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State/Territory Name: Wyoming

State Plan Amendment (SPA) #: 26-0004

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 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

June 12, 2026

Jesse Springer
Medicaid State Agent
Division of Healthcare Financing (Medicaid & CHIP)
Wyoming Department of Health
122 West 25th Street, 4 West
Cheyenne, WY 82002

Re: Wyoming State Plan Amendment (SPA) 26-0004

Dear Mr. Springer:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) WY 26-0004. This SPA increases the home equity limit for individuals applying for Wyoming Medicaid long-term care services to \$1,000,000.

We conducted our review of your submittal according to statutory requirements in Section 1917(f) of the Social Security Act and implementing regulations. This letter informs you that Wyoming's Medicaid SPA TN WY 26-0004 was approved on June 12, 2026, with an effective date of July 1, 2026.

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,

Nicole McKnight
Acting Director, Division of Program Operations

Enclosures

cc: Denzel Clifton

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER 2 6 — 0 0 0 4 2. STATE WY

3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT XIX XXI

TO: CENTER DIRECTOR
CENTERS FOR MEDICAID & CHIP SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE
07/01/2026

5. FEDERAL STATUTE/REGULATION CITATION
Section 1917(f) of the Social Security Act

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)
a. FFY 2026 \$ 0
b. FFY 2027 \$ 0

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT
Supplement 15 to Attachment 2.6-A (WY-26-0004)

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)
Supplement 15 to Attachment 2.6-A (WY-06-010)

9. SUBJECT OF AMENDMENT

10. GOVERNOR'S REVIEW (Check One)
 GOVERNOR'S OFFICE REPORTED NO COMMENT
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL
 OTHER, AS SPECIFIED:

12. TYPED NAME
Jesse Springer

13. TITLE
State Medicaid Agent

14. DATE SUBMITTED
5/14/2026

15. RETURN TO

FOR CMS USE ONLY

16. DATE RECEIVED May 14, 2026 17. DATE APPROVED June 12, 2026

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL _____ 19. SIGNATURE OF APPROVING OFFICIAL _____

20. TYPED NAME OF APPROVING OFFICIAL Nicole McKnight 21. TITLE OF APPROVING OFFICIAL Acting Director, Division of Program Operations

22. REMARKS

SUPPLEMENT 15 TO ATTACHMENT 2.6-A

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: WYOMING

DISQUALIFICATION FOR LONG-TERM CARE ASSISTANCE FOR INDIVIDUALS WITH
SUBSTANTIAL HOME EQUITY

1917(f) The State agency denies reimbursement for nursing facility services and other long-term care services covered under the State plan for an individual who does not have a spouse, child under 21 or adult disabled child residing in the individual's home, when the individual's equity interest in the home exceeds the following amount:

_____ \$500,000 (increased by the annual percentage increase in the urban component of the consumer price index beginning with 2011, rounded to the nearest \$1,000).

An amount that exceeds \$500,000 but does not exceed \$750,000 (increased by the annual percentage increase in the urban component of the consumer price index beginning with 2011, rounded to the nearest \$1,000).

The amount chosen by the State is \$1,000,000

This higher standard applies statewide.

_____ This higher standard does not apply statewide. It only applies in the following areas of the State:

This higher standard applies to all eligibility groups.

_____ This higher standard only applies to the following eligibility groups:

The State has a process under which this limitation will be waived in cases of undue hardship.