What is Medicaid?

Medicaid is jointly funded by federal and state governments, and provides health coverage for selected categories of individuals with low income and limited resources.
Medicaid Coverage Groups & Categories

- Wyoming covers many eligibility groups within three major categories:
  - Family and Children
  - Medicare Savings Programs
  - Aged, Blind, or Disabled
Who is Eligible for Wyoming Medicaid?
Medicaid Applications

- The Department of Health handles all Medicaid applications within two business units in Cheyenne:
  - WDH - Customer Service Center
  - WDH - Long term Care Unit
The Customer Service Center processes applications and determines eligibility for the following programs:

- Family and Children (MAGI)
- Employed Individuals with Disabilities (EID)
- Supplemental Security Income (SSI)
- Medicare Savings Program (MSP)
- Breast and Cervical Cancer (BCC)
WDH - Customer Service Center

- **Mail or bring Medicaid application to:**
  WDH - Customer Service Center
  3001 E. Pershing Blvd, Suite 125
  Cheyenne, WY 82009

- **Fax To:**
  WDH - Customer Service Center 1-855-329-5205

- **Apply by phone:**
  WDH - Customer Service Center 1-855-294-2127

- **Email to:**
  wesapplications@wyo.gov
The Long Term Care Unit processes Medicaid applications for the following programs:

- Nursing Homes
- Home and Community Based Services (HCBS) Waivers
- Inpatient Hospital Care
- Hospice
WDH - Long Term Care Unit:

- **Mail or bring paper application to:**
  122 West 25th St
  4th Floor West
  Cheyenne, WY  82002

- **Fax to:**
  1-307-777-8399

- **Apply by phone:**
  1-855-203-2936

- **Email to:**
  ltcunit@wyo.gov
Applications are entered in the Wyoming Eligibility System (WES) and distributed to the appropriate Financial Eligibility Specialist. The specialist will:

- Screen application;
- Complete a phone interview with the applicant or authorized representative; and
- Send a notice requesting verification, if needed.

**Application Processing Timeframes:**

- Applicant should send verification for all resources marked “yes” in Appendix D of the application to speed up the processing timeframe.
  - 45 days when verifications are included
  - 60 days when waiting for verification
  - 90 days when a disability determination is pending.
Reason a case may be closed or denied:
- Failure to provide all requested verifications
- Failure to complete/submit renewal form
- Other eligibility factors such as over income or over resources

Reopening Timeframes:
- Renewal – 90 days from closure notice
- New applications – 60 days from denial
- Must provide all verification and be eligible for case to be reopened
Renewals

- The renewal form and notice are automatically generated and mailed by the system, at the beginning of the month prior to the renewal due date.

- Closure notice is automatically generated by the system when the renewal is not received (except during the Public Health Emergency (PHE)).
  - Benefits are being continued during the PHE- unless the client passes away, moves out of state, requests closure, substantiated fraud or agency error.

- Processing timeframe for a renewal is 30 days. It may take longer when waiting for verifications.
Eligibility Requirements
Aged, Blind or Disabled Programs

- **Aged (65 or older), Blind, or Disabled**
  - Inpatient Hospital
  - Community Choices Home & Community Based Waiver
  - Nursing Home

- **Age Limit**
  - Acquired Brain Injury (ABI) - 21 - 64
    - Clients may continue to be eligible, after age 65, if they were active on the waiver before their 65th birthday
  - Children’s Mental Health - 4 - 20
  - CCW - 19 or older
Supplemental Security Income (SSI) Clients

- If the applicant receives SSI:
  - They will not need a financial application as long as they are in current SSI status through the Social Security Office.
  - Please reach out to your Financial Eligibility Specialist to have them check the SSI status if you are unsure.
  - If the applicant receives Social Security Disability Insurance (SSDI), then they **DO** need a financial application.
If a child is applying for a program (ex: CMH, Supports, or Comprehensive Waiver) only include the child’s information on the form.

Enter **applicant’s** information or parent’s information for a minor child

The mailing address can be for the person assisting in completing the application.

14: Provide a working phone number for the applicant
15: Can be a representative phone number
Person 1 information is for the applicant.

If a child is applying for a program (ex: CMH, Supports, or Comprehensive Waiver) only include the child's information on the application.

If a family is applying for family and children, then the whole family needs to be included in the application.
Include other individuals in the household.

Spouse or minor children

Social security number and Date of Birth are required for all individuals applying for coverage.
Interfaces and other tools utilized

- **Asset Verification System (AVS)**
  - Identifies bank accounts within the 5 year look back period

- **Revenue Information System (RIS)**
  - Identifies registered vehicles or vehicles sold within the 5 year look back period
  - Wyoming drivers license or state ID card

- **County Tax Assessors’ Websites**
  - Identifies property owned by clients

- **Vital Statistics**
  - Locates birth certificates on individuals born in Wyoming

- **State On Line Query (SOLQ)**
  - Social Security income
  - Medicare Part A/B entitlement/premiums
Basic Eligibility Requirements For All Programs

Verification is required for the following:

- Social Security Number
- Date of Birth
- Wyoming Residency
- Citizenship
- Identity
Application Step 3

STEP 3: Please complete for any household members with income. Make additional copies if your household has more than two jobs.

Employment status

Current job & income information
- Employed: If you are currently employed, tell us about your income. Start with item 1.
- Not employed: Skip to item 11.
- Self-employed: Skip to item 10.

Current job 1:
- Employer name
- Who has this job?
- Employer address (optional)
- City
- State
- Zip Code
- Employer phone number
- Wages/tips (before taxes)
- Hourly
- Weekly
- Every 2 weeks
- Twice a month
- Monthly
- Yearly
- Average hours worked each WEEK

Current job 2: (If you have additional jobs and need more space, attach another sheet of paper.)
- Employer name
- Who has this job?
- Employer address (optional)
- City
- State
- ZIP code
- Employer phone number
- Wages/tips (before taxes)
- Hourly
- Weekly
- Every 2 weeks
- Twice a month
- Monthly
- Yearly
- Average hours worked each WEEK

In the past year, did you: Change jobs, Stop working, Start working fewer hours, None of these

If self-employed, answer a and b:
- Type of work
- How much net income (profits once business expenses are paid) will you get from this self-employment this month? See instructions

Self employed
### Application Step 3

#### 11. Other income you get this month:
Fill in all that apply, and give the amount and how often you get it. Fill in here if none.

**NOTE:** You don’t need to tell us about income from child support, veteran’s payments, or Supplemental Security Income (SSI).

<table>
<thead>
<tr>
<th>Income Type</th>
<th>Amount ($)</th>
<th>How Often</th>
<th>Who?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unemployment</td>
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<tr>
<td>Pension</td>
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<td></td>
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<tr>
<td>Social Security</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Retirement accounts</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Alimony received</td>
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<tr>
<td>Net farming/fishing</td>
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<tr>
<td>Net rental/royalty</td>
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<tr>
<td>Other income, type:</td>
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</tbody>
</table>

#### 12. Deductions:
Fill in all that apply, and give the amount and how often you pay it. If you pay for certain things that can be deducted on a federal income tax return, telling us about them could make the cost of health coverage a little lower.

**NOTE:** You shouldn’t include child support that you pay, or a cost already considered in your answer to net self-employment.

<table>
<thead>
<tr>
<th>Deduction Type</th>
<th>Amount ($)</th>
<th>How Often</th>
<th>Who?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alimony paid</td>
<td></td>
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<tr>
<td>Student loan interest</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other deductions, type</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### 13. Complete this question if your income changes during the year, like if you only work at a job for part of the year or receive a benefit for certain months. If you don’t expect changes to your monthly income, skip to the next person.

Your total income this year: [ ]
Your total income next year (if you think it’ll be different): [ ]

**Fill in if you think your income will be hard to predict.**

---

Include all household income with the exception of a child applying for a waiver program. For a child applying for a waiver program, only include the child’s income.
Income
Aged, Blind or Disabled

- Income Standard - $2,382
  - Inpatient Hospitals
  - HCBS Waivers
  - Nursing Homes
  - Hospice
Verification Requirements

- Gross Income (Before Taxes)
  - Social Security can be verified by a Financial Eligibility Specialist through SOLQ or by calling Social Security Administration (SSA) office. Applicant may also provide a current award letter.
  - Pension Award Letters- including gross benefit amount and any deductions
  - Wage stubs – most recent of 30 days
  - VA Pension- including a break down of benefits
  - Railroad Pension
  - Unemployment Benefits- Award letter and terms of benefit

Any change of income must be reported to the LTC unit within 10 days
If a retirement plan is not annuitized, and any portion can be cashed out at any time, then it may count as both a resource and an income source.

Make sure to send all documents needed in order for the Financial Eligibility Specialist to determine whether is has been annuitized or has the ability to be cashed out by the applicant.

**Nonexempt** - Count the cash value stated by the employer, company, or financial institution when the applicant has the authority to withdraw the funds.

**Exempt** pension/retirement funds not available or belonging to an ineligible spouse.

Annuitized defined: The client exchanges a policy’s accumulated cash value for payment plan.
Irrevocable Income Trust

- Applicants for the following programs can submit an irrevocable income trust if their gross monthly income is over the $2,382 per month
  - Community Choices Waiver
  - Nursing Home
  - Comprehensive Waiver
  - Support Waiver

**Note:** If the applicant has a spouse, then only the gross income amount for the applicant is added together in order to determine if an income trust is needed. If the spouse is the person over income then the applicant would not need the income trust.
Application Step 4

1. Are you or is anyone in your household American Indian or Alaska Native?  
   - NO. If no, continue to Step 5.  
   - YES. If yes, continue to Step 5, plus complete Appendix B and include with application.

Complete Appendix B if applicable

If applicant receives per capita payments please include payment history.

Appendix B

American Indian or Alaska Native (AI/AN) Household Member(s)

Complete this appendix if you or a household member are American Indian or Alaska Native and are applying for coverage. Submit this with your Application for Health Coverage & Help Paying Costs.

Tell us about your American Indian or Alaska Native household member(s).

American Indians and Alaska Natives can get services from the Indian Health Service, tribal health programs, or urban Indian health programs. They also may not have to pay most sharing and may get special monthly enrollment periods. Answer the questions below to make sure your household gets the most help possible.

NOTE: If you have more people to include, make a copy of this page and attach.

1. Name (Firstname, Middlename, Lastname)
2. Member of a federally recognized tribe?  
   - Yes
   - No

3. Has this person ever gotten a service from the Indian Health Service, a tribal health program, or urban Indian health program, or through a tribal or urban health program?  
   - Yes
   - No

4. Have you ever lived in a reservation, a tribal area, a rural area, or a city area with a large population?  
   - Yes
   - No

5. If yes, what is the name of the reservation, tribal area, rural area, or city area?  

 Appendix Person 1

1. Name (Firstname, Middlename, Lastname)
2. Member of a federally recognized tribe?  
   - Yes
   - No

3. Has this person ever gotten a service from the Indian Health Service, a tribal health program, or urban Indian health program, or through a tribal or urban health program?  
   - Yes
   - No

4. Have you ever lived in a reservation, a tribal area, a rural area, or a city area with a large population?  
   - Yes
   - No

5. If yes, what is the name of the reservation, tribal area, rural area, or city area?  

Appendix Person 2

1. Name (Firstname, Middlename, Lastname)
2. Member of a federally recognized tribe?  
   - Yes
   - No

3. Has this person ever gotten a service from the Indian Health Service, a tribal health program, or urban Indian health program, or through a tribal or urban health program?  
   - Yes
   - No

4. Have you ever lived in a reservation, a tribal area, a rural area, or a city area with a large population?  
   - Yes
   - No

5. If yes, what is the name of the reservation, tribal area, rural area, or city area?  

If you have more people to include, make a copy of this page and attach.
Application Step 5

Tell us about any other health coverage the household has.
- Employer insurance
- COBRA
- Medicaid
- CHIP
- Medicare
- TRICARE
- VA health care program
- Peace Corps
- Other, such as a Medicare supplement or prescription drug plan

Include a copy of both sides of all cards
Application Step 6

- **Complete #2 only if the applicant is incarcerated**

- **Sign and date the application**
  - Electronic signatures have to be an actual signature. Signatures cannot be typed in a cursive font.
Application Appendix C

Authorized representative’s information

Signature of the applicant, power of attorney (POA) or guardian. A copy of the POA document or court order is needed if signed by the POA or guardian.
If the applicant is requesting waiver services, indicate it here.
When a family member is being paid to provide care, applicant must have an executed care contract.

Annual payments from royalties or mineral rights

Examples include:
- Gifted a car to grandchild
- Sold a house, vehicle or recreational vehicle
- Cashed out a CD
Please review each line with the applicant and mark an X on “Y” or “N” for EACH item.

<table>
<thead>
<tr>
<th>Type</th>
<th>Y</th>
<th>N</th>
<th>Household Member(s)</th>
<th>Amount</th>
<th>Financial Institution/ Company Name</th>
<th>Account Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash on Hand</td>
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<tr>
<td>Checking Account</td>
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<tr>
<td>Checking Account</td>
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<td>Direct Express</td>
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<td>Savings Account</td>
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<td>Savings Account</td>
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<td>Able Account</td>
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<td>Credit Union Account</td>
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<tr>
<td>Nursing Home Account</td>
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<tr>
<td>Certificate of Deposit</td>
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<tr>
<td>Stocks/Bonds/Annuities</td>
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<tr>
<td>IRA/401K/Keogh/Pension Plan</td>
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<td>Burial Funds/Trusts</td>
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<tr>
<td>Pooled Trust</td>
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<tr>
<td>Special Needs Trust</td>
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<tr>
<td>Any Other Trust</td>
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<tr>
<td>Life Insurance</td>
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<tr>
<td>Annuity</td>
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<tr>
<td>Other Resources</td>
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</tbody>
</table>
Please review each line with the applicant and mark an X on “Y” or “N” for EACH item.
Resource Standards
Aged, Blind or Disabled Programs

- $2,000 Individual
- $3,000 Couple
- $130,380 Spousal Resource Allowance
- $3,259.50 Spousal Income Allowance
Resource Verification Requirements

- Submit verification of all resources declared on the Medicaid application:
  - Complete statement showing balance as of the first of the month with transaction history, for the month of application.
    - Bank statements
    - Certificate of Deposits
    - Stocks and Bonds
  - Direct Express Card – balance as of the first of the month and transaction summary
    - Applicant or representative may call (888) 741-1115
      - Enter applicant’s 16 digits card number or SSN, or stay on the line.
      - Automated phone system will connect caller to a Customer Service Agent from Direct Express.

Additional bank statements may be needed if the applicant sold, traded or transferred anything of value in the 60 months prior to application date
Resource Verification Requirements

- **Life Insurance**
  - Verification of type of policy, face value, and current cash surrender value. The cash value of the policy will count when calculating the applicant’s available resources. The applicant can opt to assign a policy to a funeral home, write a statement that the policy is to be used for funeral expenses, take loan against the cash value or surrender the policy as part of the spend down process.

- **Annuity**
  - Verification of contract to include the terms, value, and access.

- **Burial Contracts**
  - Verification from funeral home showing the goods and services and irrevocable assignment
Resource Verification Requirements

- **Trust**
  - Complete copy, including schedule A showing current resources held by the trust and any resources disposed of in the past 60 months

- **Vehicles**
  - Include all vehicles whether or not they are currently registered. Applicant is allowed **ONE exempt vehicle** that is deemed necessary for transportation purposes.

- **Recreational vehicles**
  - To include but not limited to all motor homes, 5th wheels, trailers (RV and towing), boats, ATV’s, snowmobiles, and motorcycles.

- **Crops, equipment, tractors, livestock**
  - If this is necessary for self employment, please include the most recent tax documentation or business ledger.

- **Property**
  - List all property owned by applicant and their spouse, if applicable
Resource Verification Requirements

- Contract for deed or promissory note
  - Complete contract and payment history.

- Safety deposit box
  - Signed statement of contents. If items are of value, items need an appraisal. (e.g., coin collection)

- Mineral rights/ gas & oil royalties
  - Verification of income received for the past 30 days - annual statements will be accepted if statement is identified as an annual statement.
  - Current market value estimate from a knowledgeable source. Knowledgeable sources include:
    - Bureau of Land Management
    - US Geological Survey
    - A mining company that holds leases
    - Real estate brokers
    - Banks, savings and loan associations, mortgage companies and similar lending institutions
EMWS Eligibility Process Flow

1. Financial eligibility
   - LTC Staff
2. Clinical eligibility
   - Waiver Staff
3. Reconfirm financial eligibility
   - LTC Staff
4. Develop plan of care
   - Case Manager
5. Final activation
   - LTC Staff
Additional Eligibility Requirements
Aged, Blind or Disabled

- Level of Care Determination (LT101)
  - Community Choices Home & Community Based Waiver
  - Nursing Home

- Hospice Election
  - Life Expectancy - 6 months or less
  - Hospice Election form and physician’s statement are required.
Additional Eligibility Requirements

- **30 day requirement**
  - Nursing Home and Inpatient Hospital Care
    - Remain in an institution for 30 consecutive days
  - Hospice
    - Complete 30 days of institutionalization prior to Hospice election; or
    - Complete an election statement 30 days prior to authorization of benefits.
Initiate closure when the client:

- Admits to a facility.
- Moves. If the client leaves the state a forwarding address is helpful
- Voluntarily leaves program. A written statement from client is required to close benefits during the PHE.
- Client passes away.
- Unable to contact the client.
- No services within last 30 days.
Thank You!

Questions?