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State/Territory Name: Wyoming

State Plan Amendment (SPA) #: 23-0005

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WY - Submission Package - WY2023MS0003O - (WY-23-0005) - Eligibility

Summary Reviewable Units Versions Correspondence Log Analyst Notes **Approval Letter** Transaction Logs News Related Actions

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

September 14, 2023

Lee Grossman
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-23-0005

Dear Lee Grossman,

On June 21, 2023, the Centers for Medicare & Medicaid Services (CMS) received Wyoming State Plan Amendment (SPA) WY-23-0005, in which the state proposed to elect the option described in section 1902(e)(16) of the Social Security Act to provide 12 months of postpartum coverage to Medicaid-eligible pregnant individuals.

We approve Wyoming State Plan Amendment (SPA) WY-23-0005 with an effective date(s) of July 01, 2023.

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

WY - Submission Package - WY2023MS00030 - (WY-23-0005) - Eligibility

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Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | WY2023MS00030 | WY-23-0005

CMS-10434 OMB 0938-1188

Package Header

Package ID	WY2023MS00030	SPA ID	WY-23-0005
Submission Type	Official	Initial Submission Date	6/21/2023
Approval Date	09/14/2023	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Superseded SPA ID	N/A		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
- CHIP

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | WY2023MS00030 | WY-23-0005

Package Header

Package ID WY2023MS00030
Submission Type Official
Approval Date 09/14/2023
Superseded SPA ID N/A

SPA ID WY-23-0005
Initial Submission Date 6/21/2023
Effective Date N/A

SPA ID and Effective Date

SPA ID WY-23-0005

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
Continuous Eligibility for Pregnant Women and Extended Postpartum Coverage	7/1/2023	New

Page Number of the Superseded Plan Section or Attachment (If Applicable):

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | WY2023MS00030 | WY-23-0005

Package Header

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Executive Summary

Summary Description Including Goals and Objectives Seeking to implement the 12-month postpartum care extension offered by the American Rescue Plan Action that was also approved by Wyoming Legislature General Session 2023 for Session Law CH0152. Wyoming has implemented IT system changes in system of records (Wyoming Eligibility System-WES) that will allow the system to recognize pregnancy programs and allow redetermination dates to allow for the 12 month extended postpartum coverage. Wyoming has also provided training and resources for our Customer Service Staff to follow policy, rules, and regulations in regards to authorizing this extended coverage for this coverage group. Wyoming policy has been updated to reflect the 12 month extended postpartum coverage. Wyoming Chapter 18 Rules have also been updated to reflect the 12 month extended postpartum coverage and are currently in review for final publishing. Department of Family Services and Child Support have also been trained and updated on the 12 month postpartum coverage changes. We have also met and trained outside agencies such as WIC and Enroll Wyoming.

Federal Budget Impact and Statute/Regulation Citation

Federal Budget Impact

	Federal Fiscal Year	Amount
First	2023	\$0
Second	2024	\$3870000

Federal Statute / Regulation Citation

Section 9812 and 9822 of the American Rescue Plan Act of 2021
Section 1902(e)(16) of the Social Security Act
42 CFR 435.116
W.S. 42-4-122(b)(iii)

Supporting documentation of budget impact is uploaded (optional).

Name	Date Created	
Notice	6/14/2023 11:43 AM EDT	

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | WY2023MS00030 | WY-23-0005

Package Header

Package ID	WY2023MS00030	SPA ID	WY-23-0005
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Approval Date	09/14/2023	Effective Date	N/A
Superseded SPA ID	N/A		

Governor's Office Review

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

Describe The Governor does not review state plan amendments prior to submission.

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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WY - Submission Package - WY2023MS0003O - (WY-23-0005) - Eligibility

Summary Reviewable Units Versions Correspondence Log Analyst Notes Approval Letter Transaction Logs News **Related Actions**

Medicaid State Plan Eligibility

Eligibility and Enrollment Processes

Continuous Eligibility for Pregnant Women and Extended Postpartum Coverage

MEDICAID | Medicaid State Plan | Eligibility | WY2023MS0003O | WY-23-0005

CMS-10434 OMB 0938-1188

Package Header

Package ID	WY2023MS0003O	SPA ID	WY-23-0005
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Superseded SPA ID	New User-Entered		

The state provides continuous eligibility for pregnant individuals and extended postpartum coverage in accordance with the following provisions:

A. Mandatory Continuous Eligibility for Pregnant Women

The state provides continuous eligibility to pregnant individuals who were eligible and enrolled under the state plan, without regard to any changes in income that otherwise would result in ineligibility, through the last day of the month in which a 60-day postpartum period (beginning on the last day of the pregnancy) ends. This extension does not apply to pregnant individuals eligible only during a period of presumptive eligibility.

B. Optional 12-Month Postpartum Continuous Eligibility for Pregnant Women

The state provides continuous eligibility to pregnant individuals who were eligible and enrolled under the state plan while pregnant (including during a period of retroactive eligibility) through the last day of the month in which a 12-month postpartum period (beginning on the last day of the pregnancy) ends. The 12-month postpartum continuous eligibility option applies for the period beginning on the effective date of this reviewable unit and is available through March 31, 2027 (or other date as specified by law).

- Yes
 No

1. This extension does not apply to pregnant individuals eligible only during a period of presumptive eligibility.
2. Full benefits are provided for a pregnant or postpartum individual under this option. This includes all items and services covered under the state plan (or waiver) that are not less in amount, duration, or scope than, or are determined by the Secretary to be substantially equivalent to, the medical assistance available for an individual described in subsection 1902 (a)(10)(A)(i) of the Act.
3. Continuous eligibility is provided to pregnant individuals eligible and enrolled under the state plan through the end of the 12-month postpartum period who would otherwise lose eligibility because of a change in circumstances, unless:
 - a. The individual requests voluntary termination of eligibility;
 - b. The individual ceases to be a resident of the state;
 - c. The Medicaid agency determines that eligibility was determined incorrectly at the most recent determination or redetermination of eligibility because of agency error or fraud, abuse or perjury attributed to the individual; or
 - d. The individual dies.

C. Additional Information (optional)

The authority for the election of this option to provide 12 months postpartum continuous eligibility under section 1902(e)(16) of the Social Security Act is available through March 31, 2027 (as described in Section B. above), in accordance with Wyoming Legislature General Session 2023, session Law Ch. 152.

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