.slon:	1991	(BPD)	OMB N	40.: 0938-
	State:	WYOMING		
Citation 1902(a)(5 and 1925 the Act	of	(a) Services 6-month per Section 192 duration, a categorical ATTACHMENT	eceiving Extended Medicais provided to families du riod of extended Medicaid 5 of the Act are equal is not scope to services problem 19 needy AFDC recipients 3.1-A (or may be greater caretaker relative employ blan).	uring the first d benefits under in amount, ovided to s as described in t if provided
	(þ)	Services pr 6-month per	rovided to families during iod of extended Medicaid so the Act are	
_		servi recip may b	in amount, duration, and ces provided to categorie ients as described in AT provided the cive employer's health in	ically needy AFDC <u>TTACHMENT 3.1-A</u> (or arough a caretaker
		servi recip throu insur	in amount, duration, ances provided to categori elents, (or may be greate igh a caretaker relative ance plan) minus any one wing acute services:	cally needy AFDC or if provided employer's health
		se di	rsing facility services rvices in an institution seases) for individuals der.	for mental
			dical or remedial care p censed practitioners.	rovided by
		<u> </u>	me health services.	
TN No. 9 Supersedes TN No. 7	Approva	1 Date 1	Effective Dat	e 12/1/9/
	90-12		HCFA ID: 7	982E

A COMPANY			318
sion:	HCFA-PM-91- 1991	(BPD)	OMB No.: 0938-
	State:	WOMING	
Citation	3.5	<u>Families</u> (Continu	Receiving Extended Medicaid Benefits
		<u></u>	Private duty nursing services.
		<u> </u>	Physical therapy and related services.
		<i></i>	Other diagnostic, screening, preventive, and rehabilitation services.
		<u>/X/</u>	Inpatient hospital services and nursing facility services for individuals 65 years of age or over in an institution for mental diseases.
		<u>/X/</u>	Intermediate care facility services for the mentally retarded.
		<u>/X/</u>	Inpatient psychiatric services for individuals under age 21.
			Hospice services.
			Respiratory care services.
		<i></i> /	Any other medical care and any other type of remedial care recognized under State law and specified by the Secretary.

TN No. 9/-/ Supersedes TN No. 27-	Approval	Date _	1 /1	1/92	Effective D	ate 12/1/91
90-	12				HCFA ID:	7982E

Revision:	HCFA-PM-91- 1991	(BPD)	OMB NO.: 0938-
	State:	WYOMING	
Citation		nilies Re ontinued)	ceiving Extended Medicaid Benefits
	(c) <u> </u>	fees, for h	gency pays the family's premiums, enrollment deductibles, coinsurance, and similar costs ealth plans offered by the caretaker's yer as payments for medical assistance
		<u> </u>	1st 6 months
		em	e agency requires caretakers to enroll in ployers' health plans as a condition of igibility.
			1st 6 mos. $\frac{1}{1}$ 2nd 6 mos.
	(d) <u>/</u> /	fa ex	e Medicaid agency provides assistance to milies during the second 6-month period of tended Medicaid benefits through the blowing alternative methods:
			Enrollment in the family option of an employer's health plan.
			Enrollment in the family option of a State employee health plan.
			Enrollment in the State health plan for the uninsured.
		<u> </u>	Enrollment in an eligible health maintenance organization (HMO) with a prepaid enrollment of less than 50 percent Medicaid recipients (except recipients of extended Medicaid).
TN No. 9	Approval	Date	1 14 92 Effective Date 12 1 91
No	40-12		HCFA TD: 7982E

Revision:	HCFA-PM-91- 1991	(BPD)	OMB No.: 0938		
State: WYOM		IING			
Citation:	3.5	Families Receiving Extended Medicaid Benefits (continued)			
		Supplement 2 to ATTACHMENT 3.1 the alternative health care plan(s) offe for assuring that recipients have access quality.	red, including requirements		
	(2)	The agency-			
		(i) Pays all premiums and enrollm family for such plan(s).	ent fees imposed on the		
	[]	(ii) Pays all deductibles and coinsurance imposed on to for such plan(s).			
	3.6	Unemployed Parent			
		For purposes of determining whether basis of unemployment of a parent, the			
	[]	Uses the standard for measuring unemployment which AFDC State Plan in effect on July 16, 1996.			
	[X]	Uses the following more liberal standard to measure unemployment:			
		ne principal wage earner is considered unemployed if the famil come is below the program's income limit for the family size.			
TN No. 99 Supersedes TN No. 91	Appro	oval Date <u>08/25/99</u> Effective	e Date <u>July 1,1999</u>		