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State/Territory Name: Wyoming

State Plan Amendment (SPA) #: 26-0008

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 Pages

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



Center for Medicaid & CHIP Services

September 30, 2026

Jesse Springer
Director Wyoming Department of Health
Wyoming Department of Health
122 West 25th Street
4 West
Cheyenne, WY 82002

Re: Approval of State Plan Amendment WY-26-0008

Dear Jesse Springer,

On August 13, 2026, the Centers for Medicare and Medicaid Services (CMS) received Wyoming State Plan Amendment (SPA) WY-26-0008 to update the State plan in compliance with section 1903(v)(5) of the Social Security Act, added by section 71109 of Public Law (P.L.) 119-21. Beginning October 1, 2026, section 1903(v)(5) generally limits federal financial participation for Medicaid, with limited exceptions, to U.S. citizens and U.S. nationals, lawful permanent residents, Cuban/Haitian entrants, Compact of Free Association migrants, and lawfully residing pregnant women under the CHIPRA 214, as elected by the state.

We approve Wyoming State Plan Amendment (SPA) WY-26-0008 with an effective date of October 01, 2026.

If you have any questions regarding this amendment, please contact Ford Blunt at 214-767-6381 or ford.blunt@cms.hhs.gov.

Sincerely,

Megan Buck

Director, Division of Program
Operations

Center for Medicaid & CHIP Services

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | WY2026MS0001O | WY-26-0008

Package Header

Package ID WY2026MS0001O
Submission Type Official
Approval Date 09/30/2026
Superseded SPA ID N/A

SPA ID WY-26-0008
Initial Submission Date 8/13/2026
Effective Date N/A

State Information

State/Territory Name: Wyoming

Medicaid Agency Name: Wyoming Department of Health

Submission Component

- ☒ State Plan Amendment
- ☒ Medicaid
- ☐ CHIP

Submission - Summary

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Package Header

Package ID	WY2026MS0001O	SPA ID	WY-26-0008
Submission Type	Official	Initial Submission Date	8/13/2026
Approval Date	09/30/2026	Effective Date	N/A
Superseded SPA ID	N/A		

SPA ID and Effective Date

SPA ID WY-26-0008

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
Citizenship and Noncitizen Eligibility	10/1/2026	WY-21-0010

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | WY2026MS0001O | WY-26-0008

Package Header

Package ID	WY2026MS0001O	SPA ID	WY-26-0008
Submission Type	Official	Initial Submission Date	8/13/2026
Approval Date	09/30/2026	Effective Date	N/A
Superseded SPA ID	N/A		

Executive Summary

Summary Description Including Goals and Objectives This amendment proposes to update the Wyoming Medicaid State Plan to align with section 1903(v)(5) of the Social Security Act, as added by Public Law 119-21, which CMS refers to as the “Working Families Tax Cut” legislation. Beginning October 1, 2026, section 1903(v)(5) limits federal financial participation, with limited exceptions, to U.S. citizens, U.S. nationals, lawful permanent residents, Cuban/Haitian entrants, and Compact of Free Association migrants.

Federal Budget Impact and Statute/Regulation Citation

Federal Budget Impact

	Federal Fiscal Year	Amount
First	2027	\$0
Second	2028	\$0

Federal Statute / Regulation Citation

1903(v)(5) of the Social Security Act

Supporting documentation of budget impact is uploaded (optional).

Name	Date Created	
No items available		

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | WY2026MS0001O | WY-26-0008

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Governor's Office Review

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

Describe The Governor's Office Review is delegated to the State Medicaid Agent.

Medicaid State Plan Eligibility

Non-Financial Eligibility

Citizenship and Noncitizen Eligibility

MEDICAID | Medicaid State Plan | Eligibility | WY2026MS0001O | WY-26-0008

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	System-Derived		

- ☒ The state provides Medicaid to citizens and nationals of the United States and certain noncitizens who meet all other Medicaid eligibility requirements under the state plan, including for coverage for individuals for whom federal financial participation (FFP) is available consistent with section 1903(v)(5) of the Social Security Act (the Act) ("FFP-eligible noncitizens"), and during a reasonable opportunity period pending verification of their citizenship, U.S. national, or satisfactory immigration status.

A. Citizens, Nationals and FFP-Eligible Noncitizens

- ☒ The state provides Medicaid eligibility to individuals who meet all eligibility requirements in the State, including who are residents of 1 of the 50 states, the District of Columbia, or a territory of the United States and:

- Who are U.S. citizens or nationals of the United States; or
 - Who are FFP-eligible noncitizens in an immigration status or category listed in section 1903(v)(5) of the Act and are not restricted by section 403 of PRWORA (8 U.S.C. § 1613):
 - Lawful Permanent Residents (LPRs)—Section 1903(v)(5)(B)(ii) of the Act
 - Cuban/Haitian entrants—Section 1903(v)(5)(B)(iii) of the Act
 - Compact of Free Association (COFA) migrants—Section 1903(v)(5)(B)(iv) of the Act
- and
- Who have declared themselves to be citizens or nationals of the United States or noncitizens having satisfactory immigration status, during a reasonable opportunity period, pending verification of their U.S. citizenship, U.S. national, or satisfactory immigration status consistent with requirements of sections 1903(x), 1137(d), and 1902(ee) of the Act and regulations at 42 C.F.R. §§ 435.406, 407, 911, and 956.

The reasonable opportunity period begins on and extends 90 days from the date the notice of reasonable opportunity is received by the individual.

- a. The agency provides for an extension of the reasonable opportunity period for noncitizens if the noncitizen is making a good faith effort to resolve any inconsistencies or obtain any necessary documentation, or the agency needs more time to complete the verification process.

- ☐ Yes
☒ No

- ☒ b. When a reasonable opportunity period is provided, the agency furnishes benefits to otherwise eligible individuals on the following date:

The date benefits are furnished is:

- ☐ i. The date of the application containing the declaration of U.S. citizenship, U.S. national, or satisfactory immigration status.
- ☒ ii. The first day of the month of application.

Citizenship and Noncitizen Eligibility

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B. Optional Coverage of All FFP-Eligible Noncitizens

The state provides Medicaid coverage to LPRs, Cuban/Haitian entrants, and COFA migrants whose eligibility is not restricted by section 403 of PRWORA (8 U.S.C. § 1613) and meet all other eligibility requirements in the state plan.

- ☒ Yes
- ☐ No

Citizenship and Noncitizen Eligibility

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C. Coverage of Lawfully Residing Individuals

The state elects the option to provide Medicaid coverage to lawfully residing pregnant women and/or children in the United States, as provided in section 1903(v) (4) of the Act who meet all other eligibility requirements in the state plan.

☒ Yes

☐ No

☒ 1. Pregnant women

☐ 2. Individuals under a specified age:

3. An individual is considered to be lawfully residing in the United States if he or she is lawfully present and otherwise meets the eligibility requirements in the state plan.

4. An individual is considered to be lawfully present in the United States if they are:

a. A qualified noncitizen as defined in 8 U.S.C. 1641(b) and (c);

b. A noncitizen in a valid nonimmigrant status, as defined in 8 U.S.C. 1101(a)(15) or otherwise under the immigration laws (as defined in 8 U.S.C. 1101(a)(17));

c. A noncitizen who has been paroled into the United States in accordance with 8 U.S.C.1182(d)(5) for less than 1 year, except for an individual paroled for prosecution, for deferred inspection or pending removal proceedings;

d. A noncitizen who belongs to one of the following classes:

i. Granted temporary resident status in accordance with 8 U.S.C.1160 or 1255a, respectively;

ii. Granted Temporary Protected Status (TPS) in accordance with 8 U.S.C. §1254a, and individuals with pending applications for TPS who have been granted employment authorization;

iii. Granted employment authorization under 8 CFR 274a.12(c);

iv. Family Unity beneficiaries in accordance with section 301 of Pub. L. 101-649, as amended;

v. Under Deferred Enforced Departure (DED) in accordance with a decision made by the President;

vi. Granted Deferred Action status;

vii. Granted an administrative stay of removal under 8 CFR 241;

viii. Beneficiary of approved visa petition who has a pending application for adjustment of status;

e. Is an individual with a pending application for asylum under 8 U.S.C. 1158, or for withholding of removal under 8 U.S.C.1231, or under the Convention Against Torture who:

i. Has been granted employment authorization; or

ii. Is under the age of 14 and has had an application pending for at least 180 days;

f. Has been granted withholding of removal under the Convention Against Torture;

g. Is a child who has a pending application for Special Immigrant Juvenile status as described in 8 U.S.C.1101(a)(27)(I);

h. Is lawfully present in American Samoa under the immigration laws of American Samoa; or

i. Is a victim of severe trafficking in persons, in accordance with the Victims of Trafficking and Violence Protection Act of 2000, Pub. L. 106-386, as amended (22 §U.S.C. 7105(b)).

j. Exception: An individual with deferred action under the Department of Homeland Security's deferred action for the childhood arrivals process, as described in the Secretary of Homeland Security's June 15, 2012 memorandum, shall not be considered to be lawfully present with respect to any of the above categories in paragraphs (a) through (i) of this definition.

☒ k. Other

Description:

Exceptions:

Individuals granted an administrative stay of removal under 8 CFR 241, described under C.4.d.vii., above, are not considered to be lawfully present;

Individuals granted employment authorization under 8 CFR 274a.12(c)(35) and (c)(36), described under paragraph C.4.d.iii, are not considered to be lawfully present unless they have an immigration status considered lawfully present under paragraph 4.a. through i

Citizenship and Noncitizen Eligibility

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D. Emergency Coverage

- ☒ Regardless of whether an individual has a satisfactory immigration status for full Medicaid benefits, the state assures that it provides care and services that are necessary for the treatment of an emergency medical condition as defined in 1903(v)(3) of the Act, not related to the care and services for an organ transplant procedure, (commonly referred to as “emergency Medicaid”), to the following individuals who meet all Medicaid eligibility requirements, except are not required to have verified U.S. citizenship or satisfactory immigration status and/or present an SSN:
1. LPRs subject to the five-year waiting period described in 8 U.S.C. § 1613(a) and who have not met the five-year waiting period;

2. All other noncitizens who are not FFP-eligible noncitizens, unless covered as a lawfully residing child or pregnant woman by the state under the option in accordance with section 1903(v)(4) of the Act.

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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