Revision: HCFA-PM-91-4 (BPD)

AUGUST 1991

OMB No.: 0938-

State: WYOMING

SECTION 2 - COVERAGE AND ELIGIBILITY

Citation 42 CFR 435.10 and Subpart J

Application, Determination of Eligibility and Furnishing Medicaid

The Medicaid agency meets all requirements of 42 CFR Part 435, Subpart J for processing (a) applications, determining eligibility, and furnishing Medicaid.

TN No. 9/-/3 Effective Date Supersedes Approval Date

HCFA ID: 7982E

March 1993

	State/Territory:	WYOMING	
Citation 42 CFR 435.914 1902 (a)(34) of the Act		2.1(b)(1)	Except as provided in items 2.1(b)92) and (3) below, individuals are entitled to Medicaid services under the plan during the three months preceding the month of application, if they were, or on application would have been, eligible. The effective date of prospective and retroactive eligibility is specified in ATTACHMENT 2.6-A.
1902(e)(8) a 1905(a) of t Act		(2)	For individuals who are eligible for Medicaid cost-sharing expenses as qualified Medicare beneficiaries under section 1902 (a)(10(E)(i) of the Act, coverage is available for services furnished after the end of the month in which the individual is first determined to be a qualified Medicare beneficiary. ATTACHMENT 2.6-A specifies the requirements for determination of eligibility for this group.
1902(a)(47) 1920 of the		<u>X</u> (3)	Pregnant women are entitled to ambulatory prenatal care under the plan during a presumptive eligibility period in accordance with section 1920 of the Act. ATTACHMENT 2.6-A specifies the requirements for determination of eligibility for this group.
42 CFR 434.20		(c)	The Medicaid agency elects to enter into a risk contract with an HMO that is
			Qualified under title XIII of the Public Health Service Act or is provisionally qualified as an HMO pursuant to section 1903(m)(3) of the Social Security Act.
	¢		Not federally qualified, but meets the requirements of 42 CFR 434.20(c) and is defined in <u>ATTACHMENT 2.1-A.</u>
	·	<u> X</u>	Not applicable

TN No. $\frac{63-008}{92-11}$ Approval Date $\frac{42793}{2793}$ Effective Date $\frac{3193}{2793}$

HCFA ID: 7982E

Revision: HCFA-PM-91-6 (MB)

September 1991

OMB No.

State/Territory: WYOMING

Citation

1902(a)(55) of the Act 2.1(d)

The Medicaid agency has procedures to take applications, assist applicants, and perform initial processing of applications from those low income pregnant women, infants, and children under age 19, described in \$1902(a)(10)(A)(i)(IV), (a)(10)(A)(i)(VII), and (a)(10)(A)(ii)(IX) at locations other than those used by the title IV-A program including FQHCs and disproportionate share hospitals. Such application forms do not include the ADFC form except as permitted by HCFA instructions.

TN No. 91-12
Supersedes Approval Date 10191
TN No. NEW

Effective Date 7/1/91

HCFA ID: 7985E

Revision:	HCFA-PM-91- 4 AUGUST 1991	(BPD)	OMB No.: 0938-	
	State:	WYOMING		
Citation 42 CFR	2.2 <u>Cove</u>	rage and Conditions o	f Eligibility	
435.10		caid is available to CHMENT 2.2-A.	the groups specified in	
	_7	Mandatory categorica special groups only.	lly needy and other required	
	∠7		lly needy, other required special cally needy, but no other	
	<u>∠</u> ₩	Mandatory categorica groups, and specified	lly needy, other required special i optional groups.	
	\Box	Mandatory categorical groups, specified opneedy.	lly needy, other required special tional groups, and the medically	
	The conditions of eligibility that must be met are specified in $\underline{\text{ATTACHMENT 2.6-A}}$.			
	ane 19	d sections 1902(a)(10 02(a)(10)(A)(ii)(XI),	ents of 42 CFR Part 435)(A)(i)(IV), (V), and (VI), 1902(a)(10)(E), 1902(1) and (m), 320, and 1925 of the Act are met.	
		·		

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Effective Date 13

HCFA ID: 7982E

TN No. 9/-13
Supersedes
TN No. 9/-5

Approval Date

Revision: HCFA-PM-87-4

(BERC)

OMB No.:

0938-019

MARCH 1987

State:

WYOMING

Citation 435.10 and 435.403, and 1902(b) of the Act, P.L. 99-272 (Section 9529) and P.L. 99-509 (Section 9405)

2.3 Residence

Medicaid is furnished to eligible individuals who are residents of the State under 42 CFR 435.403, regardless of whether or not the individuals maintain the residence permanently or maintain it at a fixed address.

Revision: HCFA-PM-87-4 (BERC)

MARCH 1987

OMB No.: 0938-0193

State: WYOMING

Citation

2.4 Blindness

42 CFR 435.530(b)

42 CFR 435.531

AT-78-90

AT-79-29

All of the requirements of 42 CFR 435.530 and 42 CFR 435.531 are met. The more restrictive definition of blindness in terms of ophthalmic measurement used in this plan is specified in

ATTACHMENT 2.2-A.

Revision:

HCFA-PM-91-August 1991 (BPD)

OMB No.: 0938-

State/Territory: <u>WYOMING</u>

Citation

Disability 2.5

42 CFR

435.121,

435.540(b)

435.541

All of the requirements of 42 CFR 435.540 and 435.541 The State uses the same definition of

disability used under the SSI program unless a more

restrictive definition of disability is specified in

Item A.13.b. of ATTACHMENT 2.2-A of this plan.

TN No. Amproval Date 3 92 rsedes s. <u>91-13</u>

HCFA ID: 7982E

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Revision: HCFA-PM-92-1

FEBRUARY 1992

(MB)

State: WYOMING

Citation(s)

2.6 Financial Eligibility

42 CFR
435.10 and
Subparts G & H
1902(a)(10)(A)(i)
(III), (IV), (V),
(VI), and (VII),
1902(a)(10)(A)(ii)
(IX), 1902(a)(10)
(A)(ii)(X), 1902
(a)(10)(C),
1902(f), 1902(1)
and (m),
1905(p) and (s),
1902(r)(2),
and 1920

(a) The financial eligibility conditions for Medicaid-only eligibility groups and for persons deemed to be cash assistance recipients are described in ATTACHMENT 2.6-A.

TN No. 92-03
Supersedes Approval Date 41692 Effective Date 1192

Revision: HCFA-PM-86-20

SEPTEMBER 1986

(BERC)

OMB-No. 0938-0193

State/Territory:

WYOMING

Citation

2.7 Medicaid Furnished Out of State

431.52 and 1902(b) of the Act, P.L. 99-272 (Section 9529)

Medicaid is furnished under the conditions specified in 42 CFR 431.52 to an eligible individual who is a resident of the State while the individual is in another State, to the same extent that Medicaid is furnished to residents in the State.

HCFA lopo Region

TN NO. Supersedes

Approval Date 2/9/87

Effective Date 62/1/86

HCFA ID:0053C/0061E