

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

2.1 Application, Determination of Eligibility and  
Furnishing Medicaid

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

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TN No. <u>91-13</u>	Approval Date <u>1/14/92</u>	Effective Date <u>12/1/91</u>
Supersedes		
TN No. <u>76-8</u>		HCFA ID: 7982E

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) and  
1905(a) of the  
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) and  
1920 of the Act

X (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 ATTACHMENT 2.1-A.

X Not applicable

TN No. 93-008  
Supersedes  
TN No. 92-11 Approval Date 4/27/93 Effective Date 3/1/93

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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)(VI), (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.

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Citation  
42 CFR  
435.10

2.2 Coverage and Conditions of Eligibility

Medicaid is available to the groups specified in ATTACHMENT 2.2-A.

- Mandatory categorically needy and other required special groups only.
- Mandatory categorically needy, other required special groups, and the medically needy, but no other optional groups.
- Mandatory categorically needy, other required special groups, and specified optional groups.
- Mandatory categorically needy, other required special groups, specified optional groups, and the medically needy.

The conditions of eligibility that must be met are specified in ATTACHMENT 2.6-A.

All applicable requirements of 42 CFR Part 435 and sections 1902(a)(10)(A)(i)(IV), (V), and (VI), 1902(a)(10)(A)(ii)(XI), 1902(a)(10)(E), 1902(l) and (m), 1905(p), (q) and (s), 1920, and 1925 of the Act are met.

TN No. <u>91-13</u>	Approval Date <u>1/14/92</u>	Effective Date <u>12/1/91</u>
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TN No. <u>89-5</u>		

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MARCH 1987

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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.

TN No. 87-5  
Supersedes  
TN No. 86-6

Approval Date 10-1-87

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MARCH 1987

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Citation

42 CFR 435.530(b)  
42 CFR 435.531  
AT-78-90  
AT-79-29

2.4 Blindness

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.

TN No. 87-5  
Supersedes  
TN No. 76-11

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State/Territory: WYOMING

Citation            2.5            Disability  
42 CFR  
435.121,  
435.540(b)  
435.541

All of the requirements of 42 CFR 435.540 and 435.541 are met. 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.

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sedes            Approval Date 3/2/92            Effective Date 12/1/91  
s. 91-13

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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(l)  
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  
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TN No. 91-03



Revision: HCFA-PM-86-20 (BERC)  
SEPTEMBER 1986

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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.

RECEIVED  
DEC 29 1985  
HCFA / DPO - Region VII

TN NO. 86-6  
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