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State/Territory Name: Wyoming

State Plan Amendment (SPA) #: 22-0004

This file contains the following documents in the order listed:

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

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



Center for Medicaid & CHIP Services

July 15, 2022

Jan Stall
Interim Director Wyoming Department of Health
Wyoming Department of Health
112 West 25th Street
4 West
Cheyenne, WY 82002

Re: Approval of State Plan Amendment WY-22-0004

Dear Jan Stall,

On May 10, 2022, the Centers for Medicare and Medicaid Services (CMS) received Wyoming State Plan Amendment (SPA) WY-22-0004 which proposed to eliminate the "deprivation" requirement relating to dependent children living with individuals who seek Medicaid on the basis of being parents and other caretaker relatives. This policy change was previously approved in Section 7.4 of the state plan, under WY Disaster Relief (DR) SPA 22-0002.

We approve Wyoming State Plan Amendment (SPA) WY-22-0004 with an effective date(s) of April 01, 2022.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulation at 42 CFR 435.110.

If you have any questions regarding this amendment, please contact Ford Blunt at ford.blunt@cms.hhs.gov.

Sincerely,

Nicole McKnight

Acting Director - Division of Program
Operations

Center for Medicaid & CHIP Services

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Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | WY2022MS00010 | WY-22-0004

Package Header

Package ID	WY2022MS00010	SPA ID	WY-22-0004
Submission Type	Official	Initial Submission Date	5/10/2022
Approval Date	7/15/2022	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Superseded SPA ID	N/A		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

QCHIP

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | WY2022MS00010 | WY-22-0004

Package Header

Package ID WY2022MS00010
Submission Type Official
Approval Date 7/15/2022
Superseded SPA ID N/A

SPA ID WY-22-0004
Initial Submission Date 5/10/2022
Effective Date N/A

SPA ID and Effective Date

SPA ID WY-22-0004

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
Mandatory Eligibility Groups	4/1/2022	WY-20-0001
Parents and Other Caretaker Relatives	4/1/2022	WY-13-0008

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | WY2022MS0001O | WY-22-0004

Package Header

Package ID WY2022MS0001O
Submission Type Official
Approval Date 7/15/2022
Superseded SPA ID N/A

SPA ID WY-22-0004
Initial Submission Date 5/10/2022
Effective Date N/A

Executive Summary

Summary Description Including Goals and Objectives This SPA eliminates the Deprivation requirement relating to dependent children living with individuals who seek Medicaid in Wyoming on the basis of being parents or other caretaker relatives, effective April 1, 2022. This policy change was previously approved in section 7.4 of the State Plan, under SPA WY-22-0002.

Federal Budget Impact and Statute/Regulation Citation

Federal Budget Impact

	Federal Fiscal Year	Amount
First	2022	\$0
Second	2023	\$0

Federal Statute / Regulation Citation

42 CFR 435.4
42 CFR 435.110

Supporting documentation of budget impact is uploaded (optional).

Name	Date Created	
No items available		

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | WY2022MS0001O | WY-22-0004

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Governor's Office Review

0 No comment

0 Comments received

0 No response within 45 days

0 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.

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Medicaid State Plan Eligibility

Mandatory Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | WY2022MS0001O | WY-22-0004

Package Header

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Superseded SPA ID	WY-20-0001		
	System-Derived		

Mandatory Coverage








A. The state provides Medicaid to mandatory groups of individuals. The mandatory groups covered are:

Families and Adults

Eligibility Group Name		Covered In State Plan	Include RU In Package	Included in Another Submission Package	Source Type
Infants and Children under Age 19		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Parents and Other Caretaker Relatives		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	APPROVED
Pregnant Women		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Deemed Newborns		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Children with Title IV-E Adoption Assistance, Foster Care or Guardianship Care		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Former Foster Care Children		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Transitional Medical Assistance		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Extended Medicaid due to Spousal Support Collections		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

Aged, Blind and Disabled

Eligibility Group Name		Covered In State Plan	Include RU In Package	Included in Another Submission Package	Source Type
SSI Beneficiaries		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Closed Eligibility Groups		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Deemed To Be Receiving SSI		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

Eligibility Group Name		Covered In State Plan	Include RU In Package 	Included in Another Submission Package	Source Type 
Working Individuals under 1619(b)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Qualified Medicare Beneficiaries		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	APPROVED
Qualified Disabled and Working Individuals		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Specified Low Income Medicare Beneficiaries		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	APPROVED
Qualifying Individuals		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	APPROVED

Mandatory Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | WY2022MS0001O | WY-22-0004

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B. The state elects the Adult Group, described at 42 CFR 435.119.

Yes No

C. Additional Information (optional)

Eligibility Groups Deselected from Coverage

The following eligibility groups were previously covered in the source approved version of the state plan and deselected from coverage as part of this submission package:

- N/A

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CMS-10434 OMB 0938-1188

Medicaid State Plan Eligibility

Eligibility Groups - Mandatory Coverage

Parents and Other Caretaker Relatives

MEDICAID | Medicaid State Plan | Eligibility | WY2022MS0001O | WY-22-0004

Parents and other caretaker relatives of dependent children with household income at or below a standard established by the state.

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Superseded SPA ID	WY-13-0008		
	System-Derived		

The state covers the mandatory parents and other caretaker relatives group in accordance with the following provisions:

A. Characteristics

Individuals qualifying under this eligibility group must meet the following criteria:

1. Are parents or other caretaker relatives (defined at 42 CFR 435.4), including pregnant women, of dependent children (defined at 42 CFR 435.4) under age 18. Spouses of parents and other caretaker relatives are also included.

The state elects the following options:

- a. This eligibility group includes individuals who are parents or other caretakers of children who are 18 years old, provided the children are full-time students in a secondary school or the equivalent level of vocational or technical training.
- b. Options relating to the definition of caretaker relative:
- c. Options relating to the definition of dependent child:
 - i. The state elects to eliminate the requirement that a dependent child must be deprived of parental support or care by reason of the death, physical or mental incapacity, or absence from the home or unemployment of at least one parent.
 - ii. The child must be deprived of parental support or care, but a less restrictive standard is used to measure unemployment of the parent (select the one that applies):

2. Have household income at or below the standard established by the state.

Parents and Other Caretaker Relatives

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B. Financial Methodologies

MAGI-based methodologies are used in calculating household income. Please refer as necessary to MAGI-Based Methodologies, completed by the state.

C. Income Standard Used

1. The income standard for this group is based on a percentage of the federal poverty level.

Yes

No

2. The state uses the following income standard for this group:

- e. The state's AFDC payment standard in effect as of July 16, 1996, converted to a MAGI-equivalent standard. The standard is described in AFDC Income Standards.

Parents and Other Caretaker Relatives

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D. Basis for Income Standard

1. Minimum Income Standard

a. The minimum income standard used for this group is the state's AFDC payment standard in effect as of May 1, 1988, converted to MAGI-equivalent amounts by household size. The standard is described in AFDC Income Standards.

b. The state certifies that it has submitted and received approval for its converted May 1, 1988 AFDC payment standard.

2. Maximum income standard

a. The state certifies that it has submitted and received approval for its converted income standard(s) for parents and other caretaker relatives to MAGI-equivalent standards and the determination of the maximum income standard to be used for parents and other caretaker relatives under this eligibility group.

b. The state's maximum income standard for this eligibility group is:

- i. The state's effective income level for section 1931 families under the Medicaid state plan as of March 23, 2010, converted to a MAGI-equivalent percent of FPL or amounts by household size.
- ii. The state's effective income level for section 1931 families under the Medicaid state plan as of December 31, 2013, converted to a MAGI-equivalent percent of FPL or amounts by household size.
- iii. The state's effective income level for any population of parents/caretaker relatives under a Medicaid 1115 demonstration as of March 23, 2010, converted to a MAGI-equivalent percent of FPL or amounts by household size.
- iv. The state's effective income level for any population of parents/caretaker relatives under a Medicaid 1115 demonstration as of December 31, 2013, converted to a MAGI-equivalent percent of FPL or amounts by household size.

c. The amount of the maximum income standard is:

- i. A percentage of the federal poverty level:
- ii. The state's AFDC payment standard in effect as of July 16, 1996, converted to a MAGI-equivalent standard. The standard is described in AFDC Income Standards.
- iii. The state's AFDC payment standard in effect as of July 16, 1996, increased by no more than the percentage increase in the Consumer Price Index for urban consumers (CPI-U) since such date, converted to a MAGI-equivalent standard. The standard is described in AFDC Income Standards.
- iv. The state's TANF payment standard, converted to a MAGI-equivalent standard. The standard is described in AFDC Income Standards.
- v. Other dollar amount

Parents and Other Caretaker Relatives

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E. Additional Information (optional)

The policy to eliminate the Deprivation requirement was previously approved.

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