPA ID</b> WY-20-0007
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<b>Superseded SPA ID</b> WY-19-0024	
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	
<a href="#">Application for Health Coverage &amp; Help Paying Costs</a>	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 | WY2020MS0002O | WY-20-0007

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User-Entered


















**SPA ID** WY-20-0007  
**Initial Submission Date** 9/15/2020  
**Effective Date** 10/1/2020









## 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

Name	Date Created	
WY_CWP_Modernization_Screen shots_Part4_v1.0	9/4/2020 12:39 PM EDT	
WY_CWP_Modernization_Screen shots_Part7_v1.0	9/4/2020 12:39 PM EDT	
WY_CWP_Modernization_Screen shots_Part6_v1.0	9/4/2020 12:39 PM EDT	
WY_CWP_Modernization_Screen shots_Part5_v1.0	9/4/2020 12:39 PM EDT	
WY_CWP_Modernization_Screen shots_Part8_v1.0	9/4/2020 12:39 PM EDT	
WY_CWP_Modernization_Screen shots_Part3_v1.0	9/4/2020 12:39 PM EDT	
WY_CWP_Modernization_Screen shots_Part9_v1.0	9/4/2020 12:39 PM EDT	
WY_CWP_Modernization_Screen shots_Part10_v1.0	9/4/2020 12:39 PM EDT	
WY_CWP_Modernization_Screen shots_Part2_v1.0	9/4/2020 12:39 PM EDT	
WY_CWP_Modernization_Screen shots_Part1_v1.0	9/4/2020 12:39 PM EDT	
CWP WES Wise	9/4/2020 12:39 PM EDT	
WY Additional Screen Shots 10-20-2020	10/20/2020 2:51 PM EDT	
WY_CWP_Modernization_Menu_Screenshots_Part9_v1.0	10/28/2020 3:25 PM EDT	
WY_CWP_Modernization_Menu_Screenshots_Part8_v1.0	10/28/2020 3:25 PM EDT	
WY_CWP_Modernization_Menu_Screenshots_Part7_v1.0	10/28/2020 3:25 PM EDT	
WY_CWP_Modernization_Menu_Screenshots_Part6_v1.0	10/28/2020 3:25 PM EDT	
WY_CWP_Modernization_Menu_Screenshots_Part1_v1.0	10/28/2020 3:25 PM EDT	

Name	Date Created	
WY_CWP_Modernization_Menu_Screenshots_Part2_v1.0	10/28/2020 3:25 PM EDT	
WY_CWP_Modernization_Menu_Screenshots_Part4_v1.0	10/28/2020 3:25 PM EDT	
WY_CWP_Modernization_Menu_Screenshots_Part5_v1.0	10/28/2020 3:25 PM EDT	
WY_CWP_Modernization_Screenshots_Part3.2_v1.0	10/28/2020 4:07 PM EDT	
WY_CWP_Modernization_Screenshots_Part3.1_v1.0	10/28/2020 4:07 PM EDT	
Disability Question	8/31/2022 10:46 AM EDT	
Resource Stepper	8/31/2022 10:46 AM EDT	
Unearned Income Types	8/31/2022 10:46 AM EDT	
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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 | WY2020MS0002O | WY-20-0007

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<b>Superseded SPA ID</b>	WY-19-0024		
	User-Entered		

### E. 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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