

Revision: HCFA-PM-92 -1 (MB)  
FEBRUARY 1992

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: WYOMING

ELIGIBILITY CONDITIONS AND REQUIREMENTS

Citation(s)	Condition or Requirement
<b>A. <u>General Conditions of Eligibility</u></b>	
Each individual covered under the plan:	
42 CFR Part 435, Subpart G	1. Is financially eligible (using the methods and standards described in Parts B and C of this Attachment) to receive services.
42 CFR Part 435, Subpart F	2. Meets the applicable non-financial eligibility conditions.
	a. For the categorically needy:
	(i) <del>Except as specified under items A.2.a.(ii) and (iii) below, for AFDC-related individuals, meets the non-financial eligibility conditions of the AFDC program.</del>
	(ii) <del>For SSI-related individuals, meets the non-financial criteria of the SSI program or more restrictive SSI-related categorically needy criteria.</del>
1902(l) of the Act	(iii) For financially eligible pregnant women, infants or children covered under sections 1902(a)(10)(A)(i)(IV), 1902(a)(10)(A)(i)(VI), 1902(a)(10)(A)(i)(VII), and 1902(a)(10)(A)(ii)(IX) of the Act, meets the non-financial criteria of section 1902(l) of the Act.
1902(m) of the Act	(iv) For financially eligible aged and disabled individuals covered under section 1902(a)(10)(A)(ii)(X) of the Act, meets the non-financial criteria of section 1902(m) of the Act.

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October 1991

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Citation	Condition or Requirement
42 CFR 435.1008	5. a. Is not an inmate of a public institution. Public institutions do not include medical institutions, intermediate care facilities, or publicly operated community residences that serve no more than 16 residents, or certain child care institutions.
42 CFR 435.1008 1905(a) of the Act	b. Is not a patient under age 65 in an institution for mental diseases except as an inpatient under age 22 receiving active treatment in an accredited psychiatric facility or program.  <input checked="" type="checkbox"/> Not applicable with respect to individuals under age 22 in psychiatric facilities or programs. Such services are not provided under the plan.
42 CFR 433.145 1912 of the Act	6. Is required, as a condition of eligibility, to assign his or her own rights, or the rights of any other person who is eligible for Medicaid and on whose behalf the individual has legal authority to execute an assignment, to medical support and payments for medical care from any third party. (Medical support is defined as support specified as being for medical care by a court or administrative order.)

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TN No. 92-02

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Citation

Condition or Requirement

An applicant or recipient must also cooperate in establishing the paternity of any eligible child and in obtaining medical support and payments for himself or herself and any other person who is eligible for Medicaid and on whose behalf the individual can make an assignment; except that individuals described in §1902(1)(1)(A) of the Social Security Act (pregnant women and women in the post-partum period) are exempt from these requirements involving paternity and obtaining support. Any individual may be exempt from the cooperation requirements by demonstrating good cause for refusing to cooperate.

An applicant or recipient must also cooperate in identifying any third party who may be liable to pay for care that is covered under the State plan and providing information to assist in pursuing these third parties. Any individual may be exempt from the cooperation requirements by demonstrating good cause for refusing to cooperate.

X/ Assignment of rights is automatic because of State law.

42 CFR 435.910

7. Is required, as a condition of eligibility, to furnish his/her social security account number (or numbers, if he/she has more than one number).

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TN No. 92-02

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State/Territory: WYOMING

Citation	Condition or Requirement
1906 of the Act	10. Is required to apply for enrollment in an employer-based cost-effective group health plan, if such plan is available to the individual. Enrollment is a condition of eligibility except for the individual who is unable to enroll on his/her own behalf (failure of a parent to enroll a child does not affect a child's eligibility).

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OMB No.:0938-0673

State: WYOMING

Citation	Condition or Requirement
B. Posteligibility Treatment of Institutionalized Individuals' Incomes	
1. The following items are not considered in the posteligibility process:	
1902(o) of the Act	a. SSI and SSP benefits paid under §1611(e)(1)(E) and (G) of the Act to individuals who receive care in a hospital, nursing home, SNF, or ICF.
Bondi v Sullivan (SSI)	b. Austrian Reparation Payments (pension (reparation) payments made under §500 - 506 of the Austrian General Social Insurance Act). Applies only if State follows SSI program rules with respect to the payments.
1902(r)(1) of the Act	c. German Reparations Payments (reparation payments made by the Federal Republic of Germany).
105/206 of P. L. 100-383	d. Japanese and Aleutian Restitution Payments.
1. (a) of P.L. 103-286	e. Netherlands Reparation Payments based on Nazi, but not Japanese, persecution (during World War II).
10405 of P.L. 101-239	f. Payments from the Agent Orange Settlement Fund or any other fund established pursuant to the settlement in the In re Agent Orange product liability litigation, M.D.L. No. 381 (E.D.N.Y.)
6(h)(2) of P.L. 101-426	g. Radiation Exposure Compensation.
12005 of P. L. 103-66	h. VA pensions limited to \$90 per month under 38 U.S.C. 5503.

TN No. 98-01  
Supersedes  
TN No. 93-003

Approval Date 04/27/98

Effective Date January 1, 1998

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE: Wyoming

Citation(s)	Condition or Requirement
1924 of the Act 435.725 435.733 435.832	<p>2. The following monthly amounts for personal needs are deducted from total monthly income in the application of an institutionalized individual's or couple's income to the cost of institutionalized care:</p> <p>Personal Needs Allowance (PNA) of not less than \$30 For Individuals and \$60 For Couples for All Institutionalized Persons.</p> <p>a. Aged, blind, disabled: Individuals <u>\$50.00</u> Couples <u>\$100.00</u></p> <p>For the following persons with greater need:</p> <p>Supplement 12a to <u>Attachment 2.6-A</u> describes the greater need; describes the basis or formula for determining the deductible amount when a specific amount is not listed above; lists the criteria to be met; and, where appropriate, identifies the organizational unit which determines that a criterion is met.</p> <p>b. AFDC related: Children <u>\$30.00</u> Adults <u>\$30.00</u></p> <p>For the following persons with greater need:</p> <p>Supplement 12a to <u>Attachment 2.6-A</u> describes the greater need; describes the bases or formula for determining the deductible amount when a specific amount is not listed above; lists the criteria to be met; and, where appropriate, identifies the organizational unit which determines that a criterion is met.</p> <p>c. Individual under age 21 covered in the plan as specified in Item B.7. of <u>Attachment 2.2-A</u>. <u>\$30.00</u></p>

TN No. 01-006  
Supersedes  
TN No. 99-001

Approval Date 07/31/01

Effective Date 07/01/2001

State: Wyoming

Citation	Condition or Requirement
	For the following persons with greater need:  Supplement 12a to <u>Attachment 2.6-A</u> describes the greater need; describes the basis or formula for determining the deductible amount when a specific amount is not listed above; lists the criteria to be met; and where, appropriate, identifies the organization unit which determines that a criterion is met.
1924 of the Act	<p>3. In addition to the amounts under item 2., the following monthly amounts are deducted from the remaining income of an institutionalized individual with a community spouse:</p> <p>a. The monthly income allowance for the community spouse, calculated using the formula in §1924(d)(2), is the amount by which the maintenance needs standard exceeds the community spouse's income. The maintenance needs standard cannot exceed the maximum prescribed in §1924(d)(3)(C). The maintenance needs standard consists of a poverty level component plus an excess shelter allowance.</p> <p>_____ The poverty level component is calculated using the applicable percentage (set out §1924(d)(3)(B) of the Act) of the official poverty level.</p> <p>_____ The poverty level component is calculated using a percentage greater than the applicable percentage, equal to _____% of the official poverty level (still subject to maximum maintenance needs standard).</p> <p><input checked="" type="checkbox"/> The maintenance needs standards for all community spouses is set at the maximum permitted by §1924(d)(3)(C).</p> <p>Except that, when applicable, the State will set the community spouse's monthly income allowance at the amount by which exceptional maintenance needs, established at a fair hearing, exceed the community spouse's income, or at the amount of any court-ordered support.</p>

State: WYOMING

Citation	Condition or Requirement
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In determining any excess shelter allowance, utility expenses are calculated using:

\_\_\_\_\_ the standard utility allowance under §5(e) of the Food Stamp Act of 1977; or

\_\_\_\_\_ the actual unreimbursable amount of the community spouse's utility expenses less any portion of such amount included in condominium or cooperative charges.

b. The monthly income allowance for other dependent family members living with the community spouse is:

☒ one-third of the amount by which the poverty level component (calculated under §1924(d)(3)(A)(i) of the Act, using the applicable percentage specified in §1924 (d)(3)(B) ) exceeds the dependent family member's monthly income.

\_\_\_\_\_ a greater amount calculated as follows:

The following definition is used in lieu of the definition provided by the Secretary to determine the dependency of family members under §1924 (d)(1):

c. Amounts for health care expenses described below that are incurred by and for the institutionalized individual and are not subject to payments by a third party:

(i) Medicaid, Medicare, and other health insurance premiums, deductibles, or coinsurance charges, or copayments.

(ii) Necessary medical or remedial care recognized under State law but not covered under the State plan. (Reasonable limits on amounts are described in Supplement 3 to ATTACHMENT 2.6-A.)

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State: WYOMING

Citation	Condition or Requirement
435.725 435.733 435.832	<p>4. In addition to any amounts deductible under the items above, the following monthly amounts are deducted from the remaining monthly income of an institutionalized individual or an institutionalized couple:</p> <p>a. An amount for the maintenance needs of each member of a family living in the institutionalized individual's home with no community spouse living in the home. The amount must be based on a reasonable assessment of need but must not exceed the higher of the:</p> <ul style="list-style-type: none"><li><input type="radio"/> AFDC level; or</li><li><input type="radio"/> Medically needy level:</li></ul> <p>(Check one)</p> <p><input checked="" type="checkbox"/> AFDC levels in Supplement 1</p> <p><input type="checkbox"/> Medically needy level in Supplement 1</p> <p><input type="checkbox"/> Other: \$ _____</p> <p>b. Amounts for health care expenses described below that have not been deducted under 3.c. above (i.e., for an institutionalized individual with a community spouse), are incurred by and for the institutionalized individual or institutionalized couple, and are not subject to the payment by a third party:</p> <p>(I) Medicaid, Medicare, and other health insurance premiums, deductibles, or coinsurance charges, or copayments.</p> <p>(ii) Necessary medical or remedial care recognized under State law but not covered under the State plan. (Reasonable limits on amount are described in Supplement 3 to <u>ATTACHMENT 2.6-A.</u>)</p>
435.725 435.733 435.832	<p>5. At the option of the State, as specified below, the following is deducted from any remaining monthly income of an institutionalized individual or an institutionalized couple:</p> <p>A monthly amount for the maintenance of the home of the individual or couple for not longer than 6 months if a physician has certified that the individual, or one member of the institutionalized couple, is likely to return to the home within that period:</p> <p><input type="checkbox"/> No.</p> <p><input checked="" type="checkbox"/> Yes (the applicable amount is shown on page 5a.)</p>

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State: WYOMING

<u>Citation</u>	<u>Condition or Requirement</u>
<u>✓</u>	Amount for maintenance of home is: \$ <u>150.00</u> .
<u>      </u>	Amount for maintenance of home is the actual maintenance costs not to exceed \$ <u>      </u> .
<u>      </u>	Amount for maintenance of home is deductible when countable income is determined under §1924(d)(1) of the Act only if the individuals' home and the community spouse's home are different.
<u>      </u>	Amount for maintenance of home is not deductible when countable income is determined under §1924 (d)(1) of the Act.

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: WYOMING

ELIGIBILITY CONDITIONS AND REQUIREMENTS

Citation(s)	Condition or Requirement
42 CFR 435.711 435.721, 435.831	<p>C. <u>Financial Eligibility</u></p> <p>For individuals who are AFDC or SSI recipients, the income and resource levels and methods for determining countable income and resources of the AFDC and SSI program apply, unless the plan provides for more restrictive levels and methods than SSI for SSI recipients under section 1902(f) of the Act, or more liberal methods under section 1902(r)(2) of the Act, as specified below.</p> <p>For individuals who are not AFDC or SSI recipients in a non-section 1902(f) State and those who are deemed to be cash assistance recipients, the financial eligibility requirements specified in this section C apply.</p> <p><u>Supplement 1 to ATTACHMENT 2.6-A specifies the income levels for mandatory and optional categorically needy groups of individuals, including individuals with incomes related to the Federal income poverty level--pregnant women and infants or children covered under sections 1902(a)(10)(A)(i)(IV), 1902(a)(10)(A)(i)(VI), 1902(a)(10)(A)(i)(VII), and 1902(a)(10)(A)(ii)(IX) of the Act and aged and disabled individuals covered under section 1902(a)(10)(A)(ii)(X) of the Act--and for mandatory groups of qualified Medicare beneficiaries covered under section 1902(a)(10)(E)(i) of the Act.</u></p>

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

State: WYOMINGELIGIBILITY CONDITIONS AND REQUIREMENTS

Citation(s)	Condition or Requirement
1902(r)(2) of the Act	<p>1. <u>Methods of Determining Income</u></p> <p>a. <u>AFDC-related individuals (except for poverty level related pregnant women, infants, and children).</u></p> <p>(1) <del>In determining countable income for AFDC-related individuals, the following methods are used:</del></p> <p style="padding-left: 40px;"><del>— (a) The methods under the State's approved AFDC plan only; or</del></p> <p style="padding-left: 40px;"><u>X</u> (b) <del>The methods under the State's approved AFDC plan and/or any more liberal methods described in Supplement 8a to ATTACHMENT 2.6-A.</del></p> <p>(2) In determining relative financial responsibility, the agency considers only the income of spouses living in the same household as available to spouses and the income of parents as available to children living with parents until the children become 21.</p>
1902(e)(6) the Act	<p>(3) Agency continues to treat women eligible under the provisions of sections 1902(a)(10) of the Act as eligible, without regard to any changes in income of the family of which she is a member, for the 60-day period after her pregnancy ends and any remaining days in the month in which the 60th day falls.</p>

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: WYOMING

ELIGIBILITY CONDITIONS AND REQUIREMENTS

Citation(s)	Condition or Requirement
42 CFR 435.721 435.831, and 1902(m)(1)(B)(m)(4) and 1902(r)(2) of the Act	b. <u>Aged individuals</u> . In determining countable income for aged individuals, including aged individuals with incomes up to the Federal poverty level described in section 1902(m)(1) of the Act, the following methods are used:  <u>X</u> The methods of the SSI program only.  — The methods of the SSI program and/or any more liberal methods described in <u>Supplement 8a to ATTACHMENT 2.6-A</u> .

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE: Wyoming

Citation(s)	Condition or Requirement
_____	<u>Supplement 2 to ATTACHMENT 2.6-A</u> specifies the resource levels for mandatory and optional categorically needy poverty level related groups, and for medically needy groups.
_____	<u>Supplement 7 to ATTACHMENT 2.6-A</u> specifies the income levels for categorically needy aged, blind and disabled persons who are covered under requirements more restrictive than SSI.
_____	<u>Supplement 4 to ATTACHMENT 2.6-A</u> specifies the methods for determining income eligibility used by States that have more restrictive methods than SSI, permitted under section 1902(f) of the Act.
_____	<u>Supplement 5 to ATTACHMENT 2.6-A</u> specifies the methods for determining resource eligibility used by States that have more restrictive methods than SSI, permitted under section 1902(f) of the Act.
<u>X</u>	<u>Supplement 8a to ATTACHMENT 2.6-A</u> specifies the methods for determining income eligibility used by States that are more liberal than the methods of the cash assistance programs, permitted under section 1902 (r)(2) of the Act.
<u>X</u>	<u>Supplement 8b to ATTACHMENT 2.6-A</u> specifies the methods for determining resource eligibility used by States that are more liberal than the methods of the cash assistance programs, permitted under section 1902 (r)(2) of the Act.
<u>X</u>	<u>Supplement 9b to ATTACHMENT 2.6-A</u> specifies the method for determining the penalty period for a transfer of an asset at less than fair market value. Also provides procedures for Undue hardship waivers.
<u>X</u>	<u>Supplement 14 to ATTACHMENT 2.6-A</u> specifies income levels used by States for determining eligibility of Tuberculosis-infected individuals whose eligibility is determined under §1902(x)(1) of the Act.
<u>X</u>	<u>Supplement 15 to ATTACHMENT 2.6-A</u> specifies the method for determining when there is a disqualification for Long-Term Care assistance for individuals with substantial home equity.

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(BPD)

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OMB No.: 0938-

State: WYOMING

Citation

Condition or Requirement

- ☐ For individuals other than optional State supplement recipients, more restrictive methods than SSI, applied under the provisions of section 1902(f) of the Act, as specified in Supplement 4 to ATTACHMENT 2.6-A; and any more liberal methods described in Supplement 8a to ATTACHMENT 2.6-A.
- ☒ For institutional couples, the methods specified under section 1611(e)(5) of the Act.
- ☐ For optional State supplement recipients under \$435.230, income methods more liberal than SSI, as specified in Supplement 4 to ATTACHMENT 2.6-A.
- ☐ For optional State supplement recipients in section 1902(f) States and SSI criteria States without section 1616 or 1634 agreements--
- \_\_\_ SSI methods only.
- \_\_\_ SSI methods and/or any more liberal methods than SSI described in Supplement 8a to ATTACHMENT 2.6-A.
- \_\_\_ Methods more restrictive and/or more liberal than SSI. More restrictive methods are described in Supplement 4 to ATTACHMENT 2.6-A and more liberal methods are described in Supplement 8a to ATTACHMENT 2.6-A.

In determining relative financial responsibility, the agency considers only the income of spouses living in the same household as available to spouses.

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State: WYOMING

Citation	Condition or Requirement
42 CFR 435.721 and 435.831 1902(m)(1)(B), (m)(4), and 1902(r)(2) of the Act	<p>c. <u>Blind individuals</u>. In determining countable income for blind individuals, the following methods are used:</p> <p><u>X</u> The methods of the SSI program only.</p> <p>— SSI methods and/or any more liberal methods described in <u>Supplement 8a to ATTACHMENT 2.6-A</u>.</p> <p>— For individuals other than optional State supplement recipients, more restrictive methods than SSI, applied under the provisions of section 1902(f) of the Act, as specified in <u>Supplement 4 to ATTACHMENT 2.6-A</u>, and any more liberal methods described in <u>Supplement 8a to ATTACHMENT 2.6-A</u>.</p> <p><u>X</u> For institutional couples, the methods specified under section 1611(e)(5) of the Act.</p> <p>— For optional State supplement recipients under §435.230, income methods more liberal than SSI, as specified in <u>Supplement 4 to ATTACHMENT 2.6-A</u>.</p> <p>— For optional State supplement recipients in section 1902(f) States and SSI criteria States without section 1616 or 1634 agreements--</p> <p>— SSI methods only.</p> <p>— SSI methods and/or any more liberal methods than SSI described in <u>Supplement 8a to ATTACHMENT 2.6-A</u>.</p> <p>— Methods more restrictive and/ or more liberal than SSI. More restrictive methods are described in <u>Supplement 4 to ATTACHMENT 2.6-A</u> and more liberal methods are described in <u>Supplement 8a to ATTACHMENT 2.6-A</u>.</p>

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State: WYOMING

Citation	Condition or Requirement
42 CFR 435.721, and 435.831 1902(m)(1)(B), (m)(4), and 1902(r)(2) of the Act	<p>In determining relative responsibility, the agency considers only the income of spouses living in the same household as available to spouses and the income of parents as available to children living with parents until the children become 21.</p> <p>d. <u>Disabled individuals.</u> In determining countable income of disabled individuals, including individuals with incomes up to the Federal poverty level described in section 1902(m) of the Act the following methods are used:</p> <p><input checked="" type="checkbox"/> The methods of the SSI program.</p> <p><input type="checkbox"/> SSI methods and/or any more liberal methods described in <u>Supplement 8a to ATTACHMENT 2.6-A.</u></p> <p><input checked="" type="checkbox"/> For institutional couples: the methods specified under section 1611(e)(5) of the Act.</p> <p><input type="checkbox"/> For optional State supplement recipients under §435.230: income methods more liberal than SSI, as specified in <u>Supplement 4 to ATTACHMENT 2.6-A.</u></p> <p><input type="checkbox"/> For individuals other than optional State supplement recipients (except aged and disabled individuals described in section 1903(m)(1) of the Act): more restrictive methods than SSI, applied under the provisions of section 1902(f) of the Act, as specified in <u>Supplement 4 to ATTACHMENT 2.6-A</u>; and any more liberal methods described in <u>Supplement 8a to ATTACHMENT 2.6-A.</u></p>

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: WYOMING

ELIGIBILITY CONDITIONS AND REQUIREMENTS

Citation(s)	Condition or Requirement
	(2) <del>In determining relative financial responsibility, the agency considers only the income of spouses living in the same household as available to spouses and the income of parents as available to children living with parents until the children become 21.</del>
1902(e)(6) of the Act	(3) The agency continues to treat women eligible under the provisions of sections 1902(a)(10) of the Act as eligible, without regard to any changes in income of the family of which she is a member, for the 60-day period after her pregnancy ends and any remaining days in the month in which the 60th day falls.
1905(p)(1), 1902(m)(4), and 1902(r)(2) of the Act	f. <u>Qualified Medicare beneficiaries.</u> In determining countable income for qualified Medicare beneficiaries covered under section 1902(a)(10)(E)(i) of the Act, the following methods are used:  <u>X</u> The methods of the SSI program only.  — SSI methods and/or any more liberal methods than SSI described in <u>Supplement 8a to ATTACHMENT 2.6-A.</u>  — For institutional couples, the methods specified under section 1611(e)(5) of the Act.

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March 1993

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State/Territory: WYOMING

Citation(s)	Condition or Requirement
	<p>If an individual receives a title II benefit, any amounts attributable to the most recent increase in the monthly insurance benefit as a result of a 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.</p> <p>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.</p> <p>For individuals not receiving title II income, the revised poverty levels are effective no later than the date of publication.</p>
1905(s) of the Act	<p>g. (1) <u>Qualified disabled and working individuals.</u></p> <p>In determining countable income for qualified disabled and working individuals covered under 1902(a)(10)(E)(ii) of the Act, the methods of the SSI program are used.</p>
1905(p) of the Act	<p>(2) <u>Specified low-income Medicare beneficiaries.</u></p> <p>In determining countable income for specified low-income Medicare beneficiaries covered under 1902(a)(10)(E)(iii) of the Act, the same method as in f. is used.</p>

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OMB No.:

State/Territory: WYOMING

Citation	Condition or Requirement
1902(u) of the Act	<p>(h) <u>COBRA Continuation Beneficiaries</u></p> <p>In determining countable income for COBRA continuation beneficiaries, the following disregards are applied:</p> <p>_____ The disregards of the SSI program;</p> <p>_____ The agency uses methodologies for treatment of income more restrictive than the SSI program. These more restrictive methodologies are described in Supplement 4 to Attachment 2.6-A.</p> <p>NOTE: For COBRA continuation beneficiaries specified at 1902(u)(4), costs incurred from medical care or for any other type of remedial care shall not be taken into account in determining income, except as provided in section 1612(b)(4)(B)(ii).</p>
1902(z) of the Act	<p>(i) In determining countable income for individuals infected with tuberculosis, the following disregards are applied:</p> <p><u>  X  </u> The disregards of the SSI program;</p> <p>_____ The agency uses methodologies for treatment of income more restrictive than the SSI program. These more restrictive methodologies are described in Supplement 4 to ATTACHMENT 2.6A.</p>

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## **Table of Contents**

**State/Territory Name:** Wyoming

**State Plan Amendment (SPA) #:** WY-17-0006

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
Denver Regional Office  
1961 Stout Street, Room 08-148  
Denver, CO 80294



**REGION VIII - DENVER**

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October 13, 2017

Teri Green, State Medicaid Agent  
Office of Health Care Financing  
Wyoming Department of Health  
6101 Yellowstone Road, Suite 210  
Cheyenne, WY 82009

RE: Wyoming #17-0006

Dear Ms. Green:

We have reviewed the proposed State Plan Amendment (SPA) submitted under transmittal number (TN) 17-0006. This SPA will apply the following income standard – Unearned income not to exceed 300% of the SSI Payment level.

Please be informed that this State Plan Amendment was approved October 11, 2017, with an effective date of July 1, 2017. We are enclosing the CMS-179 and the amended plan page(s).

If you have any questions concerning this amendment, please contact Cindy Riddle at (303) 844-7116. If you have any questions regarding claiming Federal Financial Participation please contact Gabriel Rackers at [Gabriel.Rackers@cms.hhs.gov](mailto:Gabriel.Rackers@cms.hhs.gov) or at (303) 844-1981.

Sincerely,



Richard C. Allen  
Associate Regional Administrator  
Division for Medicaid & Children's Health Operations

cc: Thomas Forslund, Director  
Sheree Nall  
Kristy Wilmarth

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL**

**FOR: HEALTH CARE FINANCING ADMINISTRATION**

TO: REGIONAL ADMINISTRATOR  
HEALTH CARE FINANCING ADMINISTRATION  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

1. TRANSMITTAL NUMBER:

WY17-0006

2. STATE

WYOMING

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE  
SOCIAL SECURITY ACT (MEDICAID)

4. PROPOSED EFFECTIVE DATE

July 1, 2017

5. TYPE OF PLAN MATERIAL *(Check One)*:

☐ NEW STATE PLAN

☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN

☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT *(Separate Transmittal for each amendment)*

6. FEDERAL STATUTE/REGULATION CITATION:

1902 (a) (10) (A) (ii) (XV) of the ACT

7. FEDERAL BUDGET IMPACT:

a. FFY 2017 \$ 125,668.13 (estimated increase)

b. FFY 2018 \$ 502,672.50 (estimated increase)

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 2.6-A, Page 12c

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT *(If Applicable)*:

Attachment 2.6-A, Page 12c

10. SUBJECT OF AMENDMENT:

Apply the following income standard – Unearned income not to exceed 300% of the SSI Payment level.

11. GOVERNOR'S REVIEW *(Check One)*:

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT

☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☒ OTHER, AS SPECIFIED: Delegated to Teri Green, State Medicaid Agent, Division of Healthcare Financing

12. SIGNATURE OF STATE AGENCY OFFICIAL:



13. TYPED NAME: TERI GREEN

14. TITLE: STATE MEDICAID AGENT

15. DATE SUBMITTED: 9/28/17

16. RETURN TO:

TERI GREEN  
STATE MEDICAID AGENT  
DIVISION OF HEALTHCARE FINANCING  
6101 YELLOWSTONE ROAD, SUITE 210  
CHEYENNE, WY 82002

CC: CINDY TALLERDY, SENIOR ADMINISTRATIVE ASSISTANT  
(SAME ADDRESS)

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED:

September 28, 2017

18. DATE APPROVED:

October 11, 2017

19. EFFECTIVE DATE OF APPROVED MATERIAL:

July 1, 2017

20. SIGNATURE OF REGIONAL OFFICIAL:



21. TYPED NAME:

Richard C. Allen

22. TITLE:

ARA, DMCHO

REMARKS:

## STATE PLAN AMENDMENT UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Wyoming

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Citation: Condition or Requirement

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1902 (a) (10) (A)  
(ii) (XV) of the Act(ii) Working Individuals with Disabilities – Basic Insurance Group  
– TWWIIA

In determining financial eligibility for working individuals with disabilities under this provision, the following standards and methodologies are applied:

(x) The agency does not apply any resource standard.

(xi) The agency does apply the following income standard(s):

Unearned income not to exceed 300% of the SSI Payment level.

TN No.: 17-0006Approval Date: 10/11/2017Effective Date: 07/01/2017

Supersedes

TN NO.: WY-16-0018



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

STATE: Wyoming

Citation	Condition or Requirement
1902(a)(10)(A) (ii)(XV) of the Act	<p><u>Income Methodologies</u></p> <p>In determining whether an individual meets the income standard described above, the agency uses the following methodologies:</p> <ul style="list-style-type: none"><li><input type="checkbox"/> The income methodologies of the SSI program.</li><li><input type="checkbox"/> The agency uses methodologies for treatment of income that are more restrictive than the SSI program. These more restrictive methodologies are described in Supplement 4 to Attachment 2.6-A.</li><li><input checked="" type="checkbox"/> The agency uses more liberal income methodologies than the SSI program. More liberal income methodologies are described in Supplement 8a to Attachment 2.6-A.</li></ul>

TN No. 02-003

Supersedes

TN No. 02-001Approval Date 08/06/02Effective Date 07/01/2002

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE: Wyoming

Citation	Condition or Requirement
1902 (a) (10) (A) (ii) (XV) of the Act (cont.) of the Act (cont.)	<p>For individuals eligible under the Basic Insurance Group described in No. 26 on page 23f of Attachment 2.2-A:</p> <p>NOTE: Regardless of the option selected below, the agency MUST require that individuals whose annual adjusted gross income, as defined under IRS statute, exceeds \$75,000 pay 100 percent of premiums.</p> <p>[X] The agency requires individuals to pay premiums or other cost-sharing charges on a sliding scale based on income. For individuals with net annual income below 450 percent of the Federal poverty level for a family of the size involved, the amount of premiums cannot exceed 7.5 percent of the individual's income.</p> <p>The premiums or other cost-sharing charges, and how they are applied, are described on page 12f.</p>

TN No. 02-001

Supersedes

TN No. NEW

Approval Date 06/21/02

Effective Date July 1, 2002  
CMS ID:

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: WYOMING

Citation

Groups Covered

Sections 1902 (a) (10) (A)  
(ii) (XV) of the Act (cont.)

Premiums and Other Cost-Sharing Charges

For the Basic Insurance Group the agency's premium or other cost-sharing charges, and how they are applied, are described below:

The calculation of TWWIIA premium for services shall be as follows:

- (i) Determine the total expenses of the Medicaid program for the most recent state fiscal year and the total number of clients in the Medicaid program served in that period;
- (ii) Deduct from the totals in paragraph (i) of this subsection the clients over the age of sixty-five (65) years and the expenses associated with those clients;
- (iii) Divide the resulting expenses calculated pursuant to paragraph (ii) of this subsection by the clients remaining after the deduction pursuant to paragraph (ii) of this subsection. The result is the basic annual premium;
- (iv) Add to the basic premium a risk factor of fifty percent (50%) of the basic premium to recover additional costs incurred by the population eligible to be served pursuant to the TWWIIA option; and
- (v) The premium shall be the sum of the basic annual premium calculated pursuant to paragraph (iii) of this subsection and the risk factor calculated pursuant to paragraph (iv) of this subsection.

The individual pays to the Department a premium of seven and one-half (7.5%) of his total gross earnings from work and seven and one-half (7.5%) of his unearned income in excess of six hundred dollars (\$600) per year.

TN No. 05-004

Supersedes

TN No. 02-001

Approval Date 12/22/05

Effective Date 7/1/2005

State: WYOMING

Citation	Condition or Requirement
1902(k) of the Act	<p>2. Medicaid Qualifying Trusts</p> <p>In the case of a Medicaid qualifying trust described in section 1902(k)(2) of the Act, the amount from the trust that is deemed available to the individual who established the trust (or whose spouse established the trust) is the maximum amount that the trustee(s) is permitted under the trust to distribute to the individual. This amount is deemed available to the individual, whether or not the distribution is actually made. This provision does not apply to any trust or initial trust decree established before April 7, 1986, solely for the benefit of a mentally retarded individual who resides in an intermediate care facility for the mentally retarded.</p> <p><u>/X/</u> The agency does not count the funds in a trust as described above in any instance where the State determines that it would work an undue hardship. <u>Supplement 10 of ATTACHMENT 2.6-A</u> specifies what constitutes an undue hardship.</p>
1902(a)(10) of the Act	<p>3. Medically needy income levels (MNILs) are based on family size.</p> <p><u>Supplement 1 to ATTACHMENT 2.6-A</u> specifies the MNILs for all covered medically needy groups. If the agency chooses more restrictive levels under section 1902(f) of the Act, <u>Supplement 1</u> so indicates.</p>

TN No. 91-14

Supersedes

Approval Date

12/19/91

Effective Date

12/1/91

HCFA ID: 7985E

sion: HCFA-PM-91-  
1991

(BPD)

ATTACHMENT 2.6-A  
Page 14  
OMB No.: 0938-

State: WYOMING

Citation	Condition or Requirement
42 CFR 435.732, 435.831	4. Handling of Excess Income - Spend-down for the Medically Needy in All States and the Categorically Needy in 1902(f) States Only

a. Medically Needy

- (1) Income in excess of the MNIL is considered as available for payment of medical care and services. The Medicaid agency measures available income for periods of either \_\_\_\_ or \_\_\_\_ month(s) (not to exceed 6 months) to determine the amount of excess countable income applicable to the cost of medical care and services.
- (2) If countable income exceeds the MNIL standard, the agency deducts the following incurred expenses in the following order:
  - (a) Health insurance premiums, deductibles and coinsurance charges.
  - (b) Expenses for necessary medical and remedial care not included in the plan.
  - (c) Expenses for necessary medical and remedial care included in the plan.

\_\_\_\_ Reasonable limits on amounts of expenses deducted from income under a.(2)(a) and (b) above are listed below.

1902(a)(17) of the  
Act

Incurred expenses that are subject to payment by a third party are not deducted unless the expenses are subject to payment by a third party that is a publicly funded program (other than Medicaid) of a State or local government.

TN No. 91-14

Reversed

Approval Date 12/19/91

Effective Date 12/1/91

o. 87-11

HCFA ID: 7985E

Revision: HCFA-PM-91-8 (MB)  
October 1991

ATTACHMENT 2.6-A  
Page 14a  
OMB No.

State/Territory: WYOMING

Citation	Condition or Requirement
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a. Medically Needy (Continued)

1902(f)(2) of  
the Act

- \_\_\_\_\_ (3) If countable income exceeds the MNIL standard, the agency deducts spenddown payments made to the State by the individual.

TN No. 00-005  
Supersedes  
TN No. New

Approval Date 06/05/00

Effective Date 04/01/00

Revision: HCFA-PM-91-8 (MB)  
October 1991

ATTACHMENT 2.6-A  
Page 15a  
OMB No.

State/Territory: WYOMING

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Citation	Condition or Requirement
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**b.** Categorically Needy - Section 1902(f) States  
Continued

1902(f)(2) of  
the Act

(4) Spenddown payments made to the State by the  
individual.

NOTE: FFP will be reduced to the extent a State is paid a  
spenddown payment by the individual.

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TN No. 00-005  
Supersedes  
TN No. New

Approval Date 06/05/00

Effective Date 04/01/00

sion: HCFA-PM-91-  
1991

(BPD)

ATTACHMENT 2.6-A

Page 15

OMB No.: 0938-

State: WYOMING

Citation

Condition or Requirement

42 CFR  
435.732

b. Categorically Needy - Section 1902 (f) States

The agency applies the following policy under the provisions of section 1902(f) of the Act. The following amounts are deducted from income to determine the individual's countable income:

- (1) Any SSI benefit received.
- (2) Any State supplement received that is within the scope of an agreement described in sections 1616 or 1634 of the Act, or a State supplement within the scope of section 1902(a)(10)(A)(ii)(XI) of the Act.
- (3) Increases in OASDI that are deducted under §§435.134 and 435.135 for individuals specified in that section, in the manner elected by the State under that section.
- (4) Other deductions from income described in this plan at Attachment 2.6-A, Supplement 4.
- (5) Incurred expenses for necessary medical and remedial services recognized under State law.

1902(a)(17) of the  
Act, P.L. 100-203

Incurred expenses that are subject to payment by a third party are not deducted unless the expenses are subject to payment by a third party that is a publicly funded program (other than Medicaid) of a State or local government.

TN No. 91-14  
Supersedes  
o. 87-5

Approval Date 12/19/91

Effective Date 12/1/91

HCFA ID: 7985E



State: WYOMING

Citation	Condition or Requirement
1902(a)(10)(A), 1902(a)(10)(C), 1902(m)(1)(B), and 1902(r) of the Act	<p>In determining relative financial responsibility, the agency considers only the resources of spouses living in the same household as available to spouses.</p> <p>c. <u>Blind individuals.</u> For blind individuals the agency uses the following methods for treatment of resources:</p> <p><u>X</u> The methods of the SSI program.</p> <p>— SSI methods and/or any more liberal methods described in <u>Supplement 8b to ATTACHMENT 2.6-A.</u></p> <p>— Methods that are more restrictive and/or more liberal than those of the SSI program. <u>Supplement 5 to ATTACHMENT 2.6-A</u> describe the more restrictive methods and <u>Supplement 8b to ATTACHMENT 2.6-A</u> specify the more liberal methods.</p> <p>In determining relative financial responsibility, the agency considers only the resources of spouses living in the same household as available to spouses and the resources of parents as available to children living with parents until the children <del>become</del> 18. through age</p>

TN No. 97-02

Supersedes

TN No. 91-14

Approval Date 05/21/97

Effective Date 01/01/97

13-0008-MM1 Supersededes C.5.e  
Approval on 6/12/14

Revision: HCFA-PM-91-4  
August 1991

(BPD)

ATTACHMENT 2.6-A

Page 18

OMB No.: 0938-

State: WYOMING

Citation	Condition or Requirement
1902(a)(10)(A), 1902(a)(10)(C), 1902(m)(1)(B) and (C), and 1902(r)(2) of the Act	<p>d. <u>Disabled individuals, including individuals covered under section 1902(a)(10)(A)(ii)(X) of the Act.</u> The agency uses the following methods for the treatment of resources:</p> <p><u>X</u> The methods of the SSI program.</p> <p><u>SSI methods and/or any more liberal methods described in Supplement 8a to ATTACHMENT 2.6-A.</u></p> <p><u>Methods that are more restrictive (except for individuals described in section 1902(m)(1) of the Act) and/or more liberal than those under the SSI program. More restrictive methods are described in Supplement 5 to ATTACHMENT 2.6-A and more liberal methods are specified in Supplement 8b to ATTACHMENT 2.6-A.</u></p> <p>In determining relative financial responsibility, the agency considers only the resources of spouses living in the same household as available to spouses and the resources of parents as available to children living with parents until the children <del>become</del> <sup>through age</sup> 18.</p>
1902(l)(3) and 1902(r)(2) of the Act	<p><del>e. <u>Poverty level pregnant women covered under sections 1902(a)(10)(A)(i)(IV) and 1902(a)(10)(A)(ii)(IX)(A) of the Act.</u></del></p> <p><del>The agency uses the following methods in the treatment of resources:</del></p> <p><del><u>The methods of the SSI program only.</u></del></p> <p><del><u>The methods of the SSI program and/or any more liberal methods described in Supplement 5a or Supplement 8b to ATTACHMENT 2.6-A.</u></del></p>

TN No. 97-02

Supersedes

Approval Date

05/21/97

Effective Date 01/01/97

TN No. 91-14

Revision HCFA-PM-91-8 (MB)  
October 1991

ATTACHMENT 2.6-A  
Page 20  
OMB No.:

State/Territory: WYOMING

Citation	Condition or Requirement
1905(p)(1) (C) and (D) and 1902(r)(2) of the Act	5. h. <u>For Qualified Medicare beneficiaries covered under section 1902(a)(10)(E)(i) of the Act the agency uses the following methods for treatment of resources:</u>  <u>X</u> The methods of the SSI program only.  The methods of the SSI program and/or more liberal methods as described in <u>Supplement 8b to ATTACHMENT 2.6-A.</u>
1905(s) of the Act	i. For qualified disabled and working individuals covered under section 1902(a)(10)(E)(ii) of the Act, the agency uses SSI program methods for the treatment of resources.
1902(u) of the Act	j. For COBRA continuation beneficiaries, the agency uses the following methods for treatment of resources:  The methods of the SSI program only.  More restrictive methods applied under section 1902(f) of the Act as described in Supplement 5 to Attachment 2.6-A.
1902(z) of the Act	k. <del>For individuals infected with tuberculosis, the agency (temp.) uses the following methods for treatment of resources:</del>  <del>X The methods of the SSI program only.</del>  More restrictive methods applied under section 1902(f) of the Act as described in Supplement 5 to <u>ATTACHMENT 2.6-A.</u>

TN No. 94-012

Supersedes

Approval Date 11/21/94 Effective Date 7/1/94

TN No. 93-001 91-014

Approval on 6/12/14

Revision: HCFA-PM-93-5 (MB)  
May 1993ATTACHMENT 2.6-A  
Page 20aState: WYOMING

## Citation

## Condition or Requirement

1902(a)(10)(E)(iii)  
of the Act

- k. ~~Specified low-income Medicare beneficiaries covered under section 1902(a)(10)(E)(iii) of the Act--~~

~~The agency uses the same method as in 5.h. of Attachment 2.6-A.~~

## 6. Resources Standard - Categorically Needy

- a. 1902(f) states (except as specified under items 6.c. and d. below) for aged, blind and disabled individuals:

\_\_\_ Same as SSI resource standards.

\_\_\_ More restrictive.

The resource standards for other individuals are the same as those in the related cash assistance program.

- b. Non-1902(f) States (except as specified under items 6.c. and d. below)

The resource standards are the same as those in the related cash assistance program.

Supplement 8 to Attachment 2.6-A specifies for 1902(f) States the categorically needy resource levels for all covered categorically needy groups.

TN # 94-012  
Supersedes  
TN # 91-014

Approval Date 11/21/94Effective Date 7/1/94

sion: HCFA-PM-91- (BPD)  
1991

ATTACHMENT 2.6-A  
Page 21a  
OMB No.: 0938-

State: WYOMING

Citation	Condition or Requirement
1902(m)(1)(C) and (m)(2)(B) of the Act	<p>e. For aged and disabled individuals described in section 1902(m)(1) of the Act who are covered under section 1902(a)(10)(A)(ii)(X) of the Act, the resource standard is:</p> <p><u>X</u> Same as SSI resource standards.</p> <p>— Same as the medically needy resource standards, which are higher than the SSI resource standards (if the State covers the medically needy).</p>

Supplement 2 to ATTACHMENT 2.6-A specifies the resource levels for these individuals.

TN No. 91-14  
Sersedes  
lo. 87-5

Approval Date 12/19/91

Effective Date 12/1/91

HCFA ID: 7985E

State: Wyoming

Citation	Condition or Requirement
	7. Resource Standard - Medically Needy
	a. Resource standards are based on family size.
1902(a)(10)(C)(i) of the Act	b. A single standard is employed in determining resource resource eligibility for all groups.
	<input type="checkbox"/> c. In 1902(f) States, the resource standards are more restrictive than in 7.b. above for--
	<input type="checkbox"/> Aged
	<input type="checkbox"/> Blind
	<input type="checkbox"/> Disabled
	<u>Supplement 2 to ATTACHMENT 2.6-A</u> specifies the resource standards for all covered medically needy groups. If the agency chooses more restrictive levels under 7.c., <u>Supplement 2 to ATTACHMENT 2.6-A</u> so indicates.
1902(a)(10)(E), 1905(p)(1)(D), 1905(p)(2)(B) and 1860D-14(a)(3)(D) of the Act	8. Resource Standard - Qualified Medicare Beneficiaries, Specified Low-Income Medicare Beneficiaries and Qualifying Individuals
	For Qualified Medicare Beneficiaries covered under section 1902(a)(10)(E)(i) of the Act, Specified Low-Income Medicare Beneficiaries covered under section 1902(a)(10)(E)(iii) of the Act, and Qualifying Individuals covered under 1902(a)(10)(E)(iv) of the Act, the resource standard is three times the SSI resource limit, adjusted annually since 1996 by the increase in the consumer price index.
TN No: <u>10-002</u> Supersedes TN No. <u>95-003</u>	Approval Date <u>6/29/10</u> Effective Date <u>January 1, 2010</u>

State: Wyoming

Citation	Condition or Requirement
1902(a)(10)(E)(ii), 1905(s) and 1860D-14(a)(3)(D) of the Act	<p>9. Resource Standard - Qualified Disabled and Working Individuals</p> <p>For qualified disabled and working individuals covered under section 1902(a)(10)(E)(ii) of the Act, the resource standard for an individual or a couple (in the case of an individual with a spouse) is two times the SSI resource limit.</p>
1902(u) of the Act	<p>10. For COBRA continuation beneficiaries, the resource standard is:</p> <p><u>X</u> Twice the SSI resource standard for an individual.</p> <p>— More restrictive standard as applied under section 1902(f) of the Act as described in <u>Supplement 8 to Attachment 2.6-A</u>.</p>

State: WYOMING

Citation	Condition or Requirement
1902(u) of the Act	<p>10. Excess Resources</p> <p>a. Categorically Needy, Qualified Medicare Beneficiaries, Qualified Disabled and Working Individuals, and Specified Low-Income medicare Beneficiaries</p> <p>Any excess resources make the individual ineligible.</p> <p>b. Categorically Needy Only</p> <p><u>X</u> This State has a section 1634 agreement with SSI. Receipt of SSI is provided for individuals while disposing of excess resources.</p> <p>c. Medically Needy</p> <p>Any excess resources make the individual ineligible.</p>

TN # 95-003  
Supersedes  
TN # 91-14

Approval Date 06/21/95

Effective Date 01/01/95



State: WYOMING

Citation	Condition or Requirement
42 CFR 435.914	11. Effective Date of Eligibility  a. Groups Other Than Qualified Medicare Beneficiaries  (1) For the prospective period.  Coverage is available for the full month if the following individuals are eligible at any time during the month.  <u>X</u> Aged, blind, disabled. <u>X</u> AFDC-related.  Coverage is available only for the period during the month for which the following individuals meet the eligibility requirements.  <u>    </u> Aged, blind, disabled. <u>    </u> AFDC-related.  (2) For the retroactive period.  Coverage is available for three months before the date of application if the following individuals would have been eligible had they applied:  <u>    </u> Aged, blind, disabled. <u>    </u> AFDC-related.  Coverage is available beginning the first day of the third month before the date of application if the following individuals would have been eligible at any time during that month, had they applied..  <u>X</u> Aged, blind, disabled. <u>X</u> AFDC-related.

TN No. 91-14  
~~Supersedes~~  
to.     

Approval Date 12/19/91  
89-03

Effective Date 12/1/91  
HCFA ID: 7985E

Revision: HCFA-PM-92-1 (MB)  
FEBRUARY 1992

ATTACHMENT 2.6-A  
Page 25

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: WYOMING

ELIGIBILITY CONDITIONS AND REQUIREMENTS

Citation(s)	Condition or Requirement
<del>1920(b)(1) of the Act</del>	<p><input checked="" type="checkbox"/> (3) <del>For a presumptive eligibility for pregnant women only.</del></p> <p><del>Coverage is available for ambulatory prenatal care for the period that begins on the day a qualified provider determines that a woman meets any of the income eligibility levels specified in ATTACHMENT 2.6-A of this approved plan. If the woman files an application for Medicaid by the last day of the month following the month in which the qualified provider made the determination of presumptive eligibility, the period ends on the day that the State agency makes the determination of eligibility based on that application. If the woman does not file an application for Medicaid by the last day of the month following the month in which the qualified provider made the determination, the period ends on that last day.</del></p>
1902(e)(8) and 1905(a) of the Act	<p><input checked="" type="checkbox"/> b. For qualified Medicare beneficiaries defined in section 1905(p)(1) of the Act coverage is available beginning with the first day of the month after the month in which the individual is first determined to be a qualified Medicare beneficiary under section 1905(p)(1). The eligibility determination is valid for--</p> <p><input checked="" type="checkbox"/> 12 months</p> <p><input type="checkbox"/> 6 months</p> <p><input type="checkbox"/> months (no less than 6 months and no more than 12 months)</p>

TN NO. 92-11  
Supercedes  
NO. 92-03

Approval Date 11/6/92

Effective Date 11-1-92

Citation	Condition or Requirement
1902(a)(18) and 1902(f) of the Act	<p>12. Pre-OBRA 93 Transfer of Resources - Categorically and Medically Needy, Qualified Medicare Beneficiaries, and Qualified Disabled and Working Individuals</p> <p>The agency complies with the provisions of section 1917 of the Act with respect to the transfer of resources.</p> <p>Disposal of resources at less than fair market value affects eligibility for certain services as detailed in <u>Supplement 9 to Attachment 2.6-A</u>.</p>
1917(c)	<p>13. Transfer of Assets - All eligibility groups</p> <p>The agency complies with the provisions of section 1917(c) of the Act, as enacted by OBRA 93, with regard to the transfer of assets.</p> <p>Disposal of assets at less than fair market value affects eligibility for certain services as detailed in <u>Supplement 9(a) to ATTACHMENT 2.6-A</u>, except in instances where the agency determines that the transfer rules would work an undue hardship.</p>
1917(d)	<p>14. Treatment of Trusts - All eligibility groups</p> <p>The agency complies with the provisions of section 1917(d) of the Act, as amended by OBRA 93, with regard to trusts.</p> <p>_____ The agency uses more restrictive methodologies under section 1902(f) of the Act, and applies those methodologies in dealing with trusts;</p> <p><u>X</u> The agency meets the requirements in section 1917(d)(f)(B) of the Act for use of <u>Miller</u> trusts.</p> <p>The agency does not count the funds in a trust in any instance where the agency determines that the transfer would work an undue hardship, as described in <u>Supplement 10 to ATTACHMENT 2.6-A</u>.</p>

Revision: HCFA-PM-99-1

ATTACHMENT 2.6-A  
Page 26a  
OMB No.:0938-0673

State: WYOMING

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<u>Citation</u>	<u>Condition or Requirement</u>
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1924 of the Act

15. The agency complies with the provisions of §1924 with respect to income and resource eligibility and posteligibility determinations for individuals who are expected to be institutionalized for at least 30 consecutive days and who have a spouse living in the community.

When applying the formula used to determine the amount of resources in initial eligibility determinations, the State standard for community spouses is:

- X   the maximum standard permitted by law;  
      the minimum standard permitted by law; or  
  \$   a standard that is an amount between the minimum and the maximum.

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