WYOMING LEGISLATIVE SERVICE OFFICE

Fact Sheet

MEDICAID NURSING HOME CARE

APPLICATION PROCESS, TIMELINES, AND ELIGIBILITY

December 2024

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QUESTIONS:

1. Is there a policy for how long the Medicaid application process should take from start to finish?
2. Does Medicaid have a deadline for their decision-making from the time the application is submitted?
3. Is there a Medicaid policy to inform applicants of everything needed to fulfill all requirements to complete the application, e.g., a checklist of all required documents?
4. If the applicant is denied, what is the process and deadline to submit missing information and appeal the denial?

SHORT ANSWER:

Applicants to the Wyoming Medicaid Aged, Blind and Disabled Program for long-term care medical assistance must submit a Medicaid application and Aged, Blind, Disabled Program application appendix. The appendix includes a comprehensive of list of financial resources, including account numbers and balances, which the applicant is required to report. The applicant is not required to submit supporting documentation with the initial application. If supporting documentation is needed to verify income and resources, the Wyoming Department of Health will notify the applicant of the documents needed and the deadline for submitting them.

Wyoming Department of Health Rules require applications to the Medicaid Aged, Blind and Disabled Program to be processed within 45 days or within 60 days when waiting on third-party documentation. If an applicant fails to submit requested supporting documents by the specified deadline, the application will be denied. Applicants then have an additional 60 days to submit the required documents. Applicants who are denied benefits or whose application was not acted upon within the prescribed timeframe, may request an administrative hearing.

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DISCUSSION:

Wyoming Medicaid provides medical assistance to select populations, including children, pregnant women, and aged, blind, and disabled individuals. This memo will review Medicaid application procedures, timelines, and eligibility criteria for the Aged, Blind, and Disabled program only.

Medicaid Application Process[1]

Wyoming Statute 42-4-106 allows any Wyoming resident to apply for Medicaid by filing an application by telephone, mail, online, or in person at the Wyoming Department of Health Medicaid customer service center in Cheyenne or the Department of Family Services field office in the applicant's county of residence. The statute states eligibility shall be determined based upon the application.

The Wyoming Medicaid application requires applicants to provide employment, income, and healthcare coverage information about themselves and members of the applicant's household. Applicants to the Aged, Blind, or Disabled program must also complete an additional application appendix, which requires reporting of all financial resources belonging to the applicant or household members, including bank accounts, certificates of deposit, stocks and bonds, retirement accounts or pension plans, burial funds, trusts, life insurance, and annuities. Applicants must list financial account numbers and balances but are not required to submit supporting documentation with the initial application.[2] See **Appendix A** for the Aged, Blind, or Disabled Persons application appendix.

Medicaid applicants can receive online, telephone, or in-person assistance with completing the application by contacting the Wyoming Customer Service Center or the Wyoming Medicaid Long Term Care Unit. Contact information for both offices is listed on the application form.

Medicaid Application Processing Timeline[3]

Wyoming Statute 42-4-106 requires qualified Medicaid applicants to be provided with medical assistance with reasonable promptness.

Department of Health rules require the Department to process applications to the Aged, Blind and Disabled assistance programs, which include nursing home care, within 45 to 90 days:

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[1] Wyoming Department of Health Rules, Ch. 18, Section 4; Wyoming Department of Health Application for Health Coverage & Help Paying Costs (eff. January 2023), **https://drive.google.com/file/d/1A7Qbh7qm541F-7q8Upb9Zfk3u8HcaJxc/view.**

[2] Personal communication with Alyssa Igerle-West, Wyoming Department of Health (December 10, 2024).

[3] Wyoming Department of Health Rules, Ch. 18, Section 4; personal communication with Alyssa Igerle-West, Wyoming Department of Health (December 10, 2024).

- 45 days from the date of application; or
- 60 days from the date of application when waiting on documentation from a third party to use in determining eligibility; or
- 90 days from the date of application when waiting for a disability determination to be completed by the Wyoming Department of Health or designee.

The Department of Health reports that applications to the Aged, Blind and Disabled assistance programs are processed within 45 days. If additional documentation is needed for income and resource verification, the Department will send the applicant a pending notice requesting specified documents be submitted within 15 days. If the applicant fails to provide the requested documents by the due date, the Department will issue a denial of the application. The applicant then has an additional 60 days to provide the required documentation. If the requested documentation is submitted after the 60-day deadline, the applicant must also submit a new Medicaid application.

Department of Health rules require the Department to notify Medicaid applicants in writing of the reasons for the approval, denial or closure of the application, the specific regulation supporting the action, and an explanation of the right to request a hearing, as specified in W.S. 42-4-108. Wyoming Statute 42-4-108 requires the Department to provide opportunity for an administrative hearing to any individual denied medical assistance.

Medicaid Aged, Blind or Disabled Program Eligibility[4]

Medicaid applicants needing long-term care, including nursing home care or inpatient hospital care, must meet both general Medicaid and specific Aged, Blind or Disabled program eligibility criteria. To qualify for Medicaid long-term care assistance, an applicant must be:

- A U.S. citizen or lawful permanent resident who has lived in the U.S. for at least five years;
- A Wyoming resident;
- Age 65 or older, legally blind, or disabled;
- Medically eligible based on a needs assessment completed by a public health nurse (nursing home only);
- Hospitalized for 30 consecutive days or verified as federal Supplemental Security Income (SSI) eligible;[5]
- Income at or below 300% of the Federal Benefit Rate;[6] and

[4] Wyoming Department of Health Rules, Ch. 18, Section 5 and Section 8; and Wyoming Medicaid Programs and Eligibility webpage (last accessed December 9, 2024), **https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/**.

[5] Supplemental Security Income (SSI) provides monthly payments to people with disabilities and older adults who have little or no income or resources.

[6] The federal benefit rate (FBR) is the maximum monthly payment for SSI benefits. As of January 1, 2025, the FBR for a single individual is $967 and the maximum income standard is $2901/month (3 x $967). Wyoming Department

- Resources within the Maximum Resource Standard.[7]

Medicaid Applicant Income and Resource Determination[8]

Wyoming Department of Health policies regarding how a Medicaid applicant's income and resources are determined are explained in the Wyoming Medicaid Eligibility Online Manual. The Manual includes instructions for what income and resources are countable or not countable. For example, when one spouse applies for Medicaid for nursing home care, only the income of the applicant spouse is considered, not the income of the spouse who will remain living in the community.[9] Similarly, Medicaid excludes the home equity, up to the maximum resource standard,[10] of the applicant's primary residence when determining eligibility.[11]

Consideration of Trust Resources and Income[12]

Federal and state laws govern how asset transfers and trusts are to be considered in determining Medicaid eligibility. According to Wyoming law, individuals who transfer assets for less than fair market value within five years of their application for long-term care Medicaid, are considered ineligible for a specified period of time. Revocable trust assets and income are counted when determining a Medicaid applicant's eligibility. Only irrevocable trusts and special needs trusts that meet specified criteria are considered excluded resources.

Medicaid Administrative Hearings[13]

Wyoming Statute 42-4-108 requires the Department of Health to provide opportunity for a hearing to any individual denied medical assistance.

Wyoming Department of Health rules state applicants have a right to a hearing if their application is denied or not acted upon within the timeframes specified by the Department. When a Medicaid

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of Health, Eligibility Online Manual, Table 1A Aged, Blind, or Disabled – Income & Deduction Standards, **https://sites.google.com/wyo.gov/ecom/tables/table1a.**

[7] As of January 1, 2025, the Maximum Resource Standard is $2000 for an individual, $3000 for a married couple. The Wyoming Department of Health, Eligibility Online Manual, Table 7 – Maximum Resource Standards, **https://sites.google.com/wyo.gov/ecom/tables/table7?authuser=0.**

[8] Wyoming Department of Health, Eligibility Online Manual (last accessed December 9, 2024), **https://sites.google.com/wyo.gov/ecom/home?authuser=0.**

[9] Wyoming Department of Health Rules, Ch. 18, Section 8 (c)(i).

[10] As of January 1, 2025, the Maximum Resource Standard home equity limit is $730,000. The Wyoming Department of Health, Eligibility Online Manual, Table 7 – Maximum Resource Standards, **https://sites.google.com/wyo.gov/ecom/tables/table7?authuser=0.**

[11] Wyoming Department of Health Rules, Ch. 18, and Medicaid Eligibility Online Manual, Table 7 – Maximum Resource Standards, **https://sites.google.com/wyo.gov/ecom/tables/table7?authuser=0**. Although a Medicaid applicant's primary residence is excluded from resource consideration when determining eligibility, Wyoming Medicaid can place a pre-death lien on a Medicaid beneficiary's real property and file a claim for benefit recovery against the beneficiary's estate upon the death of the beneficiary or the surviving spouse. W.S. 42-4-206 and Wyoming Department of Health Rules, Ch. 25, Section 11.

[12] W.S. 42-2-402 and 42-2-403.

[13] Wyoming Department of Health, Chapter 4.

application is denied, the Department is required to provide notice and an explanation of the individual's right to request a hearing and the method for requesting a hearing. The Department must respond to a request for hearing within ten business days.

At the hearing, applicants have the right to represent themselves or be represented by an attorney or authorized representative. The hearing officer must make proposed findings of fact and conclusions within 20 business days and forward them to the Director of the Department of Health. After a 20-day period in which parties to the hearing may submit exceptions, the Director issues a final decision.

Applicants have the right to appeal the Director's decision to their county district court and the Wyoming Supreme Court in accordance with the Wyoming Administrative Procedure Act.[14]

If you have any further questions, please do not hesitate to contact LSO Research at 777-7881.

[14] W.S. 16-3-114 and 16-3-115.

APPENDIX D

Additional Assistance for Aged, Blind, or Disabled Persons

You **DON'T** need to answer these questions unless someone in the household is applying for Medicaid coverage because they are aged, blind, disabled, or wanting help with paying their Medicare premiums.

Please read all questions carefully and complete each section to the best of your ability. If you have any questions, you may call the Wyoming Medicaid Customer Service Center at **1-855-294-2127**, or the Wyoming Medicaid Long Term Care Unit at **1-855-203-2936**

Estate Recovery

Before you apply, it is important that you know the State of Wyoming will pursue costs paid by Wyoming Medicaid from the estate of a Medicaid recipient, age 55 years or older or any age when a Medicaid recipient was an inpatient in a medical institution when they received medical assistance.

Tell us about who is applying.

	PERSON 1	PERSON 2
1. Name (First name, Middle name, Last name)	First Middle Last	First Middle Last
2. Is this person currently receiving or entitled to Medicare?	☐ Yes ☐ No **If yes**, Medicare number:	☐ Yes ☐ No **If yes**, Medicare number:
3. Has this person been covered by long term care insurance that ended in the last three (3) months?	☐ Yes ☐ No **If yes**, date insurance ended: MM / DD / YYYY Reason insurance ended:	☐ Yes ☐ No **If yes**, date insurance ended: MM / DD / YYYY Reason insurance ended:
4. Is this person currently in a medical facility or long term care facility, or do they plan to live in a long term care facility?	☐ Yes ☐ No **If yes**, type of facility: ☐ Hospital ☐ Nursing Home ☐ Assisted Living Facility ☐ Other: _____ Name of Facility: Entry Date: MM / DD / YYYY	☐ Yes ☐ No **If yes**, type of facility: ☐ Hospital ☐ Nursing Home ☐ Assisted Living Facility ☐ Other: _____ Name of Facility: Entry Date: MM / DD / YYYY
5. Does this person require nursing home level of care but wish to remain in their home or require services based on a developmental disability?	☐ Yes ☐ No	☐ Yes ☐ No

NEED HELP WITH YOUR APPLICATION? Visit www.wesystem.wyo.gov or call us at 1-855-294-2127. Para obtener una copia de este formulario en Español, llame **1-855-294-2127**. If you need help in a language other than English, call **1-855-294-2127** and tell the customer service representative the language you need. We'll get you help at no cost to you. TTY users should call **1-855-329-5204**. If applying for Aged, Blind or Disabled programs call 1-855-203-2936 for help.

	PERSON 1	PERSON 2
6. Does this person have a Companion or Care Contract in Place?	☐ Yes ☐ No	☐ Yes ☐ No
7. Has anyone in your household served in the Armed Forces?	☐ Yes ☐ No **If yes**, name of household member:	☐ Yes ☐ No **If yes**, name of household member:
8. Is this person the dependent of a veteran?	☐ Yes ☐ No **If yes**, relationship to veteran: ☐ Spouse ☐ Child ☐ Parent Name of Veteran: Veteran's claim number:	☐ Yes ☐ No **If yes**, relationship to veteran: ☐ Spouse ☐ Child ☐ Parent Name of Veteran: Veteran's claim number:
9. Does this person have any income not listed on the Health Coverage Application? Examples include VA income, worker's compensation monies, child support, etc.	☐ Yes ☐ No **If yes**, type of income: Monthly Amount: $	☐ Yes ☐ No **If yes**, type of income: Monthly Amount: $
10. Has this person received or are they expecting to receive a one-time payment, such as a settlement, inheritance, retroactive payment, etc.?	☐ Yes ☐ No **If yes**, please list the date: MM / DD / YYYY Amount: $	☐ Yes ☐ No **If yes**, please list the date: MM / DD / YYYY Amount: $
11. Does this person receive money as a gift on a monthly basis to pay expenses?	☐ Yes ☐ No **If yes**, name of person providing payment: Monthly Amount: $	☐ Yes ☐ No **If yes**, name of person providing payment: Monthly Amount: $
12. Has this person sold, transferred, traded, or given away any items of value in the past 60 months? Examples include trusts, real estate, automobiles, burial spaces, etc.	☐ Yes ☐ No **If yes**, please list the date: MM / DD / YYYY Item(s) sold,transferred, traded, or given away: Value: $ Amount received from transaction: $ Name of person who received the item:	☐ Yes ☐ No **If yes**, please list the date: MM / DD / YYYY Item(s) sold,transferred, traded, or given away: Value: $ Amount received from transaction: $ Name of person who received the item:

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Tell us about resources belonging to household members

Type	Y	N	Household Member(s)	Amount	Financial Institution/ Company Name	Account Number
Cash on Hand						
Checking Account						
Checking Account						
Direct Express						
Savings Account						
Savings Account						
Able Account						
Credit Union Account						
Nursing Home Account						
Certificate of Deposit						
Stocks/Bonds/Annuities						
IRA/401K/Keogh/Pension Plan						
Burial Funds/Trusts						
Pooled Trust						
Special Needs Trust						
Any Other Trust						
Life Insurance						
Annuity						
Other Resources						

Type	Y	N	Household Member(s)	Value
Automobile				
Automobile				
Automobile				
Automobile				
Recreational Vehicle				
Crops/Equipment				
Tractors				
Livestock				
Property/Real Estate				
Life Estate				
Burial Space				
Contract for Deed and/or Promissory Note				
Safety Deposit Box				
Other Resources				

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