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State/Territory Name Wyoming

State Plan Amendment (SPA) #: 25-0005

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS Form 179
- 3) Approved SPA Page

DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services

601 E. 12th St., Room 355

Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

August 29, 2025

Lee Grossman
State Medicaid Agent
Division of Healthcare Financing
Herschler Building
122 West 25th Street, 4 West
Cheyenne, WY 82002

Re: Wyoming State Plan Amendment (SPA) 25-0005

Dear State Medicaid Agent Grossman:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) WY 25-0005. This SPA revises the personal needs allowance to authorize a \$20 monthly deduction for administrative fees associated with maintaining a Medicaid-compliant Irrevocable Income Trust (Miller Trust).

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations. This letter informs you that Wyoming's Medicaid SPA TN WY 25-0005 was approved on August 29, 2025, with an effective date of July 1, 2025.

Enclosed are copies of Form CMS-179 and approved SPA pages to be incorporated into the Wyoming State Plan.

If you have any questions, please contact Ford Blunt at (214) 767-6381 or via email at Ford.Blunt@cms.hhs.gov.

Sincerely,

Shantrina Roberts, Acting Director
Division of Program Operations

Enclosures

cc: Jennifer Conrick
Denzel Clifton

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES		1. TRANSMITTAL NUMBER <div style="border-bottom: 1px solid black; display: flex; justify-content: space-around; width: 100%;"> 25—0005 </div>	2. STATE <div style="border-bottom: 1px solid black; display: flex; justify-content: space-around; width: 100%;"> WY </div>
TO: CENTER DIRECTOR CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT <div style="display: flex; justify-content: space-around; align-items: center;"> <input checked="" type="radio"/> XIX <input type="radio"/> XXI </div>	
5. FEDERAL STATUTE/REGULATION CITATION 42 CFR 435.725		4. PROPOSED EFFECTIVE DATE <div style="text-align: center;">07/01/2025</div>	
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Supplement 12A, Attachment 2.6-A, Page 2		6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY <u>2025</u> \$ <u>0</u> b. FFY <u>2026</u> \$ <u>0</u> 8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Supplement 12A, Attachment 2.6-A, Page 2 (Supersedes TN# WY-15-0006)	
9. SUBJECT OF AMENDMENT This amendment revises the personal needs allowance section to authorize a \$20 monthly deduction for administrative fees associated with maintaining a Medicaid-compliant Irrevocable Income Trust (Miller Trust).			
10. GOVERNOR'S REVIEW (Check One) <div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div style="width: 45%;"> <input type="radio"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="radio"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="radio"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL </div> <div style="width: 50%;"> <input checked="" type="radio"/> OTHER, AS SPECIFIED: </div> </div>			
11. SIGNATURE OF STATE AGENCY OFFICIAL 12. TYPED NAME Lee Grossman	15. RETURN TO Lee Grossman State Medicaid Agent Division of Healthcare Financing 122 West 25th, St. 4 West Cheyenne, WY 82002 CC:		
13. TITLE State Medicaid Agent 14. DATE SUBMITTED 07/28/2025	<div style="text-align: center; background-color: #f0f0f0; padding: 2px;">FOR CMS USE ONLY</div> 16. DATE RECEIVED <div style="text-align: center;">July 28, 2025</div> 17. DATE APPROVED <div style="text-align: center;">August 29, 2025</div> <div style="text-align: center; background-color: #f0f0f0; padding: 2px;">PLAN APPROVED - ONE COPY ATTACHED</div>		
18. EFFECTIVE DATE OF APPROVED MATERIAL <div style="text-align: center;">July 1, 2025</div> 20. TYPED NAME OF APPROVING OFFICIAL <div style="text-align: center;">Shantrina Roberts</div>	19. SIGNATURE OF APPROVING OFFICIAL 21. TITLE OF APPROVING OFFICIAL <div style="text-align: center;">Acting Director, Division of Program Operations</div>		
22. REMARKS			

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Wyoming

VARIATIONS FROM THE BASIC PERSONAL NEEDS ALLOWANCE

An additional personal needs allowance for guardianship fees, income trust administrative Fees, and other expenses such as court ordered liability for child support, for institutionalized individuals, shall be as follows:

Guardianship fees: An amount up to \$500 for the cost of establishing a guardianship. An amount up to \$75 per month for guardianship fees, subsequent to the initial establishment of the guardianship. These additional personal needs allowances will support the establishment of a guardianship for institutionalized individuals to assure their legal rights are protected and they receive appropriate and timely medical treatment.

Income trust fees: An amount up to \$20 per month for individuals who incur an administrative fee associated with maintaining a Medicaid-compliant irrevocable income trust (also known as a Miller Trust).

Court ordered liability for child support: An additional personal needs allowance, for institutionalized individuals, up to the amount of their court ordered liability for child support.