



# Foster Care Medicaid Programs

## What is Medicaid?

Medicaid is the state and federal partnership that provides health coverage for certain categories of individuals with low income and limited resources.

## Foster Care (Federal and State Funded)

Foster Care Medicaid provides health coverage for clients who are in DFS or Tribal custody. These clients qualify for 12 months of continuous coverage.

## Institutional Foster Care (State Funded)

Institutional Foster Care Medicaid provides health coverage for clients who are in DFS or Tribal custody and are placed in an institution.

## Basic Foster Care (State Funded)

Basic Foster Care Medicaid provides health coverage for clients who are in DFS or Tribal custody and do not meet the citizenship requirement for Foster Care Medicaid.

## Eligibility Criteria

- **Must meet**
  - Wyoming Residency
  - U.S. Citizenship/Immigration status
  - No income requirement
  - No resource requirement
  - Must be in Tribal or State custody

## How to apply

Applications for children in custody are made through an internal process with Department of Family Services. Benefits begin the first day of the month an individual is determined eligible.

## Periodic Reviews

Eligibility is reviewed every 12 months.



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## **Benefits may be Lost for Foster Care Programs**

Benefits will close on the first day of the next month when any of the following occur:

- A periodic review is not completed for the child
- Child is no longer a Wyoming resident
- Child is determined no longer eligible
- Child is released from custody

## **Notification to Client**

The Customer Service Center notifies the client of pending, approval, denial and closures by sending a notice.

## **How to Apply**

The Department of Family Services or Tribal representative would submit the Placement Application 501A to the Wyoming Department of Health Customer Service Center by emailing the completed document to [wesystemapplications@wyo.gov](mailto:wesystemapplications@wyo.gov). Each child should have their own completed application submitted.

## **How to submit changes**

The Department of Family Services or Tribal representative would submit the Change Form 607 to the Wyoming Department of Health Customer Service Center by emailing the completed document to [wesystemapplications@wyo.gov](mailto:wesystemapplications@wyo.gov).