DEPARTMENT OF HEALTH AND HUMAN SERVICES
HEALTH CARE FINANCING ADMINISTRATION

FORM APPROVED
OMB NO. 0938-0193

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL

FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER: 0 1 — 0 0 7

2. STATE: WYOMING

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: OCTOBER 1, 2001

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 435.725

7. FEDERAL BUDGET IMPACT:
a. FFY 01 $ 5,000.00
b. FFY 02 $ 5,000.00

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:
SUPPLEMENT 12A, ATTACHMENT 2.6A, P. 2

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT *(If Applicable)*: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

10. SUBJECT OF AMENDMENT:
PERSONAL NEEDS ALLOWANCE FOR GUARDIANSHIP COSTS FOR NURSING FACILITY RESIDENTS

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:

12. SIGNATURE OF STATE AGENCY OFFICIAL: Garry L. McKee Iris Oleske

13. TYPED NAME: GARRY L. MCKEE, PH.D., M.P.H. IRIS OLESKE

14. TITLE: DIRECTOR STATE MEDICAID AGENT

15. DATE SUBMITTED:

16. RETURN TO:
IRIS OLESKE
STATE MEDICAID AGENT
WYOMING DEPARTMENT OF HEALTH
OFFICE OF MEDICAID
147 HATHAWAY BUILDING
CHEYENNE WY 82002

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: August 28, 2001

18. DATE APPROVED: September 20, 2001

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL: October 1, 2001

20. SIGNATURE OF REGIONAL OFFICIAL: Spencer K. Ericson

21. TYPED NAME: Spencer K. Ericson

22. TITLE: Acting Associate Regional Administrator

23. REMARKS:
POSTMARK: August 23, 2001

FORM HCFA-179 (07-92)

Instructions on Back

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE: WYOMING

VARIATIONS FROM THE BASIC PERSONAL NEEDS ALLOWANCE

An additional Personal Needs Allowance for guardianship costs for nursing facility residents where guardians are appointed to give informed consent to medical treatment shall be calculated as follows:

This allowance will apply **only** in circumstances where a guardian is essential for an incompetent individual to gain access to or consent to medical treatment.

An amount up to $500 may be deducted from the individual's income for the cost of establishing a guardianship. This will be a one time deduction in the month the expense is incurred.

An amount up to $20 per month may be deducted from the individual's income for guardianship service fees subsequent to the initial establishment of the guardianship.

This additional Personal Needs Allowance will enable the establishment of guardians for such residents to assure their legal rights are protected and that they receive appropriate and timely medical treatment.