STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: WYOMING

INCOME ELIGIBILITY LEVELS

A. MANDATORY CATEGORICALLY NEEDY

1. AFDC-Related Groups Other Than Poverty Level Pregnant Women and Infants:

Family Size	Medicaid Income Standard	Medicaid Family Size	Income Standard
1	$362	10	$1,285
2	512	11	1,424
3	590	12	1,497
4	659	13	1,633
5	794	14	1,704
6	871	15	1,870
7	1,001	16	1,916
8	1,073	17	2,054
9	1,214	Additional $88 per family member	

2. For Pregnant Women and Infants under Section 1902(a)(10)(i)(IV) of the Act the income eligibility level is 133 percent of the Federal poverty level (as revised annually in the Federal Register) for the size family involved. When determining countable income the first $200 of an individual's earned income is disregarded or the first $400 of a married couple's earned income is disregarded or the standard earned income disregards are applied, whichever is more generous.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: WYOMING

INCOME ELIGIBILITY LEVELS

A. MANDATORY CATEGORICALLY NEEDY (Continued)

3. For children under Section 1902(a)(10)(i)(VI) of the Act (children who have attained age 1 but have not attained age 6), the income eligibility level is 133 percent of the Federal poverty level (as revised annually in the Federal Register) for the size family involved.

4. For children under Section 1902(a)(10)(i)(VII) of the Act (children who were born after September 30, 1983 and have attained age 6 but have not attained age 19), the income eligibility level is 100 percent of the Federal poverty level (as revised annually in the Federal Register) for the size family involved.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: WYOMING

INCOME ELIGIBILITY LEVELS (Continued)

B. CATEGORICALLY NEEDY GROUPS WITH INCOMES RELATED TO FEDERAL POVERTY LEVEL

1. Pregnant Women and Infants

The levels for determining income eligibility for optional groups of pregnant women and infants under the provisions of sections 1902(a)(1)(A)(ii)(IX) and 1902(1)(2) of the Act are as follows:

Based on _____ percent of the official Federal income poverty level (no less than 133 percent and no more than 185 percent).

Family Size	Income Level
1	
2	
3	
4	
5	

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: WYOMING

INCOME ELIGIBILITY LEVELS (Continued)

B. CATEGORICALLY NEEDY GROUPS WITH INCOMES RELATED TO FEDERAL POVERTY LEVEL

2. Children Between Ages 6 and 8

The levels for determining income eligibility for groups of children who are born after September 30, 1983 and who have attained 6 years of age but are under 8 years of age under the provisions of section 1902(l)(2) of the Act are as follows:

Based on _____ percent (no more than 100 percent) of the official Federal income poverty line.

Family Size	Income Level
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: WYOMING

INCOME ELIGIBILITY LEVELS (Continued)

3. Aged and Disabled Individuals

The levels for determining income eligibility for groups of aged and disabled individuals under the provisions of section 1902(m)(4) of the Act are as follows:

Based on 100% percent of the official Federal income poverty line.

Family Size	Income Level
1	$
2	$
3	$
4	$
5	$

If an individual receives a title II benefit, any amount attributable to the most recent increase in the monthly insurance benefit as a resultofa title II COLA is not counted as income during a "transition period" beginning with January, when the title II benefit for December is received, and ending with the last day of the month following the month of publication of the revised annual Federal poverty level.

For individuals with title II income, the revised poverty levels are not effective until the first day of the month following the end of the transition period.

For individuals not receiving title II income, the revised poverty levels are effective no later than the beginning of the month following the date of publication.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: WYOMING

INCOME ELIGIBILITY LEVELS (Continued)

C. QUALIFIED MEDICARE BENEFICIARIES WITH INCOMES RELATED TO FEDERAL POVERTY LEVEL

The levels for determining income eligibility for groups of qualified Medicare beneficiaries under the provisions of section 1905(p)(2)(A) of the Act are as follows:

1. NON-SECTION 1902(f) STATES

a. Based on the following percent of the official Federal income poverty level:

Eff. Jan. 1, 1989: /X/ 85 percent /_/ _____ percent (no more than 100)

Eff. Jan. 1, 1990: /X/ 90 percent /_/ _____ percent (no more than 100)

Eff. Jan. 1, 1991: 100 percent

Eff. Jan. 1, 1992: 100 percent

b. Levels:

Family Size	Income Levels
1	$551.00
2	$739.00

State: WYOMING

SPECIAL INCOME LEVEL INCOME STANDARDS 435.231

Aged, blind, and disabled individuals requiring the service of medical institutions and eligible for medical assistance if their income is less than 300 percent of the SSI payment level and if they meet all other requirements established by the Supplemental Security Income program as specified in 42 CFR 435.1005.

U. S. GOVERNMENT PRINTING OFFICE: 1985 461-292/20131

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: WYOMING

INCOME ELIGIBILITY LEVELS (Continued)

C. QUALIFIED MEDICARE BENEFICIARIES WITH INCOMES RELATED TO FEDERAL POVERTY LEVEL

2. SECTION 1902(f) STATES WHICH AS OF JANUARY 1, 1987 USED INCOME STANDARDS MORE RESTRICTIVE THAN SSI

a. Based on the following percent of the official Federal income poverty level:

Eff. Jan. 1, 1989: /_/ 80 percent /_/ _____ percent (no more than 100)

Eff. Jan. 1, 1990: /_/ 85 percent /_/ _____ percent (no more than 100)

Eff. Jan. 1, 1991: /_/ 95 percent /_/ _____ percent (no more than 100)

Eff. Jan. 1, 1992: 100 percent

b. Levels:

Family Size	Income Levels
1	$_____
2	$_____

NOT APPLICABLE

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: WYOMING

INCOME LEVELS (Continued)

NOT APPLICABLE
D. MEDICALLY NEEDY

_____ Applicable to all groups.

_____ Applicable to all groups except those specified below. Excepted group income levels are also listed on an attached page 3.

(1)	(2)	(3)	(4)	(5)
Family Size	Net income level protected for maintenance for _____months	Amount by which Column (2) exceeds limits specified in 42 CFR 435.1007 1/	Net income level for persons living in rural areas for _____months	Amount by Column (4) exceeds limits specified in 42 CFR 435.1007 1/
/_/ urban only				
/_/ urban & rural				
1	$	$	$	$
2	$	$	$	$
3	$	$	$	$
4	$	$	$	$
For each additional person, add:	$	$	$	$

1/ The agency has methods for excluding from its claim for FFP payments made on behalf of individuals whose income exceeds these limits.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: WYOMING

INCOME LEVELS (Continued)

NOT APPLICABLE
D. MEDICALLY NEEDY

(1)	(2)	(3)	(4)	(5)
Family Size which	Net income level protected for maintenance for _____months /_/ urban only /_/ urban & rural	Amount by which Column (2) exceeds limits specified in 42 CFR 435.1007[1/]	Net income level for persons living in rural areas for _____months	Amount by Column (4) exceeds limits specified in 42 CFR 435.1007[1/]
5	$	$	$	$
	$	$	$	$
7	$	$	$	$
8	$	$	$	$
9	$	$	$	$
10	$	$	$	$
For each additional person, add:	$	$	$	$

1/ The agency has methods for excluding from its claim for FFP payments made on behalf of individuals whose income exceeds these limits.

Revision: HCFA-PM-91-4 (BPD)
August 1991

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE: Wyoming

RESOURCE LEVELS

A. CATEGORICALLY NEEDY GROUPS WITH INCOMES RELATED TO FEDERAL POVERTY LEVEL

1. Pregnant Women

a. Mandatory Groups

____ Same as SSI resources levels.

_X_ Less restrictive than SSI resource levels and is as follows: No resource test is applied.

b. Optional Groups

____ Same as SSI resources levels.

____ Less restrictive than SSI resource levels and is as follows:

Family Size	Resource Level
1	
2	

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: WYOMING

2. Infants

a. Mandatory Group of Infants

___ Same as resource levels in the State's approved AFDC plan.

X Less restrictive than the AFDC levels and are as follows:

No resource test is applied.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: WYOMING

NOT APPLICABLE

b. Optional Group of Infants

/_/ Same as resource levels in the State's approved AFDC plan.

/_/ Less restrictive than the AFDC levels and are as follows:

Family Size	Resource Level
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: WYOMING

3. Children

a. Mandatory Group of Children under Section 1902(a)(10)(i)(VI) of the Act. Children who have attained age 1 but have not attained age 6.)

___ Same as resource levels in the State's approved AFDC plan.

_x_ Less restrictive than the AFDC levels and are as follows:

No resource test is applied.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: WYOMING

b. Mandatory Group of Children under Section 1902(a)(10)(i)(VII) of the Act. (Children born after September 30, 1983 who have attained age 6 but have not attained age 19.)

___ Same as resource levels in the State's approved AFDC plan.

X Less restrictive than the AFDC levels and are as follows:

No resource test is applied.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: WYOMING

4. Aged and Disabled Individuals

/X/ Same as SSI resource levels.

/_/ More restrictive than SSI levels and are as follows:

Family Size	Resource Level
1	
2	
3	
4	
5	

/_/ Same as medically needy resource levels (applicable only if State has a medically needy program)

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: WYOMING

RESOURCE LEVELS (Continued)

NOT APPLICABLE
B. MEDICALLY NEEDY

Applicable to all groups -

/_/ Except those specified below under the provisions of section 1902(f) of the Act.

Family Size	Resource Level
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	

For each additional person _____

State: WYOMING

REASONABLE LIMITS ON AMOUNTS FOR NECESSARY MEDICAL OR REMEDIAL CARE NOT COVERED UNDER MEDICAID

Not Applicable

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: WYOMING

METHODS FOR TREATMENT OF INCOME THAT DIFFER FROM THOSE OF THE SSI PROGRAM

(Section 1902(f) more restrictive methods and criteria and State supplement criteria in SSI criteria States without section 1634 agreements and in section 1902(f) States. Use to reflect more liberal methods only if you limit to State supplement recipients. DO NOT USE this supplement to reflect more liberal policies that you elect under the authority of section 1902(r)(2) of the Act. Use Supplement 8a for section 1902(r)(2) methods.)

NOT APPLICABLE

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: WYOMING

MORE RESTRICTIVE METHODS OF TREATING RESOURCES
THAN THOSE OF THE SSI PROGRAM - Section 1902(f) States only

NOT APPLICABLE

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: WYOMING

METHODS FOR TREATMENT OF RESOURCES FOR INDIVIDUALS
WITH INCOMES RELATED TO FEDERAL POVERTY LEVELS

(Do not complete if you are electing more liberal methods under the authority of section 1902(r)(2) of the Act instead of the authority specific to Federal poverty levels. Use Supplement 8b for section 1902(r)(2) methods.)

NOT APPLICABLE

State ~~WYOMING~~ /Not Applicable

Standards for Optional State Supplementary Payments

Payment Category (Reasonable Classification)	Administered by		Income Level				Income Disregards Employed
			Gross		Net		
	Federal	State	1 person	Couple	1 person	Couple	
(1)	(2)		(3)		(4)		(5)

APR
HCFA/CFO

TN # 89-08
Supersedes
TN # 85-2

Approval Date 11/7/89 Effective Date 7/1/89

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: WYOMING

INCOME LEVELS FOR 1902(f) STATES - CATEGORICALLY NEEDY
WHO ARE COVERED UNDER REQUIREMENTS MORE RESTRICTIVE THAN SSI

NOT APPLICABLE

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: WYOMING

RESOURCE STANDARDS FOR 1902(f) STATES - CATEGORICALLY NEEDY

NOT APPLICABLE

State: Wyoming

More liberal Method of Treating Income under Section 1902 (r)(2) of the Act

____ Section 1902 (f) State

__x__ Non-Section 1902(F) State

Under the authority of Section 303(e) of the Medicare Catastrophic Coverage Act of 1988, 1902 (r)(2), more liberal income methods may be applied Qualified Medicare Beneficiaries, Specified Low-Income Medicare Beneficiaries and Qualifying Individuals.

Exempt in-kind support and maintenance (ISM) as income.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: WYOMING

MORE LIBERAL METHODS OF TREATING INCOME UNDER
SECTION 1902(r)(2) OF THE ACT

____ Section 1902(f) state x Non-section 1902(f) state

Treatment of Earnings from Self-Employment

In determining eligibility to arrive at the self-employment net profit amount, the State will allow a twenty-five (25) percent flat rate exclusion off the assistance unit's gross self-employment income. This exclusion is for allowable business expenses.

If the allowable business expenses are greater than the twenty-five (25) percent flat rate exclusion amount, the assistance unit shall have their self-employment net profit amount calculated using the methodology described in the July 16, 1996 AFDC State Plan, Attachment 2.3-J and in 45 CFR, Section 233.20(a)(6).

All TANF, POWER, payments are excluded.

The above criteria will apply to all the groups listed under 1903 (f)(4).

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: WYOMING

MORE LIBERAL METHODS OF TREATING INCOME
UNDER SECTION 1902(r)(2) OF THE ACT

For Qualified Pregnant Women and Qualified Children (§1902(a)(10)(A)(i)(III)
Attachment 2.2-A, page 4, Item A.7-b.

The first $200.00 of an individual's earned income is disregarded or the first $400.00 of a married couple's earned income is disregarded or the standard earned income disregards are applied, whichever is more generous.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: WYOMING

MORE LIBERAL METHODS OF TREATING INCOME
UNDER SECTION 1902 (r) (2) OF THE ACT

- For the Basic Insurance Group, TWWIIA 1902 (a) (10)(A)(ii)(XV) of the Act, Attachment 2.2A, page 23(f) Item 26.

  Disregard all earned income

- Veteran's Service Connected Disability
  In determining eligibility for the following eligibility groups:

  - qualified pregnant women 1902(a)(10)(A)(i)(III)
  - qualified children 1902(a)(10)(A)(i)(III)
  - poverty level pregnant women and infants 1902(a)(10)(A)(i)(IV)
  - poverty level children under 6 1902(a)(10)(A)(i)(VI)
  - poverty level children 6-19 1902(a)(10)(A)(i)(VII)
  - QMB 1902(a)(10)(E)(i)
  - SLMB 1902(a)(10)(E)(iii)
  - QIs 1902(a)(10)(E)(iv)(I)
  - individuals would be eligible for cash assistance (AFDC or SSI) if they were not in a medical institution 1902(a)(10)(A)(ii)(IV)
  - individuals under 21 who are under State adoption assistance agreements 1902(a)(10)(A)(ii)(VIII)
  - working disabled individuals who buy into Medicaid under TWWIIA Basic Coverage group 1902(a)(10)(A)(ii)(XV)

  Income received monthly for Veteran's Service Connected Disability, other than income already disregarded or exempted under federal law, shall be disregarded if the income is at or below 100% of the monthly Federal Poverty Level.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: WYOMING

LESS RESTRICTIVE METHODS OF TREATING INCOME
UNDER SECTION 1902(r)(2) OF THE ACT

_X_ For all eligibility groups not subject to the limitations on payment explained in section 1903(f) of the Act*: All wages paid by the Census Bureau for temporary employment related to Census activities are excluded.

* Less restrictive methods may not result in exceeding gross income limitations under section 1903(f).

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Wyoming

MORE LIBERAL METHODS OF TREATING RESOURCES
UNDER SECTION 1902(r)(2) OF THE ACT*

☐ Section 1902(f) State ☒ Non-Section 1902(f) State

An individual who has been determined eligible to receive Medicaid benefits and who has been institutionalized as a Medicaid recipient for at least six (6) months may have those excess resources which are due to the value of a residence disregarded for purposes of eligibility while a "bona fide effort to sell" the residence is undertaken. The resources to be disregarded shall be limited to the residence of the Medicaid recipient who no longer intends to return home, with respect to which residence the recipient had previously signed a statement of intent to return home.

A bona fide effort to sell occurs when a Medicaid recipient who no longer has an intent to return to the residence in question makes reasonable efforts to sell that residence, agrees that the net proceeds from the sale of the residence shall be used to repay Medicaid funds expended on the recipient's behalf, agrees that the residence shall not be sold for less than eighty (80%) percent of its fair market value, and further agrees that the State may place a lien upon the residence to ensure that Medicaid funds expended are recouped from the sale of the residence. Such agreement shall be reduced to a Stipulation and Consent to Placement of Lien (hereinafter referred to as "Stipulation and Consent"), to be executed by the Medicaid recipient or the duly authorized representative of the recipient. If a Medicaid recipient who has entered into such a Stipulation and Consent sells the residence in question for less than eighty (80%) percent of its fair market value, the recipient shall immediately be declared ineligible for Medicaid benefits, and a period of ineligibility shall be reassessed in accordance with the provisions of this State Plan.

During the period of the bona fide effort to sell, Medicaid eligibility shall not be adversely affected by including the value of the residence being sold in the computation of the resources available to the Medicaid recipient, so long as the Medicaid recipient complies with all provisions of this Plan. Because a loss of eligibility to receive Medicaid benefits would potentially create a life-threatening break in the continuum of care for the institutionalized

Medicaid recipient, such eligibility shall (so long as the recipient remains otherwise eligible to receive Medicaid benefits) continue throughout the duration of the bona fide effort to sell.

In order to qualify for continued Medicaid eligibility for the duration of the bona fide effort to sell, the Medicaid recipient or the duly authorized representative of the recipient must enter into a Stipulation and Consent as described herein. Such Stipulation and Consent shall describe the duties of the recipient and of the State with regard to the bona fide effort to sell and shall, in order to ensure repayment to the State of benefits paid on the recipient's behalf by the Medicaid program, authorize the State to place a lien upon the residence which is the subject of the bona fide effort to sell. The Stipulation and Consent shall provide that:

1. If the net proceeds of the sale of the residence exceed the amount of Medicaid benefits paid on the recipient's behalf, that portion of the net proceeds necessary to reimburse the State in full for the Medicaid benefits paid as of the date of reimbursement shall be paid to the Wyoming Department of Health, the remainder of the net proceeds shall be paid to the recipient, and the recipient's eligibility for Medicaid benefits shall be redetermined;

2. If the net proceeds of the sale of the residence are equal to the amount of Medicaid benefits paid on the recipient's behalf as of the date of reimbursement, the net proceeds shall be paid to the Wyoming Department of Health; and

3. If the net proceeds of the sale of the residence are less than the amount ot Medicaid benefits paid on the recipient's behalf as of the date of reimbursement, the net proceeds shall be paid to the Wyoming Department of Health and the Medicaid program may pursue reimbursement for unreimbursed Medicaid expenditures through all mechanisms legally available to the Medicaid program.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: WYOMING

MORE LIBERAL METHODS OF TREATING RESOURCES
UNDER SECTION 1902(r)(2) OF THE ACT

Annuities:

An annuity is defined as a contract or agreement by which one receives fixed, non-variable payments on an investment for a lifetime or a specified number of years. A commercial (non-employment related) annuity purchased by or for an individual using that individual's assets will be considered an available resource unless it meets the following criteria. The annuity:

1. is irrevocable

2. pays out principal and interest in equal monthly installments (no balloon payment) to the individual in sufficient amounts that the principal is paid out within the actuarial life expectancy of the individual as published by the Office of the Chief Actuary of the Social Security Administration. The average number of years of expected life remaining for the individual must equal or exceed the stated life of the annuity.

3. names the State of Wyoming, Department of Health, Office of Health Care Financing, as the residual beneficiary of funds remaining in the annuity, not to exceed any Medicaid funds expended on the individual during his lifetime, unless there is a community spouse and/or a minor or disabled child, then the State of Wyoming can be named as the secondary beneficiary; and,

4. is issued by an insurance company licensed and approved to do business in the State of Wyoming.

State: Wyoming

More liberal Method of Treating Resources under Section 1902 (r) (2) of the Act

Under the authority of Section 303(e) of the Medicare Catastrophic Coverage Act of 1988, 1902 (r) (2), more liberal resource methods may be applied to Qualified Medicare Beneficiaries, Specified Low-Income Medicare Beneficiaries and Qualifying Individuals.

Exempt life insurance policies as a resource.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
STATE OF WYOMING

STATE LONG-TERM CARE INSURANCE PARTNERSHIP

1902(r)(2)
1917(b)(1)(C)

The following more liberal methodology applies to individuals who are eligible for medical assistance under one of the following eligibility groups:

Individuals eligible under Section 1902(a)(10)(A)(ii)(V) (300% of SSI Benefit Standard income/institutionalized not less than 30 days).

An individual who is a beneficiary under a long-term care insurance policy that meets the requirements of a "qualified State long-term care insurance partnership" policy (partnership policy) as set forth below, is given a resource disregard as described in this amendment. The amount of the disregard is equal to the amount of the insurance benefit payments made to or on behalf of the individual. The term "long-term care insurance policy" includes a certificate issued under a group insurance contract.

_X_ The State Medicaid Agency (Agency) stipulates that the following requirements will be satisfied in order for a long-term care policy to qualify for a disregard. Where appropriate, the Agency relies on attestations by the State Insurance Commissioner (Commissioner) or other State official charged with regulation and oversight of insurance policies sold in the state, regarding information within the expertise of the State's Insurance Department.

- The policy is a qualified long-term care insurance policy as defined in section 7702B(b) of the Internal Revenue Code of 1986.

- The policy meets the requirements of the long-term care insurance model regulation and long-term care insurance model Act promulgated by the National Association of Insurance Commissioners (as adopted as of October 2000) as those requirements are set forth in section 1917(b)(5)(A) of the Social Security Act.

- The policy was issued no earlier than the effective date of this State plan amendment.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
STATE OF WYOMING

STATE LONG-TERM CARE INSURANCE PARTNERSHIP

- The insured individual was a resident of a Partnership State when coverage first became effective under the policy. If the policy is later exchanged for a different long-term care policy, the individual was a resident of a Partnership State when coverage under the earliest policy became effective.

- The policy meets the inflation protection requirements set forth in section 1917(b)(1)(C)(iii)(IV) of the Social Security Act.

- The Commissioner requires the issuer of the policy to make regular reports to the Secretary that include notification regarding when benefits provided under the policy have been paid and the amount of such benefits paid, notification regarding when the policy otherwise terminates, and such other information as the Secretary determines may be appropriate to the administration of such partnerships.

- The State does not impose any requirement affecting the terms or benefits of a partnership policy that the state does not also impose on non-partnership policies.

- The State Insurance Department shall require the issuing insurer to certify that the Agents selling qualified long-term care partnership policies have received training regarding long-term care insurance, Medicaid eligibility and estate recovery, and qualified long-term care partnership policies and demonstrate evidence of an understanding of such policies and how they relate to other public and private coverage for long-term care."

- The Agency provides information and technical assistance to the Insurance Department regarding the training described above.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: WYOMING

TRANSFER OF ASSETS

THE AGENCY ADMINISTERS ALL TRANSFERS OF ASSETS IN ACCORDANCE WITH SECTION 1917 OF THE ACT.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: WYOMING

TRANSFER OF ASSETS

1917(c) The agency provides for the denial of certain Medicaid services by reason of disposal of assets for less than fair market value.

1. Institutionalized individuals may be denied certain Medicaid services upon disposing of assets for less than fair market value on or after the look-back date.

The agency withholds payment to institutionalized individuals for the following services:

Payments based on a level of care in a nursing facility;

Payments based on a nursing facility level of care in a medical institution;

Home and community-based services under a 1915 waiver.

2. Non-institutionalized individuals:

___ The agency applies these provisions to the following non-institutionalized eligibility groups. These groups can be no more restrictive than those set forth in section 1905(a) of the Social Security Act:

The agency withholds payment to non-institutionalized individuals for the following services:

Home health services (section 1905(a)(7));

Home and community care for functionally disabled and elderly adults (section 1905(a)(22));

Personal care services furnished to individuals who are not inpatients in certain medical institutions, as recognized under agency law and specified in section 1905(a)(24).

___ The following other long-term care services for which medical assistance is otherwise under the agency plan:

State: WYOMING

TRANSFER OF ASSETS

3. Penalty Date--The beginning date of each penalty period imposed for an uncompensated transfer of assets is:

X the first day of the month in which the asset was transferred;

___ the first day of the month following the month of transfer.

4. Penalty Period - Institutionalized Individuals--
In determining the penalty for an institutionalized individual, the agency uses:

X the average monthly cost to a private patient of nursing facility services in the agency;

___ the average monthly cost to a private patient of nursing facility services in the community in which the individual is institutionalized.

5. Penalty Period - Non-institutionalized Individuals--
The agency imposes a penalty period determined by using the same method as is used for an institutionalized individual, including the use of the average monthly cost of nursing facility services;

___ imposes a shorter penalty period than would be imposed for institutionalized individuals, as outlined below:

State: WYOMING

TRANSFER OF ASSETS

6. Penalty period for amounts of transfer less than cost of nursing facility care--

a. Where the amount of the transfer is less than the monthly cost of nursing facility care, the agency:

X does not impose a penalty;

___ imposes a penalty for less than a full month, based on the proportion of the agency's private nursing facility rate that was transferred.

b. Where an individual makes a series of transfers, each less than the private nursing facility rate for a month, the agency:

X does not impose a penalty;

___ imposes a series of penalties, each for less than a full month.

7. Transfers made so that penalty periods would overlap--
The agency:

___ totals the value of all assets transferred to produce a single penalty period;

X calculates the individual penalty periods and imposes them sequentially.

8. Transfers made so that penalty periods would not overlap--
The agency:

X assigns each transfer its own penalty period;

___ uses the method outlined below:

State: WYOMING

TRANSFER OF ASSETS

9. Penalty periods - transfer by a spouse that results in a penalty period for the individual--

(a) **The agency apportions any existing penalty period between the spouses using the method outlined below, provided the spouse is eligible for Medicaid. A penalty can be assessed against the spouse, and some portion of the penalty against the individual remains.**

Split the delayed period of eligibility between the two spouses if an institutionalized spouse is undergoing a delayed period of eligibility due to a transfer made by the community spouse and the community spouse later becomes institutionalized.

1. Determine the number of months remaining in the delayed period of eligibility, subtract from the original number and split between the couple.

2. Assign the remaining delayed period of eligibility to the surviving institutionalized spouse, if one spouse dies.

(b) If one spouse is no longer subject to a penalty, the remaining penalty period must be served by the remaining spouse.

10. Treatment of income as an asset--
When income has been transferred as a lump sum, the agency will calculate the penalty period on the lump sum value.

___ The agency will impose partial month penalty periods.

When a stream of income or the right to a stream of income has been transferred, the agency will impose a penalty period for each income payment.

___ For transfers of individual income payments, the agency will impose partial month penalty periods.

X For transfers of the right to an income stream, the agency will use the actuarial value of all payments transferred.

___ The agency uses an alternate method to calculate penalty periods, as described below:

TRANSFER OF ASSETS

11. Imposition of a penalty would work an undue hardship--
The agency does not apply the transfer of assets provisions in any case in which the agency determines that such an application would work an undue hardship. The agency will use the following procedures in making undue hardship determinations:

1. Undue hardship will be found to exist if an individual would be forced to go without life-sustaining services altogether because the trust funds could not be made available to pay for the services.

2. Exemption will be determined on a case by case basis by the Medicaid eligibility State staff of the Programs and Policies Division, Department of Family Services.

The following criteria will be used to determine whether the agency will not count assets transferred because the penalty would work an undue hardship:

See statement in 11. above

State: Wyoming

TRANSFER OF ASSETS

12. Penalty period for annuity based on transfer of assets.

If the individual is not reasonably expected to live longer than the guarantee period of the annuity, the individual will not receive fair market value for the annuity based on the projected return. In this case, the annuity is not actuarially sound and a transfer of assets for less than fair market value has taken place. This will subject the individual to a penalty which is assessed based on a transfer of assets for less than fair market value that occurred at the time the annuity was purchased.

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TRANSFER OF ASSETS

1917(c) FOR TRANSFERS OF ASSETS FOR LESS THAN FAIR MARKET VALUE MADE ON OR AFTER FEBRUARY 8, 2006, the agency provides for the denial of certain Medicaid services.

1. Institutionalized individuals are denied coverage of certain Medicaid services upon disposing of assets for less than fair market value on or after the look-back date.

   The agency does not provide medical assistance coverage for institutionalized individuals for the following services:

   Nursing facility services;

   Nursing facility level of care provided in a medical institution;

   Home and community-based services under a 1915(c) or (d) waiver.

2. Non-institutionalized individuals:

   ___ The agency applies these provisions to the following non-institutionalized eligibility groups. These groups can be no more restrictive than those set forth in section 1905(a) of the Social Security Act:

   The agency withholds payment to non-institutionalized individuals for the following services:

   Home health services (section 1905(a)(7));

   Home and community care for functionally disabled elderly adults (section 1905(a)(22));

   Personal care services furnished to individuals who are not inpatients in certain medical

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institutions, as recognized under agency law and specified in section 1905(a)(24).

___ The following other long-term care services for which payment for medical assistance is otherwise made under the agency plan:

3. Penalty Date--The beginning date of each penalty period imposed for an uncompensated transfer of assets is the later of:

- the first day of a month during or after which assets have been transferred for less than fair market value;

  X The State uses the first day of the month in which the assets were transferred

  ___ The State uses the first day of the month after the month in which the assets were transferred

or

- the date on which the individual is eligible for medical assistance under the State plan and is receiving institutional level care services described in paragraphs 1 and 2 that, were it not for the imposition of the penalty period, would be covered by Medicaid;

  AND

  which does not occur during any other period of ineligibility for services by reason of a transfer of assets penalty.

4. Penalty Period - Institutionalized Individuals--In determining the penalty for an institutionalized individual, the agency uses:

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X the average monthly cost to a private patient of nursing facility services in the State at the time of application;

___ the average monthly cost to a private patient of nursing facility services in the community in which the individual is institutionalized at the time of application.

5. Penalty Period - Non-institutionalized Individuals-- The agency imposes a penalty period determined by using the same method as is used for an institutionalized individual, including the use of the average monthly cost of nursing facility services;

___ imposes a shorter penalty period than would be imposed for institutionalized individuals, as outlined below:

6. Penalty period for amounts of transfer less than cost of nursing facility care--

X Where the amount of the transfer is less than the monthly cost of nursing facility care, the agency imposes a penalty for less than a full month, based on the option selected in item 4.

X The state adds together all transfers for less than fair market value made during the look-back period in more than one month and calculates a single period of ineligibility, that begins on the earliest date that would otherwise apply if the transfer had been made in a single lump sum.

7. Penalty periods - transfer by a spouse that results in a penalty period for the individual--

(a) The agency apportions any existing penalty

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period between the spouses using the method outlined below, provided the spouse is eligible for Medicaid. A penalty can be assessed against the spouse, and some portion of the penalty against the individual remains.

(b) If one spouse is no longer subject to a penalty, the remaining penalty period must be served by the remaining spouse.

8. Treatment of a transfer of income--

When income has been transferred as a lump sum, the agency will calculate the penalty period on the lump sum value.

When a stream of income or the right to a stream of income has been transferred, the agency will impose a penalty period for each income payment.

_X_ For transfers of individual income payments, the agency will impose partial month penalty periods using the methodology selected in 6. above.

_X_ For transfers of the right to an income stream, the agency will base the penalty period on the combined actuarial value of all payments transferred.

9. Imposition of a penalty would work an undue hardship--

The agency does not impose a penalty for transferring assets for less than fair market value in any case in which the agency determines that such imposition would work an undue hardship. The agency will use the following criteria in making undue hardship determinations:

Application of a transfer of assets penalty would deprive the individual:

(a) Of medical care such that the individual's health

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or life would be endangered; or

(b) Of food, clothing, shelter, or other necessities of life.

10. Procedures for Undue Hardship Waivers

The agency has established a process under which hardship waivers may be requested that provides for:

(a) Notice to a recipient subject to a penalty that an undue hardship exception exists;

(b) A timely process for determining whether an undue hardship waiver will be granted; and

(c) A process, which is described in the notice, under which an adverse determination can be appealed.

These procedures shall permit the facility in which the institutionalized individual is residing to file an undue hardship waiver application on behalf of the individual with the consent of the individual or the individual's personal representative.

11. Bed Hold Waivers For Hardship Applicants

The agency provides that while an application for an undue hardship waiver is pending in the case of an individual who is a resident of a nursing facility:

____ Payments to the nursing facility to hold the bed for the individual will be made for a period not to exceed_____ days (may not be greater than 30).

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The agency does not apply the trust provisions in any case in which the agency determines that such application would work an undue hardship.

The following criteria will be used to determine whether the agency will not count assets transferred because doing so would work an undue hardship:

Under the agency's undue hardship provisions, the agency exempts the funds in an irrevocable burial trust.

The maximum value of the exemption for an irrevocable burial trust is $ [illegible]00.00 .

State/Territory: WYOMING

Citation	Condition or Requirement

COST EFFECTIVENESS METHODOLOGY FOR COBRA CONTINUATION BENEFICIARIES

1902(u) of the Act

Premium payments are made by the agency only if such payments are likely to be cost-effective. The agency specifies the guidelines used in determining cost effectiveness by selecting one of the following methods:

X The methodology as described in SMM section 3598.

___ Another cost-effective methodology as described below.

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State: Wyoming

METHODOLOGIES FOR TREATMENT OF INCOME FOR INDIVIDUALS WITH INCOME UP TO FEDERAL POVERTY LEVEL

Under the authority of Section 303 (e) of the Medicaid Catastrophic Coverage Act of 1988, 1902 (r) (2), more liberal income methods may be applied to individuals found eligible for the Qualified Medicare Beneficiaries coverage group.

Wyoming's more liberal income methods are limited to individuals found eligible for the Qualified Medicare Beneficiaries program.

In-kind support and maintenance as defined in CFR Chapter 20, Section 416.1130 of the Supplemental Income rules requires that a one-third reduction rule, or presumed value rule, be used when another person is providing food and/or shelter or a portion of food and/or shelter to the applicant/recipient.
Wyoming will treat in-kind support and maintenance as income when the applicant/recipient has 100% of food and shelter costs provided by another person. In this case the maximum, (one-third value rule), shall apply and will be used as income. No presumed values will be used.

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STATE: WYOMING

ELIGIBILITY UNDER SECTION 1931 OF THE ACT

The State covers low-income families and children under section 1931 of the Act.

The following groups were included in the AFDC State plan effective July 16, 1996:

X Pregnant women with no other eligible children.

X AFDC children age 18 who are full-time students in a secondary school or in the equivalent level of vocational or technical training with the expectation that the child will graduate before age 19.

____ In determining eligibility for Medicaid, the agency uses the AFDC standards and methodologies in effect as of July 16, 1996 without modification.

X In determining eligibility for Medicaid, the agency uses the ADFC standards and methodologies in effect as of July 16, 1996, with the following modifications.

____ The agency applies lower income standards which are no lower than the AFDC standards in effect on May 1, 1988, as follows:

____ The agency applies higher income standards than those in effect as of July 16, 1996, increased by no more than the percentage increases in the CPI-U since July 16, 1996, as follows:

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Wyoming

ELIGIBILITY--UNDER SECTION 1931 OF THE ACT

___ The agency applies higher resource standards than those in effect as of July 16, 1996, increased by no more than the percentage increases in the CPI-U since July 16, 1996, as follows:

X The agency uses less restrictive income and/or resource methodologies than those in effect as of July 16, 1996, as follows:

All resources in excess of $1,000 are disregarded (this effectively eliminates the resource test)

For purposes of 185% gross income test, income in excess of 185% is excluded

The first $200 of an individual's earned income or the first $400 of a married couple's earned income is disregarded or the standard earned income disregards are applied, whichever is more generous.

Income received monthly for Veteran's Service Connected Disability, other than income already disregarded or exempted under federal law, shall be disregarded if the income is at or below 100% of the monthly Federal Poverty Level.

All TANF,POWER, payments are excluded

In determining eligibility to arrive at the self-employment net profit amount, the State will allow a twenty-five (25) percent flat rate exclusion off the assistance unit's gross self-employment income. This exclusion is for allowable business expenses.

If the allowable business expenses are greater than the twenty-file (25) percent flat rate exclusion amount, the assistance unit shall have their self-employment net profit amount calculated using the methodology described in the July 16, 1996 AFDC State Plan Attachment 2.3-J and in 45 CFR Section 233.30 (a) (6).

___ The agency terminates medical assistance (except for certain pregnant women and children) for individuals who fail to meet TANF work requirements.

___ The agency continues to apply the following waivers of provision of Part A of title IV in effect as of July 16 1996 or submitted prior to August 22, 1996, an approved by the Secretary on or before July 1, 1997

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: WYOMING

ELIGIBILITY UNDER SECTION 1931 OF THE ACT

The State covers low-income families and children under section 1931 of the Act.

_X_ The agency uses less restrictive income and/or resource methodologies than those in effect as of July 16, 1996, as follows:

All wages paid by the Census Bureau for temporary employment related to Census activities are excluded.

____ The income and/or resource methodologies that the less restrictive methodologies replace are as follows:

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State: WYOMING

VARIATIONS FROM THE BASIC PERSONAL NEEDS ALLOWANCE

The added Personal Needs Allowance for an Intermediate Care Facility for the Mentally Retarded (ICF/MR) resident shall be calculated as follows:

For earned income received from a Sheltered Workshop, the first $65 of the Earned Income is deducted and one-half (½) of the remainder of the Earned Income up to $300 is retained by the ICF/MR resident.

The Personal Needs Allowance permits the ICF/MR resident to fully participate in the implementation of the Individualized Habilitation Plan promoting the resident's optimal indpendence.

Disclosure Statement for Post-Eligibility Preprint

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 #0938-0673. The time required to complete this information collection is estimated at 5 hours per response, including the time to review instructions, searching existing data resources, gathering the data needed and completing and reviewing the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: HCFA, 7500 Security Boulevard, N2-14-26, Baltimore, Maryland 21244-1850 and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, D.C. 20503.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: WYOMING

VARIATIONS FROM THE BASIC PERSONAL NEEDS ALLOWANCE

An additional Personal Needs Allowance for guardianship cost for nursing facility residents where guardians are appointed to give informed consent to medical treatment shall be calculated as follows:

This allowance will apply only in circumstances where a guardian is essential for an incompetent individual to gain access to or consent to medical treatment.

An amount up to $500 may be deducted fro the individual's income for the cost of establishing a guardianship. This will be a one time deduction in the month of the expense is incurred.

An amount up to $20 per month may be deducted from the individual's income for guardianship service fees subsequent to the initial establishment of the guardianship.

This additional Personal Needs Allowance will enable the establishment of guardians for such residents to assure their legal rights are protected and that they receive appropriate and timely medical treatment.

An additional Personal Needs Allowance allowed for individuals who are in an institution and their court ordered liability for child support is being garnished from their income. The allowance amount is only for the court ordered current amount of child support.

"SECTION 1924 PROVISIONS"

The Supplement should include the following:

A. Income and resource eligibility policies used to determine eligibility for institutionalized individuals who have spouses living in the community are consistent with 1924.

B. In the determination of resource eligibility the State resource standard is the maximum allowed under Section 1924 (f)(2)A(ii) (II) as adjusted annually in accordance with 1924(g).

C. The definition of undue hardship for purposes of determining if institutionalized spouses receive Medicaid in spite of having excess countable resources is described below:

Undue hardship will be found to exist if an individual would be forced to go without life sustaining services altogether because countable resources exceeds the prescribed limits and the application would have to be denied.

Exemption will be determined on a case by case basis by the Medicaid Eligibility State Staff of the Division of Public Assistance and Social Services.

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State/Territory: WYOMING

ELIGIBILITY CONDITIONS AND REQUIREMENTS

INCOME AND RESOURCE REQUIREMENTS FOR TUBERCULOSIS (TB) INFECTED INDIVIDUALS

For TB infected individuals under §1902(z)(1) of the Act, the income and resource eligibility levels are as follows:

Income does not exceed the maximum amount of income a disabled individual described in subsection (a)(10)(A)(i) may have and obtain medical assistance under the plan.

Resources do not exceed the maximum amount of resources a disabled individual described in subsection (a)(10)(A)(i) may have and obtain medical assistance under the plan.

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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:

_X_ $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 _____.

_____ 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.