

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



**Region VIII**

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September 27, 2010

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

RE: Wyoming #10-009

Dear Ms. Green:

We are pleased to inform you that CMS has approved Wyoming State Plan Amendment (SPA) 10-009, "Income and Eligibility Verification System" with an effective date of July 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/

Mary Marchioni  
Acting Associate Regional Administrator  
Division for Medicaid & Children's Health Operations

CC: Yvonne Stayer  
Lee Clabots, Deputy Director

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

1. TRANSMITTAL NUMBER:  
10-009

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  
July 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:  
42 CFR 435.940 through 435.960 and Section 1137 of the Act

7. FEDERAL BUDGET IMPACT: \$0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 4.32-A

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  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

Attachment 4.32-A

10. SUBJECT OF AMENDMENT:  
Income and Eligibility Verification System

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: 8/11/10

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

CC: AMY GUIMOND, MANAGEMENT ASSISTANT  
(SAME ADDRESS)

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED:  
8/11/10

18. DATE APPROVED:  
9/27/10

19. EFFECTIVE DATE OF APPROVED MATERIAL:  
7/1/10

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:  
Mary Marchioni

22. TITLE: d  
Acting Associate Regional Administrator

23. REMARKS:

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: WYOMING

**Income and Eligibility Verification System**

The Medicaid agency has established a system for income and eligibility verification in accordance with the requirements of 42 CFR 435.940 through 435.960 and Section 1137 of the Act.

This Attachment describes in accordance with 42 CFR 435.948(a)(6) the information that will be requested in order to verify eligibility or the correct payment amount and the agencies and the State(s) from which that information will be requested.

The State has an eligibility determination system that provides for data matching through the Public Assistance Reporting Information System (PARIS), or any successor system, including matching with medical assistance programs operated by other States. The information that is requested will be exchanged with States and other entities legally entitled to verify title XIX applicants and individuals eligible for covered title XIX services consistent with applicable PARIS agreements.