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State/Territory Name: Wyoming

State Plan Amendments (SPA) #: WY-13-0008

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) SPA Summary Form
- 3) Approved SPA Pages

The complete title XXI state plan for Wyoming consists of the most recent state plan posted on Medicaid.gov under CHIP and State Plan Amendments. The link is provided below. The following approved templates are in addition to, or replace sections of the state's posted current state plan. The attached approval letter(s) explain how these templates fit into that state plan.

Link to state title XXI state plans and amendments: <http://medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Childrens-Health-Insurance-Program-CHIP/CHIP-State-Program-Information.html>

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop: S2-26-12
Baltimore, Maryland 21244-1850



Children and Adults Health Programs Group

JUL 22 2014

Ms. Susie Scott
CHIP Director & Kid Care CHIP Manager
Wyoming Department of Health
6101 Yellowstone Rd, Suite 210
Cheyenne, WY 82002

Dear Ms. Scott:

I am pleased to inform you that the Centers for Medicare & Medicaid Services has approved your title XXI Children's Health Insurance Program (CHIP) state plan amendment (SPA) number WY-13-0008 submitted on February 12, 2014, with additional information provided on July 9, 2014. This SPA relates to Modified Adjusted Gross Income (MAGI) Eligibility and has an effective date of January 1, 2014.

The SPA number WY-13-0008 converts the state's existing income eligibility standards to MAGI-equivalent standards, by age group, for children covered in its title XXI-funded Medicaid program. A copy of the approved state plan page (CS3) is attached, and should be incorporated into the state's approved CHIP state plan. This page supersedes the current Medicaid expansion Section (4.0) of the current CHIP state plan.

Your title XXI project officer is Ms. Joyce Jordan. She is available to answer questions concerning this amendment and other CHIP-related issues. Ms. Jordan's contact information is as follows:

Centers for Medicare & Medicaid Services
Center for Medicaid and CHIP Services
Mail Stop: S2-01-16
7500 Security Boulevard
Baltimore, MD 21244-1850
Telephone: (410) 786-3413
Facsimile: (410) 786-5882
E-mail: Joyce.Jordan@cms.hhs.gov

Official communications regarding program matters should be sent simultaneously to Ms. Jordan and to Mr. Richard Allen, Associate Regional Administrator (ARA) in our Denver Regional Office. Mr. Allen's address is:

Centers for Medicare & Medicaid Services
Denver Regional Office
Colorado State Bank Building
1600 Broadway, Suite# 700
Denver, CO 80202-4367

Congratulations on the approval. If you have additional questions, please contact Ms. Kelly Whitener, Director, Division of State Coverage Programs at (410) 786-0719.

We look forward to continuing to work with you and your staff.

Sincerely,

/ Eliot Fishman/

Eliot Fishman
Director

Enclosure

cc:

Richard Allen, ARA, CMS Region VIII, Denver

Control Panel

General Information

File Management

Tribal Input

Summary

Children's Health Insurance Program Eligibility: Summary Page

State/Territory Wyoming

name: **Transmittal Number:**

Please enter the Transmittal Number (TN) in the format ST-YY-0000 where ST= the state abbreviation, YY = the last two digits of the submission year, and 0000 = a four digit number with leading zeros. The dashes must also be entered.

WY-13-0008

Type of SPA:

- MAGI Eligibility & Methods
- XXI Medicaid Expansion
- Establish 2101(f) Group
- Eligibility Processing
- Non-Financial Eligibility

Proposed Effective Date

01/01/2014 (mm/dd/yyyy)

Federal Statute/Regulation Citation

42 CFR 457.320(a) and (3).

Federal Budget Impact

- This SPA has a budget impact.

Total budget impact:

State Funds: \$

Federal Funds: \$

Subject of Amendment

Please provide a brief summary of SPA changes.

Character Count: 486 out of 2000

The Wyoming Children's Health Insurance (CHIP) State Plan is being amended to reflect the new eligibility income guidelines as a result of the Affordable Care Act (ACA). Effective January 1, 2014 children from birth up to six (6) years of age in families with income above 154% FPL up to, and including 200%

Signature of State Agency Official

Submitted By: Chris Bass

Last Revision Jul 7, 2014

Date:

Submit Date: Feb 12, 2014

BACK

CONTINUE



CHIP Eligibility

OMB Control Number: 0938-1148

Expiration date: 10/31/2014

Eligibility for Medicaid Expansion Program CS3

42 CFR 457.320(a)(2) and (3)

Income eligibility for children under the Medicaid Expansion is determined in accordance with the following income standards:

There should be no overlaps or gaps for the ages entered.

Age and Household Income Ranges

	From Age	To Age	Above (% FPL)	Up to & including (% FPL)	
+	6	19	119	133	X

PRA Disclosure Statement

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 0938-1148. The time required to complete this information collection is estimated to average 50 hours per response, 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.