Revision: HCFA-PM-91- 1991		(BPD)	OMB No.: 0938-	
State: WYOM		ING		
Citation:	3.5	amilies Receiving Extended Medicaid Benefits ontinued)		
		Supplement 2 to ATTACHMENT 3.1-A specifies and describes the alternative health care plan(s) offered, including requirements for assuring that recipients have access to services of adequate quality.		
	(2)	The agency–		
		(i) Pays all premiums and enrollment family for such plan(s).	fees imposed on the	
	[]	(ii) Pays all deductibles and coinsurant for such plan(s).	ce imposed on the family	
3.6 <u>Uner</u>		Unemployed Parent		
		For purposes of determining whether a ch basis of unemployment of a parent, the ag		
	[]	Uses the standard for measuring unemploy AFDC State Plan in effect on July 16, 199	andard for measuring unemployment which was in the e Plan in effect on July 16, 1996.	
	[X]	Uses the following more liberal standard t unemployment:		
			ipal wage earner is considered unemployed if the family's below the program's income limit for the family size.	
TN No. <u>99-04</u> Supersedes TN No. <u>91-13</u>		val Date <u>08/25/99</u> Effective Da	ateJuly 1,1999	