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State/Territory Name: WY

State Plan Amendment (SPA) #:19-0011

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Division of Medicaid and Children's Health Operations

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Teri Green
Director Wyoming Department of Health
Wyoming Department of Health
6101 Yellowstone Road
Suite 210
Cheyenne, WY 82009

Re: Approval of State Plan Amendment WY-19-0011

Dear Teri Green:

On March 11, 2019, the Centers for Medicare and Medicaid Services (CMS) received Wyoming State Plan Amendment (SPA) WY-19-0011 to add new locations that can process presumptive eligibility for pregnant women..

We approve Wyoming State Plan Amendment (SPA) WY-19-0011 on June 04, 2019 with an effective date(s) of May 01, 2019.

Name	Date Created
No items available	

If you have any questions regarding this amendment, please contact Sonja Madera at 3038443522 or sonja.madera@cms.hhs.gov.

Sincerely,
Mary Marchioni
Acting Deputy Director
Denver Regional Operations Group
Division of Medicaid and Children's Health Operations

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | WY2019MS00040 | WY-19-0011

Package Header

Package ID WY2019MS00040
Submission Type Official
Approval Date 6/4/2019
Superseded SPA ID N/A

SPA ID WY-19-0011
Initial Submission Date 3/11/2019
Effective Date N/A

State Information

State/Territory Name: Wyoming

Medicaid Agency Name: Wyoming Department of Health

Submission Component

- State Plan Amendment Medicaid CHIP

Package Information

Package ID WY2019MS00040
Program Name N/A
SPA ID WY-19-0011
Version Number 4
Submitted By Jolene Flores
Package Disposition 
Priority Code P2

Submission Type Official
State WY
Region Denver, CO
Package Status Approved
Submission Date 3/11/2019
Approval Date 6/4/2019 12:07 PM EDT

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | WY2019MS00040 | WY-19-0011

Package Header

Package ID WY2019MS00040
Submission Type Official
Approval Date 6/4/2019
Superseded SPA ID N/A

SPA ID WY-19-0011
Initial Submission Date 3/11/2019
Effective Date N/A

SPA ID and Effective Date

SPA ID WY-19-0011

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
Presumptive Eligibility	5/1/2019	WY-13-008
Presumptive Eligibility for Pregnant Women	5/1/2019	WY-13-008

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | WY2019MS00040 | WY-19-0011

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Initial Submission Date 3/11/2019
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Executive Summary

Summary Description Including Goals and Objectives Wyoming Medicaid would like to add an additional entity capable of making presumptive eligibility determinations. Wyoming has several women's resource centers that assist pregnant women. Due to the rural nature of our state allowing these entities to make presumptive eligibility determinations would allow greater access to the presumptive eligibility program.

Federal Budget Impact and Statute/Regulation Citation

Federal Budget Impact

	Federal Fiscal Year	Amount
First	2018	\$0
Second	2019	\$0

Federal Statute / Regulation Citation

42 CFR 435.1103

Supporting documentation of budget impact is uploaded (optional).

Name	Date Created
No items available	

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | WY2019MS00040 | WY-19-0011

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Governor's Office Review

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

Submission - Public Comment

MEDICAID | Medicaid State Plan | Eligibility | WY2019MS00040 | WY-19-0011

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Indicate whether public comment was solicited with respect to this submission.

- Public notice was not federally required and comment was not solicited
- Public notice was not federally required, but comment was solicited
- Public notice was federally required and comment was solicited

Indicate how public comment was solicited:

- Newspaper Announcement
- Publication in state's administrative record, in accordance with the administrative procedures requirements
- Email to Electronic Mailing List or Similar Mechanism
- Website Notice

Select the type of website

- Website of the State Medicaid Agency or Responsible Agency

Date of Posting: Feb 6, 2019

Website URL: <https://health.wyo.gov/healthcarefin/medicaid/>

- Website for State Regulations
- Other

Public Hearing or Meeting

Other method

Upload copies of public notices and other documents used

Name	Date Created
Public-Notice-Presumptive-Eligibility	3/8/2019 4:08 PM EST

Upload with this application a written summary of public comments received (optional)

Name	Date Created
No items available	

Indicate the key issues raised during the public comment period (optional)

- Access
- Quality
- Cost
- Payment methodology
- Eligibility
- Benefits
- Service delivery
- Other issue

Submission - Tribal Input

MEDICAID | Medicaid State Plan | Eligibility | WY2019MS00040 | WY-19-0011

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Effective Date N/A

One or more Indian health programs or Urban Indian Organizations furnish health care services in this state

- Yes
 No

This state plan amendment is likely to have a direct effect on Indians, Indian health programs or Urban Indian Organizations

- Yes
 No

The state has solicited advice from Indian Health Programs and/or Urban Indian Organizations, as required by section 1902(a)(73) of the Social Security Act, prior to submission of this SPA

Complete the following information regarding any solicitation of advice and/or tribal consultation conducted with respect to this submission:

Solicitation of advice and/or Tribal consultation was conducted in the following manner:

- All Indian Health Programs
 All Urban Indian Organizations

States are not required to consult with Indian tribal governments, but if such consultation was conducted voluntarily, provide information about such consultation below:

- All Indian Tribes

Date of consultation:	Method of consultation:
2/6/2019	E-mail of public notice to all tribal facilities and business councils.

The state must upload copies of documents that support the solicitation of advice in accordance with statutory requirements, including any notices sent to Indian Health Programs and/or Urban Indian Organizations, as well as attendee lists if face-to-face meetings were held. Also upload documents with comments received from Indian Health Programs or Urban Indian Organizations and the state's responses to any issues raised. Alternatively indicate the key issues and summarize any comments received below and describe how the state incorporated them into the design of its program.

Name	Date Created
State of Wyoming Mail - Public Notice - Presumptive eligibility	3/8/2019 4:06 PM EST

Indicate the key issues raised (optional)

- Access
 Quality
 Cost
 Payment methodology
 Eligibility
 Benefits
 Service delivery
 Other issue

Medicaid State Plan Eligibility

Eligibility and Enrollment Processes

Presumptive Eligibility

MEDICAID | Medicaid State Plan | Eligibility | WY2019MS00040 | WY-19-0011

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The state provides Medicaid services to individuals during a presumptive eligibility period following a determination by a qualified entity.

Presumptive eligibility covered in the state plan includes:

Eligibility Groups

Eligibility Group Name	Covered In State Plan	Include RU In Package	Included in Another Submission Package	Source Type
Presumptive Eligibility for Children under Age 19	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Parents and Other Caretaker Relatives - Presumptive Eligibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Presumptive Eligibility for Pregnant Women	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	APPROVED
Adult Group - Presumptive Eligibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals above 133% FPL under Age 65 - Presumptive Eligibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Eligible for Family Planning Services - Presumptive Eligibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Former Foster Care Children - Presumptive Eligibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Needing Treatment for Breast or Cervical Cancer - Presumptive Eligibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

Hospitals

Eligibility Group Name	Covered In State Plan	Include RU In Package	Included in Another Submission Package	Source Type
Presumptive Eligibility by Hospitals	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED

Presumptive Eligibility

MEDICAID | Medicaid State Plan | Eligibility | WY2019MS00040 | WY-19-0011

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Eligibility Groups Deselected from Coverage

The following eligibility groups were previously covered in the source approved version of the state plan and deselected from coverage as part of this submission package:

- N/A

Medicaid State Plan Eligibility

Presumptive Eligibility

Presumptive Eligibility for Pregnant Women

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The state covers ambulatory prenatal care for individuals qualifying as pregnant women under 42 CFR 435.116 when determined presumptively eligible by a qualified entity.

A. Presumptive Eligibility Period

1. The presumptive period begins on the date the determination is made.
2. The end date of the presumptive period is the earlier of:
 - a. The date the eligibility determination for regular Medicaid is made, if an application for Medicaid is filed by the last day of the month following the month in which the determination of presumptive eligibility is made; or
 - b. The last day of the month following the month in which the determination of presumptive eligibility is made, if no application for Medicaid is filed by that date.
3. There may be no more than one period of presumptive eligibility per pregnancy.

B. Application for Presumptive Eligibility

- 1. The state uses a standardized screening process for determining presumptive eligibility.
- 2. The state uses a single application form for Medicaid and presumptive eligibility, approved by CMS. A copy of the single streamlined application with questions necessary for a PE determination highlighted or denoted is included.
- 3. The state uses a separate application form for presumptive eligibility, approved by CMS. A copy of the application form is included.

Name	Date Created	
PE Application PW	3/8/2019 4:21 PM EST	
Qualified Provider Calculations April 2019	4/11/2019 9:41 AM EDT	
Immigration Status Worksheet	4/11/2019 9:41 AM EDT	
Rights and Responsibilities	4/16/2019 2:39 PM EDT	

- 4. The state uses an online portal or electronic screening tool for presumptive eligibility approved by CMS. Screenshots of the tool included.

C. Presumptive Eligibility Determination

The presumptive eligibility determination is based on the following factors:

1. The woman must be pregnant.
2. Household income must not exceed the applicable income standard at 42 CFR 435.116.
 - a. A reasonable estimate of MAGI-based income is used to determine household income.
 - b. Gross income is used to determine household size.
3. State residency
4. Citizenship, status as a national, or satisfactory immigration status

Presumptive Eligibility for Pregnant Women

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D. Qualified Entities

1. The state uses qualified entities, as defined in section 1920A of the Act, to determine eligibility presumptively for this eligibility group. A qualified entity is an entity that is determined by the agency to be capable of making presumptive eligibility determinations based on an individual's household income and other requirements.

2. The following qualified entities are used to determine presumptive eligibility for this eligibility group:

- Furnishes health care items or services covered under the state's approved Medicaid state plan and is eligible to receive payments under the plan
- Is a health facility operated by the Indian Health Service, a Tribe, or Tribal organization, or an Urban Indian Organization
- Other entity the agency determines is capable of making presumptive eligibility determinations

Name of entity

True Care Women's Resource Center

Description

True Care is a nonprofit organization located in Casper, Wyoming whose advocates and nurses are experts in helping women facing unplanned pregnancies. This organization is a valuable community asset in making referrals to ensure healthy pregnancies.

Name of entity

Women's Resource Centers

Description

Wyoming has several women's resource centers that assist pregnant women. Due to the rural nature of our state allowing these entities to make presumptive eligibility determinations would allow greater access to the presumptive eligibility program.

3. The state assures that it has communicated the requirements for qualified entities, at 1920A(b)(3) of the Act, and has provided adequate training to the entities and organizations involved.

4. A copy of the training materials has been uploaded for review during the submission process.

Name	Date Created
PE Training for QP Paper Application Process	4/16/2019 2:44 PM EDT

Presumptive Eligibility for Pregnant Women

MEDICAID | Medicaid State Plan | Eligibility | WY2019MS00040 | WY-19-0011

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E. Additional Information (optional)

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 0938-1188. The time required to complete this information collection is estimated to average 40 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.

This view was generated on 6/4/2019 12:41 PM EDT