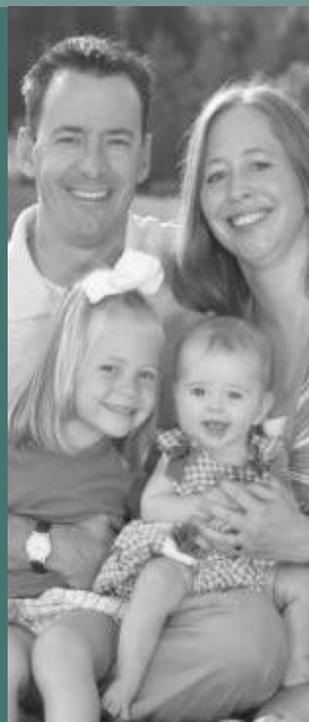


WYOMING MEDICAID ELIGIBILITY OVERVIEW

State of Wyoming
Department of Health



APRIL 2009

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MESSAGE FROM TERI GREEN
Wyoming State Medicaid Director

Dear Reader:

Wyoming Medicaid (“EqualityCare”) is a vital healthcare program in our great state, providing access to healthcare services for one in eight Wyoming residents. This program covers people we all know and care about: low-income children, parents, individuals living with disabilities and senior citizens, among others.

EqualityCare is funded by the federal and state government using hard-earned taxpayer dollars. Every Medicaid program must follow federal requirements regarding who is covered and what kinds of services are provided. Generally speaking, though, individuals enrolled in EqualityCare are able to access a range of healthcare services that would otherwise not be available to them.

I am pleased to provide you with the attached *Wyoming Medicaid Eligibility Overview*, which provides a description of the Medicaid program and straightforward discussion of the federal Medicaid rules related to program eligibility. It is our intent that this report serve as a valuable resource for individuals interested in understanding EqualityCare and learning about the individuals who rely on this critical program for health insurance.

The Department of Health (the agency responsible for EqualityCare) is often asked if the State of Wyoming could do more to cover additional uninsured individuals through EqualityCare. Indeed, Wyoming is relatively conservative compared to other states with regard to who can receive Medicaid and some opportunities exist to expand EqualityCare within current federal regulations. The attached report presents selected options to cover more individuals under federal rules. However, because of the potential increase in Wyoming Medicaid’s budget, these opportunities must be carefully assessed.

I hope that you find this report useful and that it answers your questions regarding this important State program. Additional Medicaid questions or comments regarding this report may be directed to the staff here at the Department of Health.

Sincerely,

Teri Green

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SECTION 1: INTRODUCTION

Key Concepts

- Wyoming's Medicaid program is called EqualityCare.
- Wyoming Medicaid is an important part of the healthcare "safety net" – most of the people enrolled have no other access to health insurance.
- All states must abide by the federal mandatory criteria for Medicaid but states may also make some choices about optional coverage under federal rules.

Wyoming Medicaid's program, EqualityCare, plays an important role in the health and well-being of many low-income children, families and adults.

In 2008, Wyoming Medicaid provided access to health insurance for over 80,000 Wyoming residents – more than one in every eight people – of different ages, income levels and health status. Eighty-eight percent (70,000) of those individuals received healthcare services.

Medicaid is a source of health insurance coverage for low-income individuals of various ages and circumstances. Some examples might include:

- A pregnant woman who needs prenatal care and hospital services for delivering a healthy baby
- A child who needs periodic checkups and preventive services but whose parents have no access to commercial health insurance
- An individual with disabilities who works part time but does not have access to health insurance through his or her employer
- An elderly individual who has health insurance through Medicare but who needs help from the Medicaid program to pay their Medicare premiums, co-payments, and deductibles
- An uninsured woman recently diagnosed with breast cancer who needs immediate access to health services

Wyoming Department of Health

Wyoming Medicaid is a critical program that provides healthcare to many of the Wyoming residents who need it the most. Consider that, on average:

- Children represent two-thirds (almost 50,000 individuals) of Wyoming Medicaid enrollment.
- Nearly 4,000 of children covered by Wyoming Medicaid are in foster care and have no other access to health insurance.
- Wyoming Medicaid pays for more than 40 percent of births in the State.
- Over 13,000 individuals who are aged, blind or disabled rely on Wyoming Medicaid to cover all or a portion of their [healthcare services](#).



The Federal Government Plays An Important Role

While Wyoming's Medicaid program is administered by the State of Wyoming, a significant portion of the funding for the program comes from the federal government. In exchange for the federal funding, Wyoming (like all states) must follow federal rules and regulations for program administration, program eligibility and coverage of healthcare services.

The federal rules and regulations establish the mandatory standards for state Medicaid programs and also specify some "optional" program standards that states may implement at their discretion. Many of these optional standards relate to program eligibility, that is, the groups of individuals who are eligible to enroll in the Medicaid program.

Some Eligibility Rules Are Mandatory But Others Are Optional

The federal government enacted the first set of Medicaid eligibility rules when it established the program in 1965. Since that time, the federal government has amended or appended these rules to create other mandatory or optional categories for covering uninsured residents. Some of the newer optional categories have been widely adopted by states while others have not.

Wyoming Medicaid covers some **but not all** of the optional eligibility categories. As a result, there are still individuals who are not covered but who could be, based on their age, income or a particular health need.

This overview describes some of the relevant facts regarding Medicaid eligibility and summarizes Wyoming's current eligibility standards.

Wyoming Medicaid Eligibility Overview



Medicaid does not provide coverage for all individuals who are uninsured, even if a state uses all of the available Medicaid eligibility categories. This overview explains some of the challenges with covering certain groups under federal rules.

For example, federal rules do not provide options to cover childless adults under the age of 65, even if those individuals are at or below the poverty-level (unless the state obtains a Medicaid waiver). If states choose to cover these individuals, it must do so solely through state funds and without any federal funds.

There Are Some Optional Groups That Wyoming Does Not Cover

This overview presents options for using Medicaid eligibility categories for selected individuals who are not currently covered by the program.

For example, under federal rules, states have some flexibility to choose the income criteria for uninsured pregnant women (up to a limit). Wyoming currently covers only the mandatory eligibility income level for pregnant women.

By covering more pregnant women through Medicaid, the State would be able to collect federal monies to offset a portion of the coverage costs. Although uninsured women with higher incomes do not qualify for Medicaid, it is likely that Wyoming taxpayers are still paying for some, if not all, of the costs of care (through hospital uncompensated care costs that are passed on to other hospital patients, county funds, etc.). In this example, a coverage option like this could represent a net savings to Wyoming taxpayers.



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SECTION 2: UNDERSTANDING MEDICAID

Key Concepts

- Medicaid is a joint federal-state partnership program. Because the federal government pays a portion of Medicaid costs, they establish the rules for the mandatory groups that state Medicaid programs must cover, as well as guidelines for other, optional groups.
- States must follow the federal rules to receive the federal portion of costs (also called “match”). Many of these rules have changed over time.
- Both mandatory and optional groups are defined by five criteria: categorical, income, assets, citizenship/identity and residency. Individuals must meet the requirements for a specific population to be eligible for Medicaid.

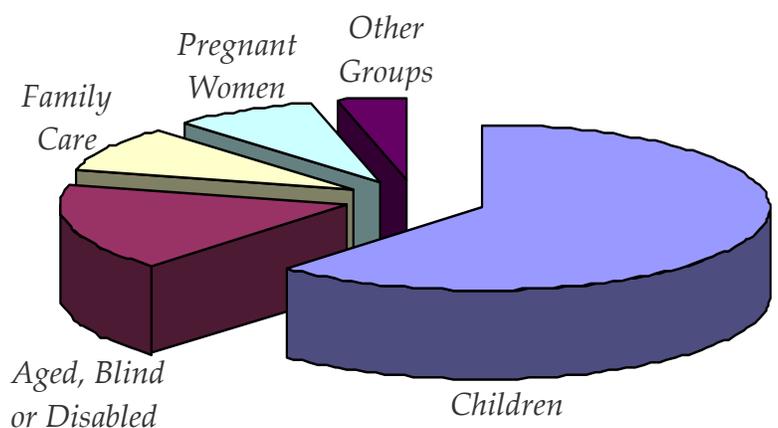
Since its inception, Medicaid has been an important means of providing healthcare for low-income individuals throughout the United States. This section provides an overview of the Medicaid program and the federal rules that define Medicaid eligibility. This section also explains how Medicaid works with other public healthcare programs.

Program Overview

In 2005, Medicaid provided healthcare coverage for almost 59 million people in the United States – nearly 20 percent of the total population. Nationally, almost half of these recipients were low-income children, with the other half split among low-income adults, individuals with disabilities and low-income elderly.^{1,2,3} In the time since these figures were reported in 2005, several states have considered or enacted healthcare coverage expansion initiatives.^{4,5}

Compared to the national trend, children enrolled in Wyoming Medicaid represent an even larger percentage of Wyoming’s program as shown below.

Figure 1: Wyoming Medicaid Enrollment (State Fiscal Year 2008)



Different Eligibility Groups Have Different Healthcare Needs

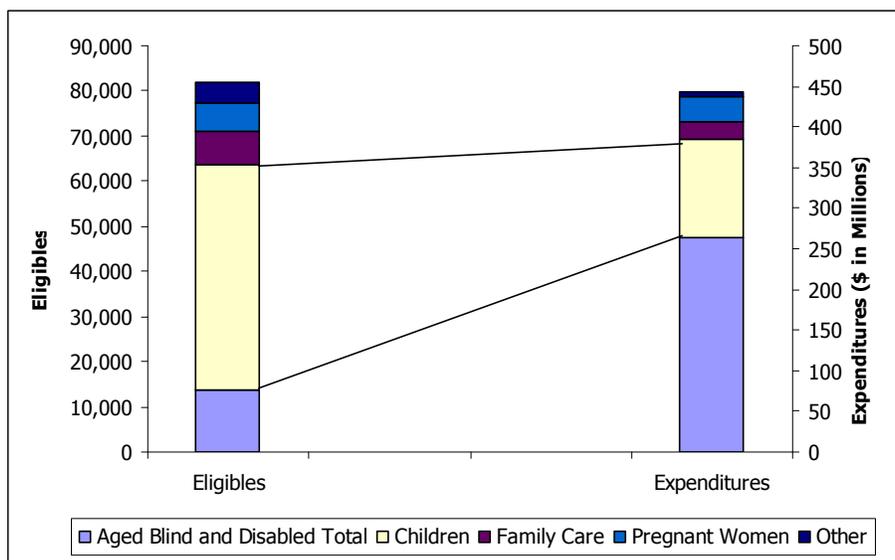
The types and amounts of services can vary by group. Eligible individuals who are aged, blind or disabled, for example, are more likely to use Medicaid for prolonged long-term institutional care or home and community-based services (HCBS), whereas eligible children are more likely to use Medicaid for well child visits and preventive care.



These broad generalizations provide some explanation for the cost differences between these two eligible groups – for example, children represented nearly two-thirds of Wyoming Medicaid enrollment in SFY 2008 but accounted for only about a quarter of Medicaid expenditures. In contrast, individuals who were aged, blind or disabled represented less than 20 percent of enrollment but almost two-thirds of Medicaid expenditures. Figure 2 compares the number of Wyoming Medicaid eligibles by group to the expenditures.

In Wyoming, children represented approximately two-thirds of Medicaid enrollment, but utilized only about a quarter of Medicaid expenditures.

Figure 2: Wyoming Medicaid Enrollment by Group (State Fiscal Year 2008)



Wyoming Medicaid Eligibility Overview

The Federal Government Pays For A Portion Of Medicaid Program Costs

This is called federal financial participation (FFP) and is sometimes referred to as “federal matching funds” or simply “match.” In exchange for this funding, states must comply with the broad federal standards for Medicaid service delivery, quality, and eligibility. States are ultimately responsible for administering the program, which includes:

- Establishing eligibility criteria that complies with federal rules (see the next section)
- Developing an administrative structure
- Determining the type, amount, duration and scope of covered services
- Setting provider payment rates

Medicaid Eligibility Rules Define Mandatory And Optional Groups For States To Cover

Mandatory Groups

As part of setting the minimum criteria for state Medicaid programs, the federal government mandates that states provide coverage to individuals who meet certain age, condition, income, and asset criteria. The federal government defines these mandatory groups in the Social Security Act.

Example mandatory group:

Pregnant women with incomes less than or equal to 133 percent of the FPL

Optional Groups

The federal government also specifies optional groups that states may extend coverage to and receive federal matching funds. Often, these optional groups are created by extending the income or asset limits of a mandatory group up to a pre-set maximum. States can set the income or asset limits at any point between the federally mandated level and the maximum level allowed for the optional groups. For example, a state might elect to cover a group that is more expansive than what is mandated by the federal government but is less than the maximum allowed for the optional group in question. Section 4 presents a complete list of the optional groups defined by the federal government.

Example optional group:

Pregnant women with incomes from 134 through 185 percent of the FPL

States Can Use Medicaid Waivers To Expand Coverage Beyond The Optional Medicaid Categories

States can expand coverage beyond the optional Medicaid categories through the use of Medicaid waivers. Medicaid waivers allow a state to “waive” one or more federal regulations to make changes to a Medicaid program. While there are several Medicaid waivers that states use to modify their Medicaid programs, two waiver types are most closely related to eligibility changes: Section 1915(c) waivers and Section 1115 waivers.

Medicaid waivers allow a state to “waive” one or more federal regulations to make changes to a Medicaid program.

- Section 1915(c) waivers allow states to expand coverage to individuals in home and community-based settings who would otherwise be institutionalized.⁶
- Section 1115 waivers provide states with options for larger scale health care expansions along with other health system changes (e.g., implementation of managed care, changes to recipient cost sharing), provided that states can prove budget neutrality.⁷

With new options introduced by the Deficit Reduction Act of 2005, states can also make selected program changes without the use of a Medicaid waiver, as described in Section 4.

States Can Cover Other Groups Outside Of Federal Definitions But Will Not Receive Federal Funding For This Coverage

Some states elect to cover additional groups that are not covered by the federal definitions for mandatory or optional groups or through a Medicaid waiver. For example, a state might provide coverage for poverty-level pregnant women whose incomes exceed 185 percent of the federal poverty level (FPL). The federal government will not provide matching funds to cover the costs of such groups. While a state might cover these individuals in Medicaid-like programs, the benefits and program rules are the same or similar. These individuals are not considered Medicaid recipients.

Definition of Medicaid Eligibility

The federal government defines five major eligibility pathways, as described in Table 1. Satisfying the condition for one pathway does not automatically qualify an individual for Medicaid eligibility. For example, an individual who satisfies categorical eligibility as a individual who is aged, blind or disabled must also meet the income, asset, residency, and citizenship/identity requirements.

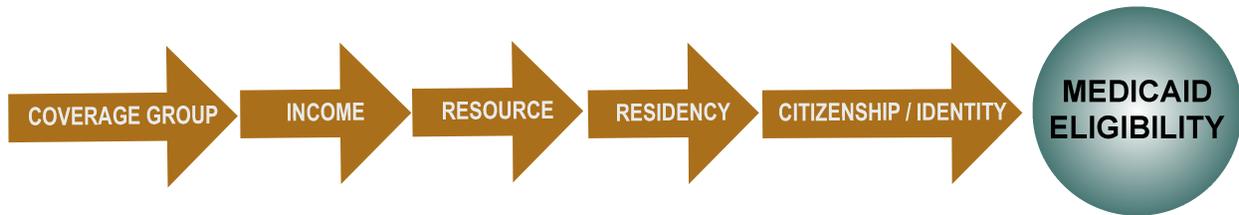


Table 1: Medicaid Eligibility Pathways

Eligibility Pathway	Description
Categorical	<p>Categorical eligibility describes the basic categories of individuals who are eligible for Medicaid: children, pregnant women, adults in families with dependent children, individuals with disabilities and elderly individuals. This eligibility pathway also includes some special health conditions (e.g., breast or cervical cancer).</p> <p>Example: Children</p>
Income	<p>The federal government intends for the Medicaid program to cover low-income individuals, therefore the requirements for income eligibility are often expressed in terms of income limits or maximums. Often, the federal government specifies the income requirement as a percentage of the FPL. However, depending on the group, the income eligibility requirement might be based on income from federal cash assistance programs (e.g., the Supplemental Security Income payment standard might be used for individuals living in nursing homes).</p> <p>Example: 133 percent of the FPL</p>
Resource	<p>Resource eligibility defines the amount of personal property and possessions (frequently called “assets”) that an individual may retain and still be eligible for Medicaid. Generally, the asset eligibility requirements can be expressed in a dollar amount for all applicable assets or as a methodology for testing specific assets (e.g., car) at different asset levels.</p> <p>Example: \$2,000 in assets are permitted for individuals who are aged, blind or disabled and living in an institution</p>

Table 1: Medicaid Eligibility Pathways, Continued

Eligibility Pathway	Description
Residency	<p>Federal law prohibits states from denying Medicaid coverage because an individual has not resided in a state for a specified minimum amount of time.</p> <p>Example: Eligible individuals must demonstrate intent to reside at the time of application and must reside in Wyoming within 45 days of the application</p>
Citizenship/Identity	<p>To be eligible for full Medicaid benefits, an individual must be a United States citizen, a United States “national” or a “qualified alien.” The Deficit Reduction Act of 2005 required that states strengthen the documentation requirements for proving citizenship status and mandated that states require all Medicaid applicants and current recipients to produce documents that prove both citizenship and identity.</p>

States Play An Important Role In Interpreting And Upholding Medicaid Eligibility Criteria

Based on federal rules and requirements, states are responsible for the following eligibility-related tasks to qualify for federal matching funds:

States are responsible for many eligibility-related tasks to qualify for federal matching funds.

- Assuring compliance with federal regulations
- Providing Medicaid coverage for mandatory groups
- Choosing optional Medicaid groups to cover
- Establishing procedures to identify and enroll eligible recipients in each group
- Documenting the rules and procedures for the above in the State Plan and reviewing the State Plan with the federal government
- Performing eligibility determinations based on the information documented in the State Plan and conducting periodic reviews of recipient eligibility

How Medicaid Works With CHIP

The Children’s Health Insurance Program, commonly called CHIP, is a related but different, public healthcare program.

CHIP Works Together With Medicaid To Further Cover Low-Income Children

CHIP provides healthcare coverage to uninsured children whose family incomes are too high to qualify for coverage under Medicaid but are still lower than a state-specified amount.

Like Medicaid, CHIP is also jointly administered by federal and state government; however, the federal government provides a slightly higher ratio of federal matching funds to states for CHIP. Generally, this means that it costs a state less to cover children through CHIP than through Medicaid because the federal government has historically paid a higher percentage of CHIP expenditures.

Children Who Exceed Medicaid Criteria May Still Be Eligible For Coverage Under CHIP

Figure 3 shows how Wyoming has organized the State’s Medicaid and CHIP eligibility categories to provide health insurance coverage for uninsured children less than or equal to 200 percent of the FPL, from birth through age 18.

Figure 3: Wyoming Medicaid and CHIP Income Level Requirements by Child Age

Federal Poverty Level (FPL)

<i>Age</i>	Less than or Equal to 100 percent	101 through 133 percent	134 through 200 percent
Birth through 5 years	<i>Medicaid</i>		<i>CHIP (WY Kid Care CHIP)</i>
6 through 18 years			

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CHIP Eligibility Criteria And Benefits Can Be Different Than Medicaid

Wyoming's CHIP program, Kid Care CHIP, is a public-private partnership program with different rules for eligibility and services than those of Medicaid. Because of the different age and income requirements for each program, it is possible for the same family to have children who are enrolled in each program. Consider the following example:

The Young family lives in Torrington, Wyoming. Brian works in construction and earns \$26,500 dollars a year. His wife, Deidre, was laid off from her job shortly before the birth of their second daughter over one year ago. Brian works for a small employer that does not provide health insurance. Brian and Deidre have reviewed options for purchasing private health insurance but have decided they cannot afford the monthly premiums. As a result neither Brian nor Deirdre have health insurance; however, the two girls are eligible for enrollment in Wyoming Medicaid and Kid Care CHIP.

The 14-month old, Julie, qualifies for Medicaid coverage based on the Young's family income (roughly 120 percent of the FPL in 2009) because it is less than the Medicaid income limit for children younger than age six (less than or equal to 133 percent of the FPL). However, for children six and older, the Medicaid income limit is lower (less than or equal to 100 percent of the FPL), so six-year old Hannah is not eligible. She is covered under Kid Care CHIP because the family income is still less than 200 percent of the FPL.

While both girls are enrolled in state healthcare programs, the covered benefits, healthcare provider networks and other program rules may vary by program.





SECTION 3: FEDERAL RULES AND LEGISLATION GOVERNING MEDICAID ELIGIBILITY

Key Concepts

- The federal government defines requirements for the Medicaid program in Title XIX of the Social Security Act and in selected sections of the Code of Federal Regulations.
- The federal government has made changes over time that affect Medicaid eligibility. Some of these changes allow states to cover more individuals, whereas other changes ultimately result in states covering fewer people.
- The federal government also specifies standards for measuring income and assets for federal assistance programs. Some measures are updated annually, while other measures reflect a point in time for other related programs.

In the more than 40 years since the inception of Medicaid, the federal government and states have continually shaped the program through various legislative and policy actions. This section briefly describes how Medicaid rules and regulations have changed over time to impact eligibility. This section also describes federal standards and benchmarks for measuring recipient income and assets.

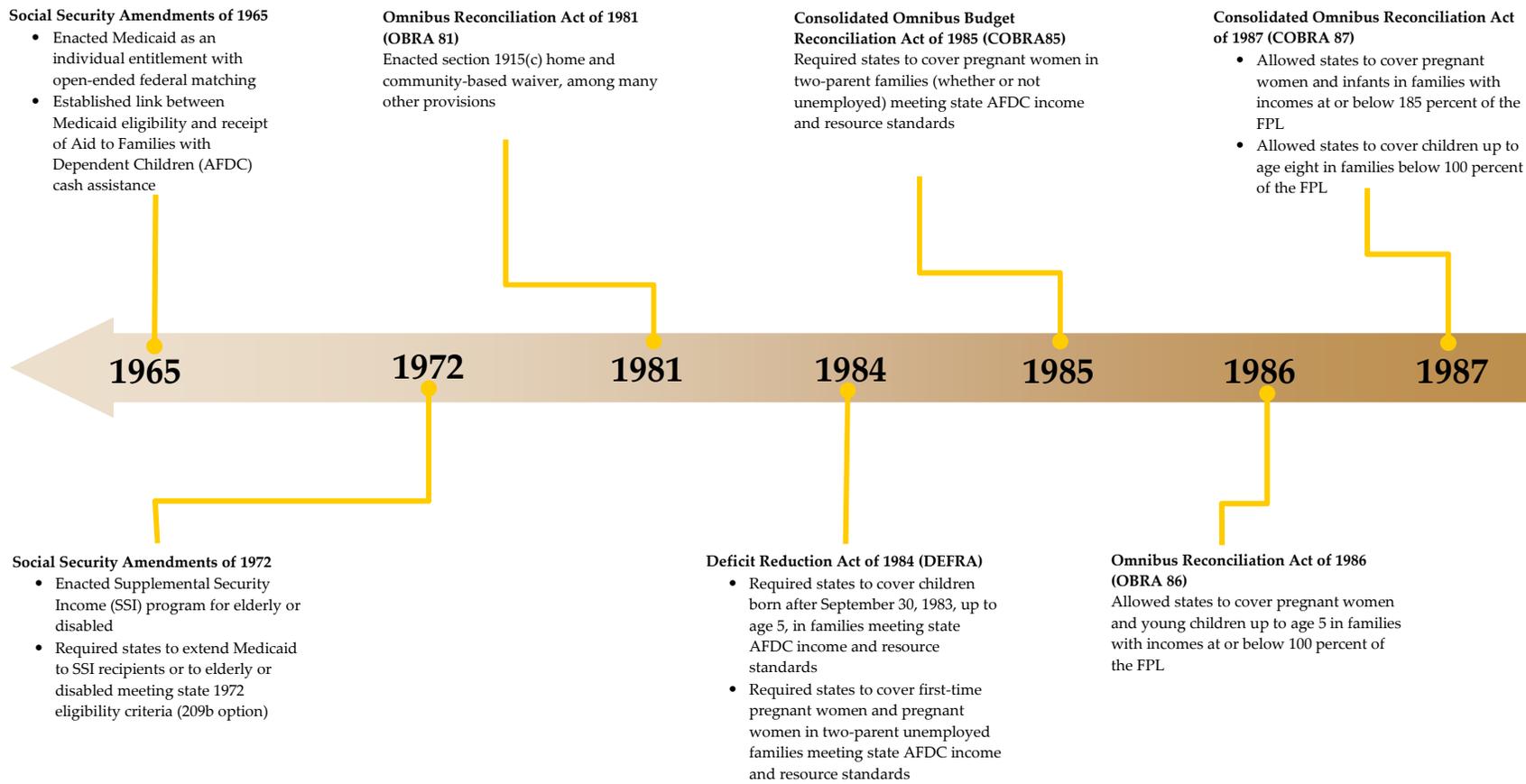
Medicaid Rules and Regulations

The federal government establishes rules and regulations for the Medicaid program through the following sources:

- *Social Security Act* – Codifies federal legislation related to Medicaid and defines mandatory groups and optional groups for Medicaid eligibility.⁸
- *Code of Federal Regulations* – Codifies general and permanent rules and regulations (sometimes called administrative law) published in the Federal Register by the executive departments and agencies of the federal government.⁹ As the federal government approves new legislation that indirectly or directly affects the Medicaid program, the Social Security Administration updates the relevant sections of the Social Security Act. Figure 4 outlines many of the key eligibility-related developments in the Medicaid program since its inception.

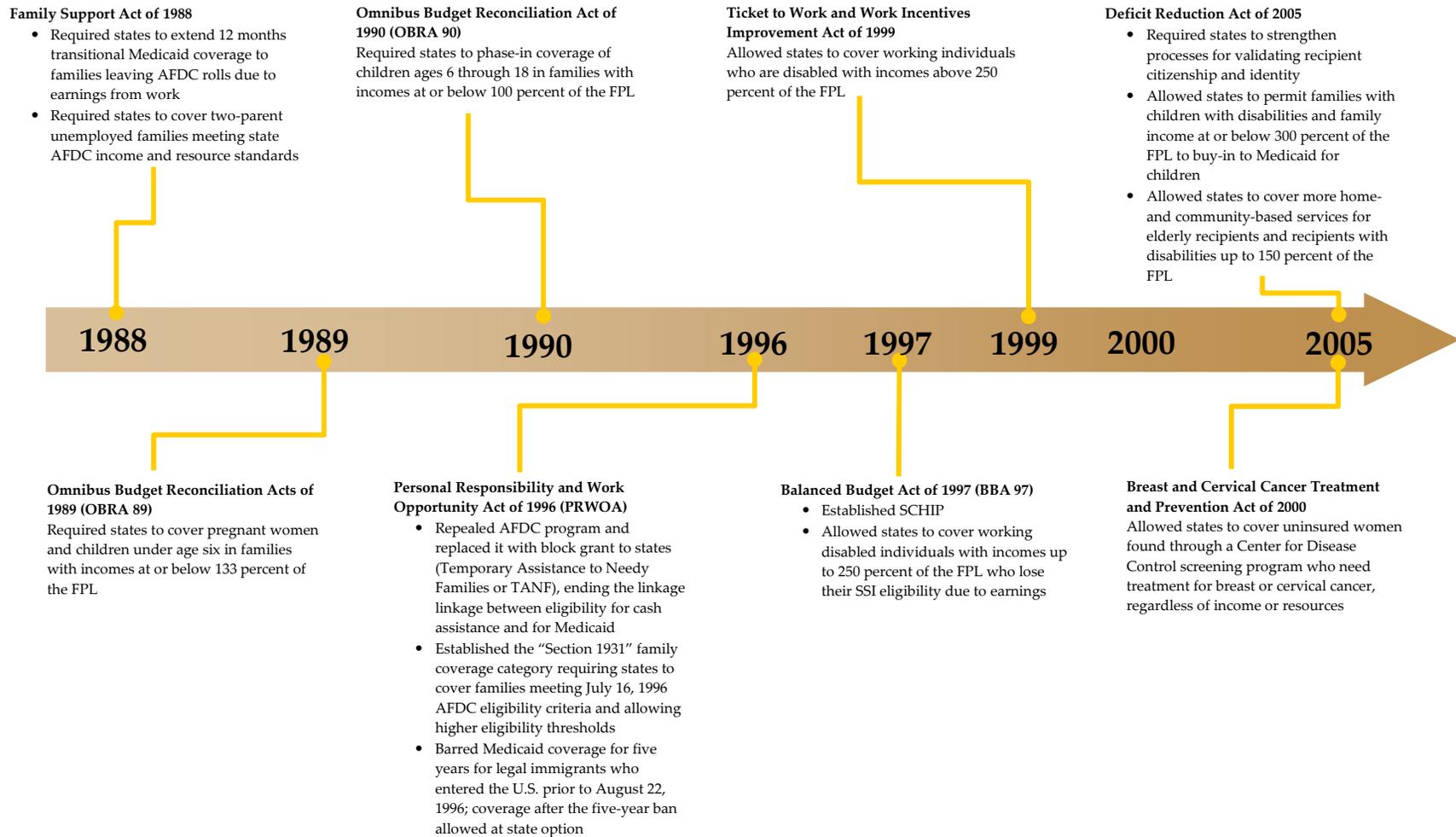
Wyoming Department of Health – Wyoming Medicaid Eligibility Overview

Figure 4: Timeline of Key Medicaid Developments



Wyoming Department of Health – Wyoming Medicaid Eligibility Overview

Figure 4: Timeline of Key Medicaid Developments (Continued)



Other Federal Standards Related to the Medicaid Program

As an assistance program, Medicaid relies on other federal standards and benchmarks for measuring key program eligibility factors, notably, recipient income and assets.

There Is More Than One Method For Measuring Income For Medicaid Eligibility

The federal government specifies the standard by which states must measure income for mandatory and optional Medicaid categories. Historically, the federal government has used three major standards for measuring income, as summarized in Table 2.

Table 2: Income Measurement Standards

Standard	Definition
Federal poverty level (FPL) index	A yearly income level that is updated and published annually by the Department of Health and Human Services Example: Pregnant women with income that is less than or equal to 133 percent of the FPL
Supplemental Security Income (SSI) payment standards	Amount of income granted to recipients who are aged, blind or disabled and who also have little or no countable income; standards are updated annually by the Social Security Administration Example: Qualified individuals with disabilities with incomes less than or equal to the SSI standard
Aid to Families with Dependent Children (AFDC) income guidelines	Used prior to 1996 and income guidelines have not been updated since that time; however, several Medicaid eligibility categories still rely on these guidelines Example: Children in foster care with incomes that are less than or equal to the state AFDC level in 1996

The sections below provide more information about each standard.



FPL is a common standard for federal assistance programs. Many of the federal Medicaid eligibility group definitions are based either on the FPL or a variable percentage of the FPL (that is, 200 percent of the FPL, 300 percent of the FPL, etc).

FPL is expressed as an annual or monthly income amount and this varies depending on the number of individuals in the family.



SSI payment standards are relevant for Medicaid recipients who receive this income from the Social Security Administration because they are aged, blind or disabled.

For some Medicaid eligibility categories, eligibility for SSI makes an individual automatically eligible for Medicaid. For other categories (namely, individuals residing in institutions), individuals must also meet medical necessity requirements for institutional care beyond basic SSI eligibility to receive Medicaid coverage.



AFDC income guidelines have a historical link to Medicaid eligibility categories that existed during the life of the AFDC program.

Prior to 1996, the AFDC program provided cash assistance – commonly known as “welfare” – to families with children. When this program existed, the federal government linked AFDC eligibility to Medicaid eligibility categories for several groups, so that any individuals who received AFDC cash assistance were also automatically eligible for Medicaid. The federal government permitted states to set their own AFDC eligibility rules based on 185 percent of a “need standard” for what a person must have to live in that state: food, shelter, clothing, household supplies, utilities, and personal care items.

The federal government repealed the AFDC program through the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 and replaced it with Temporary Aid for Needy Families (TANF). Unlike the AFDC program, TANF eligibility does not automatically qualify an individual for Medicaid coverage.

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Not All Income Standards Are Updated Annually

Even though the AFDC program was repealed in 1996, a number of Medicaid eligibility categories are still based on the AFDC income standards due to the historical link between AFDC and Medicaid. Some of these original groups are now covered by other, newer groups that use income tests based on a percentage of FPL, as shown below.

Original Group With Income Eligibility Based on AFDC			"New" Groups With Income Eligibility Based on FPL		
Group	Established	Income Requirement	Group	Established	Income Requirement
Children ages 0 through 18 years	1965 ¹⁰	State AFDC level in place in 1996	Children ages 0 to 1	1989 ¹¹	≤ 133 percent of the FPL
			Children ages 1 through 5 years	1989 ¹²	≤ 133 percent of the FPL
			Children ages 6 through 18 years	1990 ¹³	≤ 100 percent of the FPL

The example above shows that, for children ages 0 through 18, there are new eligibility groups that cover children based on varying percentages of the FPL, depending on age. However, not all of the original AFDC groups have been replaced by new groups. One notable example is the group covering low-income parents. For this group and others like it, the only pathway to Medicaid coverage is through the *original* Medicaid eligibility group that uses the AFDC income standard from 1996.

Unlike the FPL, states cannot annually adjust AFDC income standards for inflation.

Some Wyoming Medicaid Eligibility Groups Use Income Standards That Have Not Changed Since 1996

This means that Wyoming's Medicaid income criteria for low-income parents have not changed in the last 13 years. After accounting for inflation, eligible individuals have to become poorer each year to continue to meet the same AFDC-equivalent income levels that were in place in 1996.

Wyoming Medicaid Eligibility Overview

Table 3 provides an example for a family of four that compares the fixed AFDC income level to the annual federal poverty limit in 1996 (the year that AFDC was repealed) and today in 2009. In 1996, the AFDC monthly income standards were already well below the federal poverty limit (51 percent) and by 2009, the AFDC income standards are even lower. As stated on the previous page: eligible individuals have to become poorer each year to continue to meet the same AFDC-equivalent income levels.

Table 3: Change in FPL and AFDC-equivalent Payments over Time for a Family of Four

	<i>AFDC Monthly Income Standard in Wyoming</i>	<i>100 Percent of Federal Poverty Limit</i>	<i>AFDC as a Percent of FPL</i>
<i>1996</i>	\$659 per month	\$15,600 annual ¹⁴ \$1,300 per month	51 percent
<i>2009</i>	\$659 per month	\$22,050 annual; \$1,838 per month	36 percent

Regardless of the income standards used, states have flexibility in determining what is counted as income, as described in the next section.

Federal Rules For Counting Recipient Income

The federal government does give states some flexibility in counting recipients' incomes. As described in this section, some federal rules allow states to subtract ("disregard") certain types of recipient income or assets when performing Medicaid eligibility tests. Ultimately, this approach increases the amount of income or assets that a recipient can have and still be Medicaid eligible.

There Are Two Different Federal Standards For Income Disregards

The federal government defined the rules for income disregards in 1988 and 1996, as described in Table 4.

Table 4: Income Disregard Standards

Rule	Standard
Section 1902(R)(2)	<p>Created by the Medicare Catastrophic Coverage Act of 1988. States can use this Section to apply income disregard options to the following Medicaid eligibility groups:</p> <ul style="list-style-type: none"><li data-bbox="526 1037 1019 1073">• Low-income children (mandatory)<li data-bbox="526 1115 1133 1150">• Low-income pregnant women (mandatory)<li data-bbox="526 1192 1386 1228">• Individuals with disabilities living independently (mandatory)<li data-bbox="526 1270 1273 1306">• Elderly individuals living independently (mandatory)<li data-bbox="526 1348 1130 1383">• Any optional Medicaid eligibility group^{15,16}

Table 4: Income Disregard Standards, Continued

Rule	Standard
Section 1931	<p>Created by the Personal Responsibility and Work Opportunity Act of 1996 (PRWOA). Like Section 1902(r)(2), states can set income disregard options but they also can:</p> <ul style="list-style-type: none"> • Phase-in income disregard rules over time and gradually increase income and asset disregards to ensure that state expenditures do not exceed budget restrictions • Treat recipients and applicants differently, which allows a state to effectively cap enrollment, if needed • Implement limited copayments for services • Apply earned income disregards differently for Medicaid applicants and recipients. For example, states can set one disregard standard for current Medicaid recipients and then change the disregard standard for new Medicaid applicants if the state finds that it is having difficulty financing coverage for new applicants.¹⁷

The Guidance Regarding The Application And Limits Of Income Disregards Has Changed Over Time

CMS is advising states to keep income disregards at levels that are less than or equal to 200 percent of FPL for any eligibility

Although Section 1902(r)(2) of the Social Security Act has existed since 1988, guidance regarding the application and limits of income disregards has changed over time. In light of more recent, related guidance from the federal government regarding other CHIP and Medicaid program administration changes, Wyoming Medicaid consulted with the

Centers for Medicare and Medicaid Services (CMS) Region VIII office regarding the federal income disregards standards. Centers for Medicare and Medicaid Services representatives indicated that CMS is advising states to keep income disregards at levels that are less than or equal to 200 percent of FPL for any eligibility group.¹⁸

There Are Other Medicaid Program Options Related To Counting Income

In addition to the two options outlined previously, states may also disregard the income that certain individuals spend on medical care. Through the Medicaid Medically Needy program, states can extend Medicaid eligibility to individuals whose income is too high to qualify under the mandatory or optional categories that the state covers.

Under Medically Needy programs, eligible individuals “spend down” to pre-set Medicaid eligibility levels. Individuals meet the spend down by incurring excessive medical expenses that count against their incomes and reduce it to a state-set level that qualifies for Medicaid coverage called the medically needy income limit. In many cases, after deducting expenses to meet the medically needy income limit, individuals effectively have incomes that are far lower than those established for the standard Medicaid eligibility levels. In 2003, 35 states administered Medicaid Medically Needy programs.¹⁹



SECTION 4: WYOMING MEDICAID PROGRAM ELIGIBILITY INVENTORY

Key Concepts

- The Wyoming State Plan, statutes and administrative rules provide more information about Wyoming Medicaid administrative processes, eligibility determinations and recipient enrollment.
- Wyoming recognizes four major categories of Medicaid eligibility and several other groups.
- There are no Medicaid eligibility categories for childless adults who do not otherwise fit into the above categories, regardless of income or assets.
- Some states provide Medicaid coverage to individuals at higher income levels than those recognized in Wyoming.

Because states have flexibility to define Medicaid program eligibility and administration features, they are responsible for memorializing this information in state policies and regulations. This section describes the location of Wyoming Medicaid rules and regulations governing eligibility and presents a summary of the Medicaid eligibility categories that the State currently covers. It also provides a short comparison to Medicaid eligibility levels in other states.

Wyoming Medicaid

In Wyoming, Medicaid rules and regulations are found in:

- Wyoming State Plan – A comprehensive document regarding the administration and scope of a state’s Medicaid program that serves as a contract between the State and the federal government. The State Plan contains all of the information necessary for the federal government to review and approve the program for federal financial participation (FFP), such as covered groups and services and program administration including claims processing and financial reporting.
- Wyoming Statutes – Detail the legislative obligation for Wyoming to provide Medicaid to eligible state residents.

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Wyoming Department of Health

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- Wyoming Administrative Rules – Provide additional detail and guidance regarding the State’s Medicaid program.

There Are Four Major Categories Of Medicaid Eligibility In Wyoming

There are four primary categories of Medicaid eligibility in Wyoming: Children, Pregnant Women, Family Care adults and Individuals Who Are Aged, Blind or Disabled (ABD). In addition to these four major categories, Wyoming extends Medicaid eligibility to “other groups” for individuals in the Medicare Savings Program, individuals with breast or cervical cancer, individuals with tuberculosis, employed individuals with disabilities and non-citizens with medical emergencies. Childless adults who do not fit into one of these eligibility categories are not covered, regardless of income or assets.

Figure 5 summarizes the major Medicaid eligibility categories in Wyoming and the number of unduplicated “eligibles,” that is, individuals who were enrolled in EqualityCare and eligible to use Medicaid services at some time during the State Fiscal Year 2008 (from July 1, 2007 to June 30, 2008). Note that the number of eligibles is larger than the number of individuals who actually received services.²⁰

Figure 5: Number of Medicaid Eligible Individuals in 2008 by Major Eligibility Group



Wyoming Medicaid Eligibility Overview

Exhibit 1 summarizes more information about the groups included in each of these categories, including:

- Benefit levels
- Eligibility requirements
- Income limits and relevant values for 2009
- Countable family income
- Asset limits and relevant values for 2009

Wyoming Department of Health – Wyoming Medicaid Eligibility Overview

Exhibit 1: Summary of Wyoming Medicaid Eligibility Groups

Major Category	Eligibility Group	Benefits	Eligibility Requirement	Whose Income Counts	Income Level and Values for 2009 ¹	Asset Limit for 2009	
Children	Newborn	Full EqualityCare coverage	Newborns up to age one with EqualityCare eligible mothers	N/A; eligibility determined by mother's EqualityCare eligibility			
	Child Zero Through Age Five		Under age six	Countable Family Income	Less than or equal to 133 percent of FPL 1 – \$1,200 2 – \$1,615 3 – \$2,029 4 – \$2,444	No asset limits	
	Child Age Six Through Age 18		Under age 19		Less than or equal to 100 percent of FPL 1 – \$903 2 – \$1,214 3 – \$1,526 4 – \$1,838		
	Children in Foster Care		Up to age 19; in DFS custody	Requirements vary by the type of foster care coverage or subsidized adoption			
	Aging-out Foster Care Program		Up to age 21				
	Subsidized Adoption		<ul style="list-style-type: none"> • Under age 18 • Under age 21 if child over 18 has special needs 				
Pregnant Women	Pregnant Women	Full EqualityCare coverage	Pregnant	Countable Family Income	Less than or equal to 133 percent of FPL 1 – \$1,200 2 – \$1,615 3 – \$2,029 4 – \$2,444		No asset limits
	Presumptive Eligibility for Pregnant Women	Outpatient services, for a limited time					

¹ Values listed by family size, for up to a family of four.

Wyoming Department of Health – Wyoming Medicaid Eligibility Overview

Exhibit 1: Summary of Wyoming Medicaid Eligibility Groups, Continued

Major Category	Eligibility Group	Benefits	Eligibility Requirement	Whose Income Counts	Income Level and Values for 2009	Asset Limit for 2009
Family Care	Family Care	Full EqualityCare coverage	Adult must have an eligible child, under age 19, living in the household	Countable Family Income	Less than or equal to the Family Care Income Standard 1 – \$362 2 – \$512 3 – \$590 4 – \$659	No asset limits
	Family Care Four and 12 Month (Extended Medical)		Adult must have an eligible child, under age 19, living in the household Family unit must have received Family Care benefits for at least three of the previous six months		Exceeds the Family Care Income Standard due to increased income due to increased employment, increased salary, parent returning to work or child support.	
Aged, Blind or Disabled	Individuals Who Are Aged, Blind or Disabled and in Institutions	Full EqualityCare coverage	<ul style="list-style-type: none"> • Meets one or more requirements: <ul style="list-style-type: none"> ➤ Age 65 or older ➤ Blind by SSA standards ➤ Individual with disability by SSA standards • In institutional setting (i.e., nursing home, IMD, hospice care, inpatient hospital or ICF-MR) 	Countable Personal Income	Less than or equal to 300 percent of the SSI payment standard for a single individual. Monthly SSI Payment Standard: \$674 x 3 = \$2,022	SSI Asset Limits: <ul style="list-style-type: none"> • Individual - \$2,000 • Couple: when both are Medicaid recipients (initial certification only) - \$2,000 Individually OR \$3,000 Couple (whichever is most beneficial) • Community Spouse - \$109,560
	Categories With Eligibility Determined by Social Security Administration (SSA)		N/A; eligibility determined by eligibility for SSI	Countable Personal Income and Spousal Income	Eligibility determined by SSA; automatically eligible for EqualityCare Monthly SSI Payment Standard: <ul style="list-style-type: none"> • Single – \$674 • Couple – \$1,011 	

Wyoming Department of Health – Wyoming Medicaid Eligibility Overview

Exhibit 1: Summary of Wyoming Medicaid Eligibility Groups, Continued

Major Category	Eligibility Group	Benefits	Eligibility Requirement	Whose Income Counts	Income Level and Values for 2009	Asset Limit for 2009
Aged, Blind or Disabled <i>(Continued)</i>	SSI Related Categories with Eligibility Determined by DFS	Full EqualityCare coverage	<ul style="list-style-type: none"> Must have lost SSI due to an increase in or receipt of Social Security Benefits Must disregard increase or SSA Benefit amount 	Countable Personal Income	Countable income less than or equal to the Monthly SSI Payment Standard: <ul style="list-style-type: none"> Single – \$674 Couple – \$1,011 	SSI Asset Limits: <ul style="list-style-type: none"> Individual - \$2,000 Couple - \$3,000
Other Groups: Medicare Savings Program	Qualified Medicare Beneficiary	<ul style="list-style-type: none"> EqualityCare pays Medicare Part A and B premiums The federal government assists with Medicare Part D premium payments 	Must be entitled to Part A and Part B of Medicare insurance	Countable Personal Income and Spousal Income	Less than or equal to 100 percent of FPL: 1 – \$903 2 – \$1,214	Twice the SSI Asset Limits: <ul style="list-style-type: none"> Individual - \$4,000 Couple - \$6,000
	Specified Low-Income Medicare Beneficiary	EqualityCare will pay Medicare Part B premium	Must be entitled to Part A and Part B of Medicare insurance		Less than or equal to 135 percent of FPL: 1 – \$1,218 2 – \$1,639	
Other Groups: Specialty	Breast and Cervical Cancer Treatment Program	Full EqualityCare coverage	<ul style="list-style-type: none"> Between age 18 and 65 (if 65 or older must not be Medicare Part B eligible) Meet the Preventative Health and Safety Division criteria No insurance coverage paying for cancer screening or treatment (including EqualityCare and Medicare Part B) 	Countable Personal Income	Less than or equal to 250 percent FPL: 1 – \$2,256 2 – \$3,035	No asset limits
Other Groups: Specialty <i>(Continued)</i>	Wyoming Tuberculosis Program	<ul style="list-style-type: none"> Benefits limited to outpatient services 	Provide verification of Tuberculosis	Countable Personal Income	Based on twice SSI Payment Standard. Monthly SSI Payment Standard: <ul style="list-style-type: none"> Single – \$1,433 Couple – \$2,107 	SSI Asset Limits: <ul style="list-style-type: none"> Individual - \$2,000

Wyoming Department of Health – Wyoming Medicaid Eligibility Overview

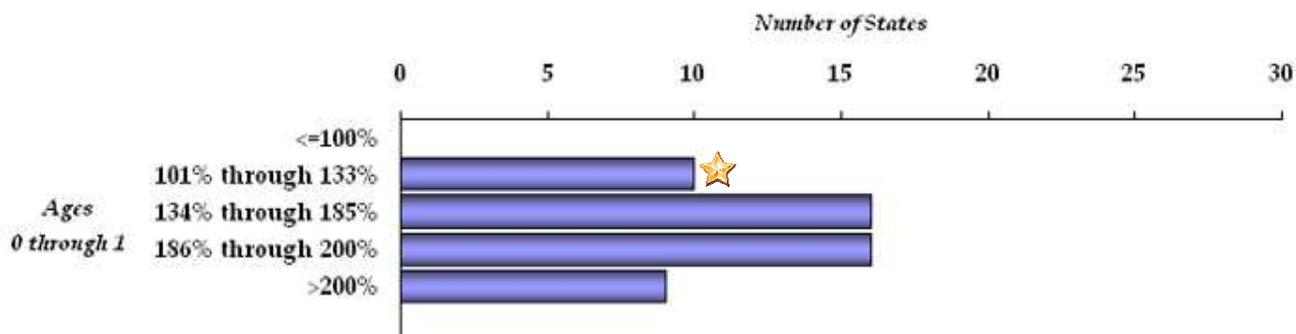
Exhibit 1: Summary of Wyoming Medicaid Eligibility Groups, Continued

Major Category	Eligibility Group	Benefits	Eligibility Requirement	Whose Income Counts	Income Level and Values for 2009	Asset Limit for 2009
Other Groups: Medicaid Buy-in	Employed Individuals with Disabilities	Full EqualityCare benefits after payment of premium (7.5 percent of gross monthly income)	<ul style="list-style-type: none"> Age 16 through 64 Individual with disability and employed 	Countable Personal Income	Unearned Income less than or equal to 300 percent of the SSI payment standard for a single individual. Monthly SSI Payment Standard: \$2,022	No asset limits
Other Groups: Non-citizens	Non-Citizens with Medical Emergencies	Benefits limited to services provided from the time treatment is given for a condition until that same condition is no longer considered an emergency	Illegal immigrants or qualified immigrants who do not meet citizenship criteria	Meets applicable eligibility requirements under an existing eligibility group		

Other State Eligibility Levels

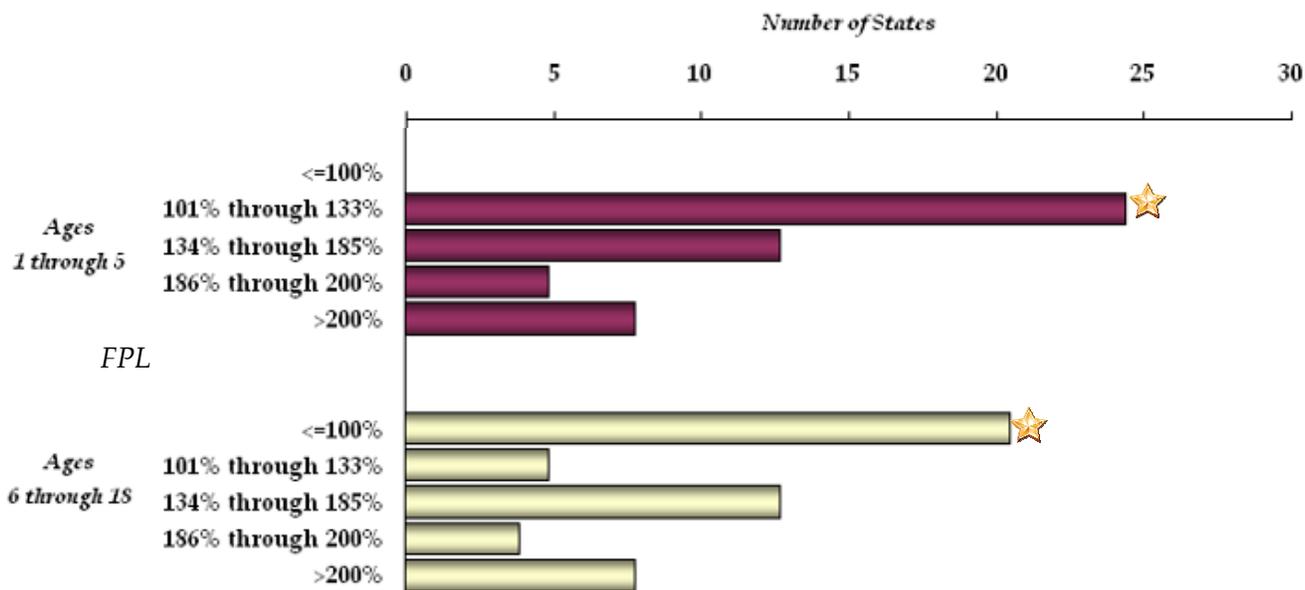
Since the federal government allows states flexibility when designing their Medicaid programs, Medicaid income eligibility levels vary from state to state. The following figures summarize state Medicaid coverage by income eligibility limits for selected groups in 2009.²¹

Figure 6: State Medicaid Coverage for Children under One Year Old ★ = Wyoming



Infants in Wyoming age 0 to 1 are eligible for Medicaid with incomes less than or equal to 133 percent of the FPL. In 40 other states, infants are eligible at higher percentages of the FPL.

Figure 7: State Medicaid Coverage for Children From One Through 19 Years Old

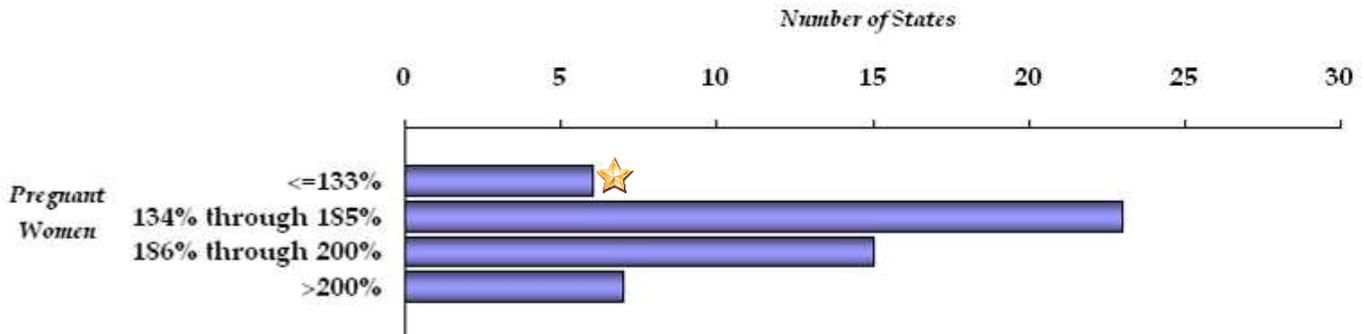


Children ages 1 to 18 in Wyoming are eligible for Medicaid at less than or equal to 133 percent of the FPL (that is, the federal minimum); in 25 other states, children are eligible at higher percentages of the FPL.

Wyoming Medicaid Eligibility Overview

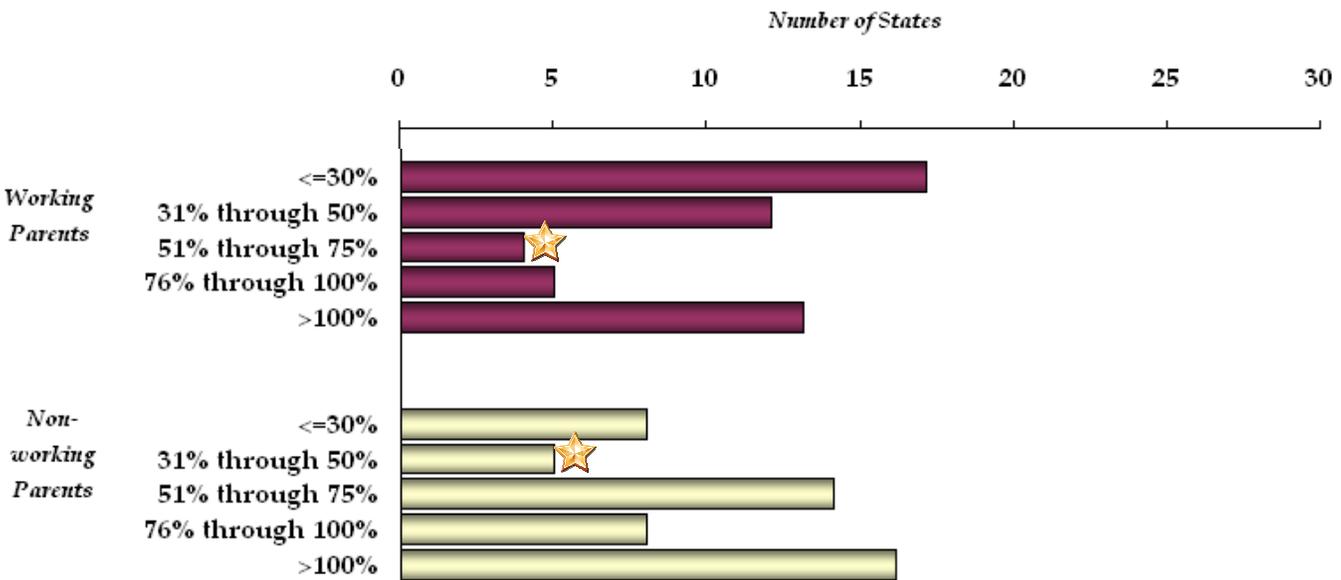
Figure 8: State Medicaid Coverage for Pregnant Women

★ = Wyoming



Pregnant women in Wyoming are eligible for Medicaid at incomes that are less than or equal to 133 percent of the FPL (that is, the federal minimum). In more than 40 other states, pregnant women are eligible at higher percentages of the FPL.

Figure 9: State Medicaid Coverage for Low-income and Working Parents



Low-income and working parents are eligible for Medicaid up to slightly more generous income levels than the federal minimum; however, in more than 25 states, parents were eligible at even higher percentages of the FPL than in Wyoming.

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SECTION 5: RECOMMENDATIONS

Key Concepts

This section describes selected optional Medicaid groups that Wyoming could choose to cover.

- Pregnant women with income between 133 and 185 percent of the FPL
- Families with children with disabilities and family income less than or equal to 300 percent of the FPL
- Adult caretakers with family income less than or equal to 100 percent of the FPL

As described in this overview, the federal government has developed a variety of coverage options over the last 40 years – some states have maintained coverage levels close to the federally mandated levels, while others have expanded coverage further to optional groups. As states make decisions around which groups to cover, they must consider the budgetary and administrative impacts and how well a particular coverage strategy achieves their policy objectives.

Some groups cost more to cover than others, as shown earlier in this overview. In Wyoming, the Medicaid expenditures for individuals who are aged, blind or disabled far exceed those for children. Thus, an expansion related to these individuals (for example, the optional Medicaid Medically Needy program), might cost more per individual than an expansion related to children or families. States must consider the long-term budget impact of expanding coverage to a particular group to make sure that the state will be able to adequately fund its Medicaid program over time.

Table 5 provides an overview of these selected optional Medicaid groups not covered by Wyoming Medicaid while Table 6 presents some basic enrollment and cost estimates for expanding coverage to some of those optional groups. Should the State choose to pursue any of these options, it is recommended that actuarial estimate be developed to more precisely define anticipated enrollment and cost for budgeting and implementation purposes. The estimates presented here are for illustration purposes only.

Table 5: Selected Optional Medicaid Groups Not Covered by the State of Wyoming[†]

Optional Group	More Description and Notes
Pregnant women with incomes from 133 through 185 percent of the FPL	As of January 2008, 40 states covered pregnant women with incomes of less than or equal to 185 percent of the FPL. ²² As mentioned in the introduction to this overview, the State of Wyoming is likely funding a portion of these births through other State or county reimbursements.
Families with children with disabilities and family incomes less than or equal to 300 percent of the FPL	This is an option created by the Family Opportunity Act provisions in the Deficit Reduction Act of 2005 to allow families with children with disabilities and family incomes less than or equal to 300 percent of the FPL to “buy” into Medicaid.
Income disregards for adult caretakers who are not eligible for Medicaid [‡] but have incomes less than or equal to 100 percent of the FPL	This option would increase the income disregards for the mandatory adults with children group to effectively increase the income level (as explained in the Federal Rules for Counting Recipient Income section in Section 3).

Table 5 presents selected options that the State could consider for Medicaid coverage. Table 5 does not present a comprehensive inventory of all of the optional groups that Wyoming does not currently cover. Depending on federal or State policy changes, Wyoming might choose to pursue other optional coverage groups not presented in this section.



[†] This list of optional Medicaid populations does not include eligibility groups created under 209(b) or the medically needy program.

[‡] Adult caretakers who are not eligible for Medicaid because their family income exceeds the State AFDC level. This circumstance is reflected here and in subsequent pages as “not eligible for Medicaid” for the purposes of presentation.

Table 6-A: Estimates for Selected Medicaid Coverage Options Prepared by Catalyst Center[§]

Option	Estimated Number of Individuals	Estimated Total Costs to Cover All Individuals Based on Historical Expenditures	State-only Costs to Cover All Individuals After Federal Financial Participation (.50)
Optional Group: Children with disabilities with family incomes less than or equal to 300 percent of the FPL	336	\$ 3,174,040	\$ 1,587,020

Table 6-B: Estimates for Selected Medicaid Coverage Options Prepared by Navigant Consulting^{}**

Option	Estimated Range of Enrolled Individuals	Estimated Range of Annual Total Costs to Cover Enrolled Individuals Based on Historical Expenditures	Estimated Range of Annual State-only Costs to Cover Enrolled Individuals After Federal Financial Participation (.50)
Optional Group: Pregnant women with incomes from 134 through 185 percent of the FPL	500 to 550	\$ 2.3 to 2.6 million	\$ 1.15 to 1.3 million
Income Disregards: Adult caretakers who are not eligible for Medicaid but have family incomes less than or equal to 100 percent of the FPL	1,000 to 1,400	\$ 3.0 to 4.2 million	\$ 1.5 to 2.1 million

Table 6-A and 6-B show the estimated number of individuals that could be covered under each optional Medicaid coverage group. Research suggests that only a portion of eligible individuals will enroll in a new Medicaid coverage group at implementation and that the percentage of eligible individuals increases gradually over time. As described in Appendix A, these estimates include some very basic assumptions about the number of eligible individuals who will choose to participate in Wyoming Medicaid (sometimes called insurance “take-up”) and receive services, based on previous analyses. Should Wyoming choose to adopt one or all of the coverage groups, the State should consider performing a more targeted analysis to estimate program costs by year assuming a gradual phase-in period based on Medicaid participation rates.

[§] Estimate developed by the Catalyst Center based on national and state data and historical Wyoming Medicaid and SCHIP expenditures per child recipient in SFY 2006.

^{**} Estimate developed by Navigant Consulting; see Appendix A for more information regarding methodology and data used to prepare estimate.

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Wyoming may implement any of the above options through a State Plan Amendment. Generally, this process is straightforward and requires less administrative work than a program change planned through a Medicaid waiver; however, states sometimes specifically choose waivers because they can limit expansions and therefore make costs more predictable. While these State Plan Amendment options might be less extensive than some of the large Medicaid reform packages that have been proposed recently by other states, these options extend services to individuals who are otherwise not eligible for coverage.

APPENDIX A: METHODOLOGY FOR ESTIMATING SELECTED MEDICAID COVERAGE OPTIONS

Navigant Consulting developed cost and coverage estimates for expanding the Medicaid program to the following two populations:

- Pregnant women with incomes from 134 through 185 percent of the FPL
- Adult caretakers who are not eligible for Medicaid but have incomes that are less than or equal to 100 percent of the FPL

Note: As explained in Section 5, this includes adult caretakers who are not eligible for Medicaid because their family income exceeds the State AFDC level. This circumstance is reflected here and in subsequent pages as “not eligible for Medicaid” for the purposes of presentation.

We relied on national and Wyoming-specific data to estimate the increase in the number of individuals enrolled in Medicaid and the expenditures (total and State portion). These estimates are intended to give readers a basic understanding of the potential scope of the coverage options. We used the most current data available for publicly available sources.

Should Wyoming choose to expand coverage to one or both of the coverage groups, the State should consider performing more detailed analyses that takes into account variances in the percentage of newly eligible individuals enrolling in Medicaid during the initial implementation period as compared to subsequent years. As the number of newly eligible individuals who will enroll in the program can be difficult to predict, it may be helpful to conduct sensitivity analyses to provide cost and coverage estimates using a range of participation rates.

The following narrative provides an overview of the approach we used to develop the cost and enrollment estimates for each group.

Pregnant Women with Incomes from 134 through 185 Percent of the FPL

To estimate pregnant women with incomes from 134 through 185 percent of the FPL, we:

1. Estimated the total number of Wyoming residents using Wyoming state population for calendar year 2006.
Source: U.S. Census data for calendar year 2006, available online at <http://quickfacts.census.gov/qfd/states/5600o.html>.
2. Estimated the number of women in Wyoming:

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- a. Applied the percentage of female individuals in Wyoming for calendar year 2006 to the number of individuals from Step #1.
Source: U.S. Census data for calendar year 2006, available online at <http://quickfacts.census.gov/qfd/states/5600o.html>
 - b. Adjusted the estimate in 2-a to exclude females under age 15 and over age 64.
3. Estimated the number of women in Wyoming with incomes at or below the federal poverty level by multiplying the following:
 - a. National percentage of women in poverty (age 18 and older) for calendar year 2005
Source: Women's Health USA 2007, U.S. Population; available online at http://mchb.hrsa.gov/whusa_07/popchar/0201usp.htm
 - b. Number of women in Wyoming (Step #2).
4. Estimated the percent of women nationally with incomes from 134 through 185 percent of the FPL by extrapolating the number of women in poverty between 100 percent and 200 percent of the FPL using straight-line interpolation.
Sources: Women's Health USA 2007, Women and Poverty; available online at http://mchb.hrsa.gov/whusa_07/popchar/0204wp.htm and Women's Health USA 2007, Rural and Urban Women; available online at http://mchb.hrsa.gov/whusa_07/popchar/0338ruw.htm
5. Calculated the number of live births for the women calculated in Step #4 with live births using a fertility percentage of 18.4. This was calculated as the average number of Medicaid-funded deliveries among total Medicaid recipient women aged 19-44 from SFY 2003 through SFY 2005.
Source: State of Wyoming Family Planning Waiver, Attachment A, draft 5/29/2007
6. Estimated the number of eligible pregnant women per year based on the number of live births calculated in Step #5 by:
 - a. Finding the ratio of the average number of Medicaid-funded deliveries from SFY 2003 through SFY 2005 to the average number of pregnant women eligibles from SFY 2003 through SFY 2005.
 - b. Applying ratio from 6-a to the number of live births calculated in Step #5.
7. Identified the number of pregnant women in Wyoming with incomes from 134 through 185 percent of the FPL that would actually enroll in the Medicaid expansion by applying a 19 percent participation rate to the number of women calculated in Step #6. We have used 19 percent to be consistent with the participation rate assumption use by the Catalyst Center to estimate the impact of expanding Medicaid to children with disabilities with family incomes less than or equal to 300 percent of the FPL through the Family Opportunity Act. It is possible that the actual participation rate would be higher and we recommend that the State conduct sensitivity analyses based on a range of participation rates.

Source: *Methodology for Estimating the Impact of State Implementation of the Family Opportunity Act*, Catalyst Center, November 2006; available online at <http://www.hdwg.org/resources/report/methodology-estimating-impact-state-implementation-family-opportunity-act>

8. Estimated the costs to cover the Medicaid enrollees estimated in Step #7 based on the cost per Medicaid-eligible pregnant woman in State Fiscal Year (SFY) 2008 and an estimated Federal Matching Assistance Percentage (FMAP) rate of .50.

Source: *EqualityCare SFY2008 Wyoming Medicaid Annual Report*, Wyoming Department of Health

Adult Caretakers Not Eligible for Medicaid But With Family Income Less Than Or Equal To 100 Percent Of The FPL

To estimate the adult caretakers who are not eligible for Medicaid but have family incomes less than or equal to 100 percent of the FPL, we:

1. Identified the national number of number of households in 2007 with incomes below 100 percent of the FPL and divided into the following categories (state-specific data were not available):
 - a. Married couple families with kids
 - b. Male-householder families with kids
 - c. Female-householder families with kids

Source: Current Population Survey (a joint publication of the Bureau of Labor Statistics and the Census Bureau), *POV01: Age and Sex of All People, Family Members and Unrelated Individuals Iterated by Income-to-Poverty Ratio and Race: 2007*; available online at <http://pubdb3.census.gov/macro/032008/pov/new01100002.htm> and *POV04: Families by Age of Householder, Number of Children and Family Structure: 2007*; available online at <http://pubdb3.census.gov/macro/032008/pov/new01100002.htm>

2. Identified the proportion of the categories (identified above in Step #1) among all national households.
3. Applied these proportions found in Step #2 to the total number of Wyoming households to estimate number of households by category.

Source: U.S. Census Bureau, *Wyoming People QuickFacts*; available online at <http://quickfacts.census.gov/qfd/states/56000.html>
4. Calculated the number of adults related to each family status category, based on category definitions (that is, two adults in a married couples household and one adult in each of the male- and female-led households). We estimated this to be the number of adults in

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Wyoming in households that include children and have an income of less than 100 percent of the FPL.

5. Estimated the number of adults in Wyoming in households that include children with incomes higher than the current AFDC level but less than 100 percent of the FPL by reducing the total number of adults in Step #4 by the number of adults with children already enrolled in Wyoming Medicaid in SFY 2008. We recognize that this may overestimate the target population as there may be adults with children who are eligible for Medicaid but not enrolled.

Source: *EqualityCare SFY2008 Wyoming Medicaid Annual Report*, Wyoming Department of Health

6. Identified the number of adults with children under 100 percent of the FPL that would actually enroll in the Medicaid expansion by applying a 19 percent take-up rate to the number of individuals calculated in Step #4. We have used 19 percent to be consistent with the participation rate assumption use by the Catalyst Center to estimate the impact of expanding Medicaid to children with disabilities with family incomes less than or equal to 300 percent of the FPL through the Family Opportunity Act. It is possible that the actual participation rate would be higher and we recommend that the State conduct sensitivity analyses based on a range of participation rates.

Source: *Methodology for Estimating the Impact of State Implementation of the Family Opportunity Act*, Catalyst Center, November 2006; available online at

<http://www.hdwg.org/resources/report/methodology-estimating-impact-state-implementation-family-opportunity-act>

7. Estimated the costs to cover the number of enrollees in the expansion (Step #5) based on the cost per enrolled Family Care individual in State Fiscal Year (SFY) 2008 and an estimated FMAP rate of .50.

Source: *EqualityCare SFY2008 Wyoming Medicaid Annual Report*, Wyoming Department of Health

APPENDIX B: ACRONYM LIST

ABD	Individuals Who Are Aged, Blind or Disabled
AFDC	Aid to Families with Dependent Children
CMS	Centers for Medicare and Medicaid Services
DFS	Department of Family Services
FFP	Federal Financial Participation
FPL	Federal Poverty Level
HCBS	Home and Community-based Services
PRWOA	Personal Responsibility and Work Opportunity Act of 1996
CHIP	Children’s Health Insurance Program
SSDI	Social Security Disability Insurance
SSI	Supplemental Security Income
TANF	Temporary Aid for Needy Families

ENDNOTES

- ¹ Estimate regarding Medicaid recipients include individuals who are eligible for both Medicaid and Medicare (“dual eligibles”).
- ² Kaiser Family Foundation. “Total Medicaid Enrollment, FY2005.” Available online: <http://www.statehealthfacts.org/comparemaptable.jsp?ind=198&cat=4>.
- ³ Kaiser Family Foundation. “Medicaid Enrollment as a Percent of Total Population, FY2005.” Available online: <http://www.statehealthfacts.org/comparemaptable.jsp?ind=199&cat=4>.
- ⁴ Kaiser Family Foundation. “Distribution of Medicaid Enrollees by Enrollment Group, FY2005.” Available online: <http://www.statehealthfacts.org/comparebar.jsp?ind=200&cat=4>.
- ⁵ For example, see State of the States, 2009. Published by the Robert Wood Johnson Foundation and Academy Health. Available online at <http://www.statecoverage.org/files/State20of20the20States-2009.pdf>
- ⁶ Wyoming currently uses six HCBS waivers: Children’s Mental Health Waiver for Children with Severe Emotional Disturbance, HCBS Waiver Program for Children with Developmental Disabilities, HCBS Waiver Program for Adults with Developmental Disabilities, Acquired Brain Injury HCBS Waiver Program, Long-Term Care (LTC/HCBS) Waiver for aged and physically disabled individuals and Assisted Living Facility (ALF) Waiver for aged and physically disabled individuals.
- ⁷ Wyoming has not used an 1115 waiver to date to expand coverage.
- ⁸ Medicaid legislation is codified under Title XIX; SCHIP eligibility is codified under Title XXI.
- ⁹ Medicaid eligibility is codified in 42 CFR § 435, Eligibility in the States, District of Columbia, the Northern Mariana Islands and American Samoa. SCHIP eligibility is codified in 42 CFR § 437, Allotments and Grants to States.
- ¹⁰ Created at program inception by federal requirement that states cover all recipients of AFDC cash assistance as a mandatory population.
- ¹¹ Created through the Omnibus Budget Reconciliation Act of 1989.
- ¹² *Ibid.*
- ¹³ Created through the Omnibus Reconciliation Act of 1990.
- ¹⁴ U.S. Department of Health and Human Services, “Prior HHS Poverty Level Guidelines and Federal Register References” Available online: <http://aspe.hhs.gov/poverty/figures-fed-reg.shtml>.
- ¹⁵ Except individuals receiving Consolidated Omnibus Reconciliation Act of 1985 (COBRA) continuation benefits (Social Security Act, Section 1902(a)(10)(F) and 1902(u)) and Tax Equity and Fiscal Responsibility Act of 1982 (TEFRA) 134 kids (Social Security Act, Section 1902(e)(3)).
- ¹⁶ Centers for Medicare and Medicaid Services, “Medicaid Eligibility Groups and Less Restrictive Methods of Determining Countable Income and Resources,” (May 11, 2001). Available online: <http://www.cms.hhs.gov/MedicaidEligibility/downloads/DefinitionElig1902r2.pdf>.
- ¹⁷ Birnbaum M, “State Coverage Initiatives Issue Brief: Expanding Coverage to Parents through Medicaid Section 1931,” (May 2000). Available online: <http://statecoverage.net/pdf/issuebrief500.pdf>.
- ¹⁸ Conversation with Sophia Hinojosa and Bernadette Quevado-Mendoza, CMS Region VIII Office interview, October 17, 2008.
- ¹⁹ Crowley, J. “Medicaid Medically Needy Programs: An Important Source of Medicaid Coverage,” Kaiser Commission on Medicaid and the Uninsured. Available online: <http://www.kff.org/medicaid/loader.cfm?url=/commonspot/security/getfile.cfm&PageID=14325>.
- ²⁰ EqualityCare eligibles may gain and lose eligibility several times in one state fiscal year (SFY). Individuals who are eligible at one point in time (e.g., at the end of a SFY) may not be eligible at other times of the year. Other individuals may retain eligibility throughout the year. As such, the unduplicated count of EqualityCare eligibles for a complete SFY (regardless of how long they were eligible) will be greater than a point-in-time count of the number of EqualityCare eligibles. A point-in-time estimate of EqualityCare eligibles provides a measure of the average number of EqualityCare eligibles on any given day while an unduplicated count across a SFY provides a measure of the number of individuals served by the EqualityCare program.
- ²¹ Kaiser Family Foundation. “Income Eligibility Levels for Pregnant Women by Annual Income and as a Percent of Federal Poverty Level (FPL) - 2009,” “Income Thresholds for Jobless and Working Parents Applying for Medicaid by Annual Income as a Percent of Federal Poverty Level (FPL) - 2009” “Income Eligibility Levels for Children’s Regular Medicaid and Children’s SCHIP-funded Medicaid Expansions by Annual Incomes and as a Percent of Federal Poverty Level (FPL) - 2009.” Available online: <http://www.statehealthfacts.org/comparebar.jsp?ind=200&cat=4>.
- ²² “State Efforts Face New Hurdles, A 50-State Update on Eligibility Rules, Enrollment and Renewal Procedures, and Cost-Sharing Practices in Medicaid and SCHIP in 2008.” Prepared by D.C. Ross and A. Horn (Center on Budget and Policy Priorities) and C. Marks (Kaiser Commission on Medicaid and the Uninsured). Available online at <http://www.kff.org/medicaid/upload/7740.pdf>.