

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

SUPPLEMENT 8 TO ATTACHMENT 2.6-A
Page 1
OMB No.: 0938-

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: WYOMING

RESOURCE STANDARDS FOR 1902(f) STATES - CATEGORICALLY NEEDY

NOT APPLICABLE

TN No. 91-14
Supersedes

Approval Date 12/19/91

Effective Date 12/1/91

TN No. 89-08

HCFA ID: 7985E

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
1600 Broadway, Suite 700
Denver, CO 80202-4967



Region VIII

June 29, 2010

Teri Green, Medicaid Director
Wyoming Division of Health Care Financing
401 Hathaway Building
Cheyenne, WY 82002

RE: Wyoming #10-002

Dear Ms. Green:

We are pleased to inform you that CMS has approved Wyoming State Plan Amendment (SPA) 10-002, "Income and Resources for the Medicare Savings Program" with an effective date of January 1, 2010.

We appreciate the cooperation extended by your staff in the review and approval of this state plan amendment.

If you have any questions concerning this amendment, please contact Cindy Riddle at (303) 844-7116.

Sincerely,

/s/

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

CC: Yvonne Stayer
Lee Clabots, Deputy Director

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
1600 Broadway, Suite 700
Denver, CO 80202-4967



Region VIII

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

1. TRANSMITTAL NUMBER:
10-002

2. STATE
WYOMING

FOR: HEALTH CARE FINANCING ADMINISTRATION

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

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

4. PROPOSED EFFECTIVE DATE
January 1, 2010

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:
Section 1902(a)(10)(E)(i)-(iv), 1860D-14(a)(3), 1902(r)(2), and 1905(p)
of the Act.

7. FEDERAL BUDGET IMPACT: Impact unknown due to
Legislation.

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 2.2-A, page 9b
Attachment 2.2-A, page 9c
Attachment 2.2-A, page 9d
Attachment 2.2-A, page 9e

Attachment 2.6-A, page 22
Attachment 2.6-A, page 22a
Supplemental 8a to Attachment 2.6A, page 1
Supplemental 8b to Attachment 2.6A, page 4

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION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

Attachment 2.2-A, page 9b
Attachment 2.2-A, page 9b1
Attachment 2.2-A, page 9b2
Attachment 2.2-A, page 9c

Attachment 2.6-A, page 22
Attachment 2.6-A, page 22a
Supplemental 8a to Attachment 2.6A, page 1
New

10. SUBJECT OF AMENDMENT:

Income and Resources for the Medicare Savings programs.

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, Office of
HealthCare Financing

12. SIGNATURE OF STATE
AGENCY OFFICIAL:

13. TYPED NAME: TERI GREEN

14. TITLE: STATE MEDICAID AGENT

15. DATE SUBMITTED: May 20, 2010

16. RETURN TO:
TERI GREEN
STATE MEDICAID AGENT
OFFICE OF HEALTH CARE FINANCING
6101 YELLOWSTONE ROAD, SUITE 210
CHEYENNE, WY 82002

CC: YVONNE STAYER, MANAGEMENT ASSISTANT
(SAME ADDRESS)

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:
03/31/10 Original 05/20/10 Revised

18. DATE APPROVED: June 29, 2010

19. EFFECTIVE DATE OF APPROVED MATERIAL:
January 1, 2010

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:
Richard C. Allen

22. TITLE:
Associate Regional Administrator

23. REMARKS:

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(f)(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).

TN No. ~~99-003~~ 00-005

Supersedes

Approval Date 06/05/00

Effective Date 04/01/00

TN No. NEW 99-003

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.

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
1600 Broadway, Suite 700
Denver, CO 80202-4967



Region VIII

October 29, 2013

Teri Green, State Medicaid Agent
Wyoming Division of Health Care Financing
401 Hathaway Building
Cheyenne, WY 82002

RE: Wyoming #13-006

Dear Ms. Green:

We have reviewed the proposed State Plan Amendment (SPA) submitted under transmittal number (TN) 13-006. This SPA concerns elimination of an income test for individuals for whom public agencies are assuming full or partial financial responsibility and children for whom there is in effect a State adoption assistance agreement.

Please be informed that this State Plan Amendment was approved on October 25, 2013 with an effective date of October 1, 2013. 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.

Sincerely,

/s/

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

CC: Chris Bass
Lee Clabots, Deputy Director

**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:

13-006

2. STATE
WYOMING

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

4. PROPOSED EFFECTIVE DATE

October 1, 2013

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:

Section 1902(a)(10)(A)(ii)(VIII) of the Act and 42 CFR 435.222

7. FEDERAL BUDGET IMPACT:

a. FFY 2013 \$64,900

b. FFY 2014 \$64,900

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 2.2-A, page 14

Supplement 8a to Attachment 2.6A, page 5

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

Attachment 2.2-A, page 14

10. SUBJECT OF AMENDMENT:

Elimination of an income test for individuals for whom public agencies are assuming full or partial financial responsibility and children for whom there is in effect a State adoption assistance agreement.

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: 09/12/13

16. RETURN TO:

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

CC: CHRIS BASS, MANAGEMENT ASSISTANT
(SAME ADDRESS)

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

9/12/13

18. DATE APPROVED:

10/25/13

19. EFFECTIVE DATE OF APPROVED MATERIAL:

10/1/13

20. SIGNATURE OF REGIONAL OFFICIAL:



21. TYPED NAME:

RICHARD C. ALLEN

22. TITLE:

ARA, DNICHO

23. REMARKS:

Revision:

Supplement 8a to Attachment 2.6-A
Page 5

State: Wyoming

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

All income shall be disregarded for optional reasonable classifications of children covered under 42 CFR 435.222 which are specified on Attachment 2.2-A page 13

TN No: 13-006

Approval Date 10/25/13

Effective Date 10-01-13

Supersedes TN No. 08-005

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

SUPPLEMENT 8b TO ATTACHMENT 2.6-A
Page 1
OMB No.: 0938-

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

TN No. 95016 Approval Date 02/29/96 Effective Date 10/01/95
Supersedes
TN No. 91-14

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 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 the Medicaid program may pursue reimbursement for unreimbursed Medicaid expenditures through all mechanisms legally available to the Medicaid program.

TN No. 95016 Approval Date 02/29/96 Effective Date 10/01/95
Supersedes
TN No. NEW

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.

TN No. 06-008

Supersedes

TN No. 04-007

Approval Date 12/19/06

Effective Date July 1, 2006

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) The following more liberal methodology applies to individuals who are eligible
1917(b)(1)(C) 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.