

SENATE FILE NO. SF0097

Eligibility for Medicaid.

Sponsored by: Senator(s) Scott and Representative(s)
Greene and Harvey

A BILL

for

1 AN ACT relating to Medicaid; providing eligibility
2 categories and criteria for the Medicaid program;
3 specifying income and resource limits; providing expanded
4 eligibility as required by federal law; providing for
5 continued eligibility of current Medicaid clients as
6 specified; requiring reports; and providing for an
7 effective date.

8

9 *Be It Enacted by the Legislature of the State of Wyoming:*

10

11 **Section 1.** W.S. 42-2-406 is created to read:

12

13 **42-2-406. Eligibility categories and criteria;**
14 **expansion of Medicaid prohibited.**

15

1 (a) The department shall provide in the state
2 Medicaid plan medical assistance and services to the
3 following categories of eligible persons at the indicated
4 income and asset limits:

5

6 (i) Categories of mandatory coverage pursuant to
7 42 U.S.C. § 1396a(10)(i):

8

9 (A) Individuals receiving temporary
10 assistance to needy families, as required by 42 U.S.C. §
11 435.110;

12

13 (B) Families terminated from temporary
14 assistance to needy families because of increased earnings
15 or hours of employment, as required by 42 C.F.R. § 435.112,
16 or because of increased child or spousal support, as
17 required by 42 C.F.R. § 435.115;

18

19 (C) Individuals who are ineligible for
20 temporary assistance to needy families solely because of
21 policies requiring the deeming of income and resources, as
22 required by 42 C.F.R. § 435.113;

23

1 (D) Individuals who would be eligible for
2 temporary assistance to needy families except for increased
3 old age, survivors and disability insurance, as required by
4 42 C.F.R. § 435.114;

5

6 (E) Individuals deemed to be receiving
7 temporary assistance to needy families, as required by 42
8 C.F.R. § 435.115;

9

10 (F) Qualified pregnant women, as required
11 by 42 C.F.R. § 435.116;

12

13 (G) Newborn children, including children of
14 alien mothers, as required by 42 C.F.R. § 435.117;

15

16 (H) Qualified family members, as required
17 by 42 C.F.R. § 435.119. For purposes of this subparagraph,
18 "qualified family member" means any member of a family,
19 including pregnant women and children eligible for
20 Medicaid, who would be receiving temporary assistance to
21 needy families cash benefits on the basis of the
22 unemployment of the principal wage earner;

23

1 (J) Individuals receiving or deemed to be
2 receiving supplemental security income, as required by 42
3 C.F.R. § 435.120;

4
5 (K) Individuals who would be eligible for
6 supplemental security income, as required by 42 C.F.R. §
7 435.122;

8
9 (M) Individuals receiving mandatory state
10 supplements to supplemental security income, as required by
11 42 C.F.R. § 435.130;

12
13 (N) Individuals who would be eligible
14 except for an increase in old age, survivors and disability
15 insurance benefits, as required by 42 C.F.R. § 435.134;

16
17 (O) Individuals who become ineligible for
18 cash assistance as a result of old age, survivors and
19 disability insurance cost-of-living increases received
20 after April, 1977, as required by 42 C.F.R. § 435.135;

21
22 (P) As required by 42 C.F.R. § 435.137,
23 individuals who became ineligible for supplemental security
24 income or a state supplement as a result of the elimination

1 of the additional reduction factor for disabled widows and
2 widowers under age sixty (60) pursuant to section 134 of
3 P.L. 98-21;

4

5 (Q) Disabled widows and widowers aged sixty
6 (60) through sixty-four (64) who would be eligible for
7 supplemental security income except for early receipt of
8 social security benefits, as required by 42 C.F.R. §
9 435.138;

10

11 (R) A lawful temporary resident alien,
12 lawful permanent resident alien and a nonqualified alien as
13 defined in 8 U.S.C. § 1621, who would be eligible for
14 Medicaid under this section if a citizen, shall receive
15 emergency medical services only, as required by 42 C.F.R. §
16 435.139;

17

18 (S) Children for whom adoption assistance
19 or foster care maintenance payments are made, as required
20 by 42 C.F.R. § 435.145;

21

22 (T) Pregnant women eligible for extended
23 coverage, as required by 42 C.F.R. § 435.170.

24

1 (ii) After December 31, 2013, the department
2 shall provide in the state Medicaid plan for medical
3 assistance and services to infants and children under age
4 nineteen (19), as required by 42 C.F.R. § 435.118;

5

6 (iii) Categories of optional coverage pursuant
7 to 42 U.S.C. § 1396a(10)(ii):

8

9 (A) Minors under age twenty-one (21) who
10 are in foster care, in the custody of the department of
11 family services, without regard to income or resources,
12 pursuant to 42 U.S.C. § 1396a(ii)(VIII)(cc). Coverage
13 under this subparagraph shall include twelve (12) months of
14 full coverage for minors who were previously in foster care
15 and for persons aged eighteen (18) to twenty (20) who were
16 in the custody of the department of family services on
17 their eighteenth birthday;

18

19 (B) Minors under age twenty-one (21) who
20 were adopted through a state subsidized adoption, pursuant
21 to 42 C.F.R. § 435.227;

22

23 (C) Minors under age twenty-one (21) who
24 were previously in state foster care in the custody of the

1 department of family services, without regard to income or
2 resources, pursuant to 42 U.S.C. § 1396a(ii)(VIII)(cc);

3

4 (D) Women who have declared they are
5 pregnant and who have applied for Medicaid shall be
6 presumptively covered for outpatient Medicaid services
7 pending an eligibility determination. Coverage under this
8 subparagraph shall be limited to applicants with income
9 less than or equal to one hundred thirty-three percent
10 (133%) of the federal poverty level, without regard to
11 other resources;

12

13 (E) Minors who were previously receiving
14 but are no longer eligible for supplemental security income
15 payments shall receive full Medicaid coverage for twelve
16 (12) months following termination of the supplemental
17 security income;

18

19 (F) Individuals in a nursing home because
20 of medical necessity, having income less than or equal to
21 three hundred percent (300%) of the supplemental security
22 income payment standard and resources less than two
23 thousand dollars (\$2,000.00) for an individual and three
24 thousand dollars (\$3,000.00) for a couple, subject to the

1 community spouse resource allowance pursuant to 42 U.S.C. §
2 1396r-5;

3

4 (G) Hospitalized individuals having income
5 less than or equal to three hundred percent (300%) of the
6 supplemental security income payment standard and resources
7 less than two thousand dollars (\$2,000.00) for an
8 individual and three thousand dollars (\$3,000.00) for a
9 couple, subject to the community spouse resource allowance
10 pursuant to 42 U.S.C. § 1396r-5;

11

12 (H) Individuals in hospice care, having
13 income less than or equal to three hundred percent (300%)
14 of the supplemental security income payment standard and
15 resources less than two thousand dollars (\$2,000.00) for an
16 individual and three thousand dollars (\$3,000.00) for a
17 couple, subject to the community spouse resource allowance
18 pursuant to 42 U.S.C. § 1396r-5;

19

20 (J) Individuals in an intermediate care
21 facility for persons with intellectual disabilities, having
22 income at or below three hundred percent (300%) of the
23 supplemental security income payment standard and resources
24 less than two thousand dollars (\$2,000.00) for an

1 individual and three thousand dollars (\$3,000.00) for a
2 couple, subject to the community spouse resource allowance
3 pursuant to 42 U.S.C. § 1396r-5;

4
5 (K) Individuals aged sixty-five (65) or
6 older residing at the Wyoming life resource center, having
7 income at or below three hundred percent (300%) of the
8 supplemental security income payment standard and resources
9 less than two thousand dollars (\$2,000.00) for an
10 individual and three thousand dollars (\$3,000.00) for a
11 couple, subject to the community spouse resource allowance
12 pursuant to 42 U.S.C. § 1396r-5;

13
14 (M) Individuals aged twenty (20) or less
15 with a developmental disability, having income less than or
16 equal to three hundred percent (300%) of the supplemental
17 security income payment standard and resources less than
18 two thousand dollars (\$2,000.00) for an individual and
19 three thousand dollars (\$3,000.00) for a couple, subject to
20 the community spouse resource allowance pursuant to 42
21 U.S.C. § 1396r-5, and requiring services under this
22 subparagraph by medical necessity;

23

1 (N) Individuals under age nineteen (19) who
2 were previously receiving but are no longer eligible for
3 the children's developmental disability waiver pursuant to
4 subparagraph (M) of this paragraph shall receive full
5 Medicaid coverage for twelve (12) months following
6 termination of their eligibility. Benefits under this
7 subparagraph shall be limited to Medicaid medical benefits
8 and shall not include other waiver services;

9
10 (O) Adults age twenty-one (21) and older
11 with a developmental disability, having income less than or
12 equal to three hundred percent (300%) of the supplemental
13 security income payment standard and resources less than
14 two thousand dollars (\$2,000.00) for an individual and
15 three thousand dollars (\$3,000.00) for a couple, and
16 requiring services under this subparagraph by medical
17 necessity;

18
19 (P) Adults age twenty-one (21) and older
20 with an acquired brain injury, having income less than or
21 equal to three hundred percent (300%) of the supplemental
22 security income payment standard and resources less than
23 two thousand dollars (\$2,000.00) for an individual and
24 three thousand dollars (\$3,000.00) for a couple, subject to

1 the community spouse resource allowance pursuant to 42
2 U.S.C. § 1396r-5, and requiring services under this
3 subparagraph by medical necessity;

4

5 (Q) Individuals requiring the services of
6 an assisted living facility by medical necessity, having
7 income less than or equal to three hundred percent (300%)
8 of the supplemental security income payment standard and
9 resources less than two thousand dollars (\$2,000.00) for an
10 individual and three thousand dollars (\$3,000.00) for a
11 couple, subject to the community spouse resource allowance
12 pursuant to 42 U.S.C. § 1396r-5. Benefits under this
13 subparagraph shall be limited to full medical benefits and
14 waiver services but not room and board;

15

16 (R) Individuals over age nineteen (19)
17 requiring the services of a long term care facility by
18 medical necessity, having income less than or equal to
19 three hundred percent (300%) of the supplemental security
20 income payment standard and resources less than two
21 thousand dollars (\$2,000.00) for an individual and three
22 thousand dollars (\$3,000.00) for a couple, subject to the
23 community spouse resource allowance pursuant to 42 U.S.C. §
24 1396r-5;

1

2 (S) Individuals aged four (4) through
3 twenty (20) requiring mental health services by medical
4 necessity, having income less than or equal to three
5 hundred percent (300%) of the supplemental security income
6 payment standard and resources less than two thousand
7 dollars (\$2,000.00) for an individual and three thousand
8 dollars (\$3,000.00) for a couple, subject to the community
9 spouse resource allowance pursuant to 42 U.S.C. § 1396r-5.
10 Upon termination of eligibility under this subparagraph,
11 Medicaid medical benefits shall be provided for twelve (12)
12 months following termination for an individual under
13 nineteen (19) years of age;

14

15 (T) Individuals without creditable
16 insurance coverage who have been diagnosed with breast or
17 cervical cancer, having income less than or equal to two
18 hundred fifty percent (250%) of the federal poverty level,
19 without regard to resources;

20

21 (U) Individuals with a verified diagnosis
22 of tuberculosis, having income less than one hundred
23 percent (100%) of the supplemental security income payment
24 standard and resources less than two thousand dollars

1 (\$2,000.00) for an individual and three thousand dollars
2 (\$3,000.00) for a couple, subject to the community spouse
3 resource allowance pursuant to 42 U.S.C. § 1396r-5, shall
4 receive full Medicaid medical coverage but not inpatient
5 services;

6
7 (W) Employed individuals aged sixteen (16)
8 through sixty-four (64) with disabilities, having unearned
9 income less than or equal to three hundred percent (300%)
10 of the supplemental security income payment standard
11 without regard to resources. Individuals eligible pursuant
12 to this subparagraph shall be required to pay a premium
13 equal to seven and one-half percent (7 1/2%) of earned and
14 unearned income per month, after disregarding the first
15 fifty dollars (\$50.00) of unearned income per month;

16
17 (Y) Individuals under age nineteen (19) who
18 were previously receiving but are no longer eligible
19 pursuant to subparagraph (W) of this paragraph shall
20 receive full Medicaid coverage for twelve (12) months
21 following termination of their eligibility;

22
23 (Z) Women who are pregnant, having income
24 less than or equal to one hundred thirty-three percent

1 (133%) of the federal poverty level, without regard to
2 resources. Services under this subparagraph shall be
3 limited to family planning;

4
5 (AA) Qualified Medicare beneficiaries
6 entitled to Medicare part A and part B with income less
7 than or equal to one hundred percent (100%) of the federal
8 poverty level and resources that do not exceed two (2)
9 times the limit for supplemental security income and who
10 are not otherwise eligible for Medicaid. Services under
11 this subparagraph shall be limited to payment of Medicare
12 premiums, deductibles and coinsurance;

13
14 (BB) Specified low income Medicare
15 beneficiaries entitled to Medicare part A and part B with
16 income between one hundred percent (100%) and one hundred
17 thirty-five percent (135%) of the federal poverty level,
18 having resources that do not exceed two (2) times the limit
19 for supplemental security income and who are not otherwise
20 eligible for Medicaid. Services under this subparagraph
21 shall be limited to payment of Medicare part B premiums.

22
23 (iv) Categories of individuals funded by the
24 state without a federal medical assistance percentage:

1

2 (A) Individuals under age twenty-one (21)
3 in the custody of the department of family services and who
4 are in basic foster care, institutional foster care or are
5 pending foster care;

6

7 (B) Individuals requiring nursing home care
8 by medical necessity, having income above three hundred
9 percent (300%) of the supplemental security income payment
10 standard and resources less than two thousand dollars
11 (\$2,000.00) for an individual and three thousand dollars
12 (\$3,000.00) for a couple, subject to the community spouse
13 resource allowance pursuant to 42 U.S.C. § 1396r-5, shall
14 receive nursing home room and board. Services pursuant to
15 this subparagraph shall be limited to one hundred twenty
16 (120) days for those individuals who are in the process of
17 setting up an income trust for their required contribution;

18

19 (C) Individuals with income less than or
20 equal to one hundred percent (100%) of the federal poverty
21 level and resources less than two thousand five hundred
22 dollars (\$2,500.00), shall be eligible for the prescription
23 drug assistance program pursuant to W.S. 42-4-118.

24

1 (b) The department shall not expand or add to the
2 categories of individuals eligible for Medicaid pursuant to
3 this section.

4

5 **Section 2.**

6

7 (a) Notwithstanding W.S. 42-2-406 created by this
8 act, if a group of individuals not identified in W.S.
9 42-2-406 was eligible under the Wyoming state Medicaid plan
10 for any Medicaid service as of July 1, 2012, that group
11 shall remain eligible for the same services and subject to
12 the same eligibility criteria after July 1, 2013, subject
13 however to subsection (b) of this section and until no
14 later than July 1, 2017.

15

16 (b) If the department of health or the department of
17 family services, on or after July 1, 2013 and before July
18 1, 2016, discovers any group to which subsection (a) of
19 this section should apply, the department shall report the
20 facts related to the group and coverage to the joint labor,
21 health and social services interim committee before October
22 1 following the discovery. Notwithstanding W.S. 42-2-406,
23 any group reported by either department to the interim
24 committee pursuant to this subsection shall remain eligible

1 for the same services and subject to the same eligibility
2 criteria until July 1 following the report to the interim
3 committee.

4

5 **Section 3.** This act is effective July 1, 2013.

6

7 (END)