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#### **Table of Contents**

**State/Territory Name: Wisconsin** 

State Plan Amendments (SPA) #: WI-13-0032

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) SPA Summary Form
- 3) Approved SPA Pages

The complete title XXI state plan for Wisconsin consists of the most recent state plan posted on Medicaid.gov under CHIP and State Plan Amendments. The link is provided below. The following approved templates are in addition to, or replace sections of the state's posted current state plan. The attached approval letter(s) explain how these templates fit into that state plan.

Link to state title XXI state plans and amendments: <a href="http://medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Childrens-Health-Insurance-Program-CHIP/CHIP-State-Program-Information.html">http://medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Childrens-Health-Insurance-Program-CHIP/CHIP-State-Program-Information.html</a>

DEPARTMENT OF HEALTH & HUMAN SERVICES Centers for Medicare & Medicaid Services 7500 Security Boulevard, Mail Stop S2-01-16 Baltimore, MD 21244-1850



#### Children and Adults Health Programs Group

NOV 2 2 2016

Ms. Rebecca McAtee
Acting State CHIP Director
Division of Health Care Access and Accountability
1 Wilson Street, Room 365
P.O. Box 309
Madison, WI 53701-0309

Dear Ms. McAtee:

The Centers for Medicare & Medicaid Services (CMS) has approved Wisconsin's Children's Health Insurance Program (CHIP) state plan amendment (SPA) WI-13-0032-MC5 submitted on September 6, 2013. This SPA relates to Modified Adjusted Gross Income (MAGI) eligibility. CMS issued a Request for Additional Information (RAI) on November 27, 2013. CMS received additional information from the state on February 8, 2014, July 18, 2015 and September 16, 2016. CMS received Wisconsin's official response to our RAI on November 22, 2016.

SPA number WI-13-0032-MC5 is approved to clarify the state's non-financial eligibility policies on residency; citizenship; social security numbers; substitution of coverage; non-payment of premiums and other eligibility standards. The CS18 has an effective date of July 1, 2013. The CS17, CS19 and CS21 have an effective date of January 1, 2014. The CS20 has an effective date of July 1, 2015. Copies of the approved state plan pages are attached and these approved pages supersede sections of Wisconsin's current state plan as laid out below:

New State Plan Page	Impact on Current State Plan Section	
CS17: Non-Financial Eligibility – Residency	Section 4.1.5	
CS18: Non-Financial Eligibility – Citizenship	Section 4.1.0; 4.1-LR; 4.1.1-LR	
CS19: Non-Financial Eligibility – Social Security	Section 4.1.9.1	
Number		
CS20: Non-Financial Eligibility – Substitution of	Section 4.4.4	
Coverage		
CS21: Non-Payment of Premiums	Section 8.7	

Your title XXI project officer is Mr. Patrick Edwards. He is available to answer questions concerning these amendments and other CHIP-related issues. Mr. Edwards' contact information is as follows:

#### Page 2 – Ms. Rebecca McAtee

Centers for Medicare & Medicaid Services Center for Medicaid and CHIP Services

Mail Stop: S2-01-15 7500 Security Boulevard Baltimore, MD 21244-1850 Telephone: (410) 786-6643 Facsimile: (410) 786-5882

E-mail: Patrick.Edwards@cms.hhs.gov

Official communications regarding program matters should be sent simultaneously to Mr. Edwards and to Ms. Ruth Hughes, Associate Regional Administrator (ARA) in our Chicago Regional Office. Ms. Hughes' address is:

Centers for Medicare & Medicaid Services Division of Medicaid and Children's Health Operations 233 North Michigan Avenue, Suite 600 Chicago, IL 60601

If you have additional questions or concerns, please contact Ms. Amy Lutzky, Acting Director, Division of State Coverage Programs, at (410) 786-0721.

We look forward to continuing to work with you and your staff.

Anne Marie Costello
Director

**Enclosures** 

cc:

Ms. Ruth Hughes, ARA, CMS Region V, Chicago

WI.0289.R00.00 - Jan 01, 2014

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Summary

## Children's Health Insurance Program Eligibility: Summary Page

State/Territory Wisconsin

name: Transmittal Number:

Please enter the Transmittal Number (TN) in the format ST-YY-0000 where ST= the state abbreviation, YY = the last two digits of the submission year, and 0000 = a four digit number with leading zeros. The dashes must also be entered.

13-0032

### Type of SPA:

- MAGI Eligibility & Methods
- XXI Medicaid Expansion
- Establish 2101(f) Group
- Eligibility Processing
- ✓ Non-Financial Eligibility

### **Proposed Effective Date**

01/01/2014 (mm/dd/yyyy)

### Federal Statute/Regulation Citation

42 CFR 457.310(b)(2) and (b)(3), 457.320(a)(9) and 2110(b)(1)(C) of the SSA

### Federal Budget Impact

This SPA has a budget impact.
Total budget impact:

State Funds:

\$

Federal Funds:

\$

### **Subject of Amendment**

Please provide a brief summary of SPA changes.

Character Count: 99

out of 2000

Incorporates CMS forms relating to Substitution of Coverage and Other Eligibility Standards to CMS.

### Signature of State Agency Official

Submitted By: Alfred Matano

Last Revision Nov 23, 2016

Date:

Submit Date: Sep 6, 2013



OMB Control Number: 0938-1148

Expiration date: 10/31/2014

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**CS17** 

42 CFR 457.320

#### Residency

The CHIP Agency provides CHIP to otherwise eligible residents of the state, including residents who are absent from the state under certain conditions.

A child is considered to be a resident of the state under the following conditions:

- A non-institutionalized child, if capable of indicating intent and who is emancipated or married, if the child is living in the state and:
  - 1. Intends to reside in the state, including without a fixed address, or
  - 2. Has entered the state with a job commitment or seeking employment, whether or not currently employed.
- A non-institutionalized child not described above and a child who is not a ward of the state:
  - 1. Residing in the state, with or without a fixed address, or
  - 2. The state of residency of the parent or caretaker, in accordance with 42 CFR.435.403(h)(1), with whom the individual resides.
- An institutionalized child, who is not a ward of the state, if the state is the state of residence of the child's custodial parent or caretaker at the time of placement, or
- A child who is a ward of the state regardless of where the child lives, or
- A child physically located in the state when there is a dispute with one or more states as to the child's actual state of residence.

If the state covers pregnant women, a pregnant woman is considered to be a resident under the following conditions:

- A non-institutionalized pregnant woman who is living in the state and:
  - 1. Intends to reside in the state, including without a fixed address, or if incapable of indicating intent, is living in the state, or
  - 2. Entered with a job commitment or seeking employment, whether or not currently employed.
- An institutionalized pregnant woman placed in an out-of-state-institution, as defined in 42 CFR 435.1010, including foster care homes, by an agency of the state, or
- An institutionalized pregnant woman residing in an in-state-institution, as defined in 42 CFR 435.1010, whether or not the individual established residency in the state prior to entering the institution, or
- A pregnant woman physically located in the state when there is a dispute with one or more states as to the pregnant woman's actual state of residence.

The state has in place related to the residency of children and pregnant women (if covered by the state):



One or more interstate agreement(s). No	
79.	
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A policy related to individuals in the state only for educational purposes.	No

#### PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1148. The time required to complete this information collection is estimated to average 50 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.



OMB Control Number: 0938-1148

Expiration date: 10/31/2014

CS18 Non-Financial Eligibility - Citizenship
Sections 2105(c)(9) and 2107(e)(1)(J) of the SSA and 42 CFR 457.320(b)(6), (c) and (d)
Citizenship
The CHIP Agency provides CHIP eligibility to otherwise eligible citizens and nationals of the United States and certain non-citizens, including the time period during which they are provided with reasonable opportunity to submit verification of their citizenship, national status or satisfactory immigration status.
■ The CHIP Agency provides eligibility under the Plan to otherwise eligible individuals:
Who are citizens or nationals of the United States; or
Who are qualified non-citizens as defined in section 431 of the Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) (8 U.S.C. §1641), or whose eligibility is required by section 402(b) of PRWORA (8 U.S.C. §1612(b)) and is no prohibited by section 403 of PRWORA (8 U.S.C. §1613); or
Who have declared themselves to be citizens or nationals of the United States, or an individual having satisfactory immigration status, during a reasonable opportunity period pending verification of their citizenship, nationality, or satisfactory immigration status consistent with requirements of 1903(x), 1137(d), and 1902(ee) of the Act, and 42 CFR 435.406, 407, 956 and 457.380.
The reasonable opportunity period begins on and extends 90 days from the date the notice of reasonable opportunity is received by the individual.
The agency provides for an extension of the reasonable opportunity period if the individual is making a good faith effort to resolve any inconsistencies or obtain any necessary documentation, or the agency needs more time to complete the verification process.
The agency begins to furnish benefits to otherwise eligible individuals during the reasonable opportunity period on a date earlier than the date the notice is received by the individual.
The date benefits are furnished is:
The date of application containing the declaration of citizenship or immigration status.
The date the reasonable opportunity notice is sent.
Other date, as described:
Benefits are furnished to applicants as of the date the agency determines they are otherwise eligible and are only pending for verification of citizenship and identity. This date can be any time within the normal application processing time frame.
The CHIP Agency elects the option to provide CHIP coverage to otherwise eligible children up to age 19, lawfully residing in the United States, as provided in Section 2107(e)(1)(J) of the SSA (Section 214 of CHIPRA 2009, P.L. 111-3).
Otherwise eligible children means children meeting the eligibility requirements of targeted low-income children with the

exception of non-citizen status.



The CHIP Agency provides assurance that lawfully residing children are also covered under the state's Medicaid program.

The CHIP Agency elects the option to provide CHIP coverage to otherwise eligible pregnant women, lawfully residing in the United States, as provided in Section 214 of CHIPRA 2009, P.L. 111-3. The state may not select this option unless the state also elects to cover lawfully residing children. A state may not select this option unless the state also covers Targeted Low-Income Pregnant Women.

No

- An individual is considered to be lawfully residing in the United States if he or she is lawfully present and meets state residency requirements.
- An individual is considered to be lawfully present in the United States if he or she is:
- 1. A qualified non-citizen as defined in 8 U.S.C. 1641(b) and (c):
- 2. A non-citizen in a valid nonimmigrant status, as defined in 8 U.S.C. 1101(a)(15) or otherwise under the immigration laws (as defined in 8 U.S.C. 1101(a)(17));
- 3. A non-citizen who has been paroled into the United States in accordance with 8 U.S.C.1182(d)(5) for less than 1 year, except for an individual paroled for prosecution, for deferred inspection or pending removal proceedings;
- 4. A non-citizen who belongs to one of the following classes:
  - (i) Granted temporary resident status in accordance with 8 U.S.C.1160 or 1255a, respectively;
  - (ii) Granted Temporary Protected Status (TPS) in accordance with 8 U.S.C. §1254a, and individuals with pending applications for TPS who have been granted employment authorization;
  - (iii) Granted employment authorization under 8 CFR 274a.12(c);
  - (iv) Family Unity beneficiaries in accordance with section 301 of Pub. L. 101-649, as amended;
  - (v) Under Deferred Enforced Departure (DED) in accordance with a decision made by the President:
  - (vi) Granted Deferred Action status;
  - (vii) Granted an administrative stay of removal under 8 CFR 241;
  - (viii) Beneficiary of approved visa petition who has a pending application for adjustment of status;
- 5. Is an individual with a pending application for asylum under 8 U.S.C. 1158, or for withholding of removal under 8 U.S.C.1231.or under the Convention Against Torture, who:
  - (i) Has been granted employment authorization; or
  - (ii) Is under the age of 14 and has had an application pending for at least 180 days;
- 6. Has been granted withholding of removal under the Convention Against Torture;
- 7. Is a child who has a pending application for Special Immigrant Juvenile status as described in 8 U.S.C.1101(a)(27)(J);
- 8. Is lawfully present in American Samoa under the immigration laws of American Samoa; or
- 9. Is a victim of severe trafficking in persons, in accordance with the Victims of Trafficking and Violence Protection Act of 2000, Pub. L. 106-386, as amended (22 U.S.C. 7105(b)).



10. Exception: An individual with deferred action under the Department of Homeland Security's deferred action for the childhood arrivals process, as described in the Secretary of Homeland Security's June 15, 2012 memorandum, shall not be considered to be lawfully present with respect to any of the above categories in paragraphs (1) through (9) of this definition.

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# **CHIP Eligibility**

OMB Control Number: 0938-1148

Expiration date: 10/31/2014

eparate Child Health Insurance Program Ion-Financial Eligibility - Social Security Number	19
2 CFR 457.340(b)	
ocial Security Number	
As a condition of eligibility, the CHIP Agency must require individuals who have a social security number or are eligible for one as determined by the Social Security Administration, to furnish their social security number, or numbers if they have more than one number.	S
The CHIP Agency requires individuals, as a condition of eligibility, to furnish their social security number(s), with the following exceptions:	<b>1</b> g
Individuals refusing to obtain a social security number (SSN) because of well established religious objections, or	
Individuals who are not eligible for an SSN, or	
Individuals who are issued an SSN only for a valid non-work purpose.	
The CHIP Agency assists individuals, who are required to provide their SSN, to apply for or obtain an SSN from the Social Security Administration if the individual does not have or forgot their SSN.	
■ The CHIP Agency informs individuals required to provide their SSN:	
By what statutory authority the number is solicited; and	
How the state will use the SSN.	
The CHIP Agency provides assurance that it will verify each SSN furnished by an applicant or beneficiary with the Social Security Administration, not deny or delay services to an otherwise eligible applicant pending issuance or verification of the individual's SSN by the Social Security Administration and that the state's utilization of the SSNs is consistent with sections 20, and 1137 of the Social Security Act and the Privacy Act of 1974.	)5
The state may request non-applicant household members to voluntarily provide their SSN, if the state meets the requirements below	V.
The state requests non-applicant household members to voluntarily provide their SSN.	
✓ When requesting an SSN for non-applicant household members, the state assures that:	
At the time such SSN is requested, the state informs the non-applicant that this information is voluntary and provides information regarding how the SSN will be used; and	
The state only uses the SSN for determination of eligibility for CHIP or other insurance affordability programs, or for a purpose directly connected with the administration of the state plan.	r
PRA Disclosure Statement	

Approval Date: NOV 2 2	2016
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NOV 2 2 2016



State Name: Wisc	consin	OMB Control Number: 0938-1148
Transmittal Numb	per: WI - 13 - 0032	Expiration date: 10/31/2014
	d Health Insurance Program l Eligibility - Substitution of Co	verage CS20
Section 2102(b)(3	(c) of the SSA and 42 CFR 457.340(d)	)(3), 457.350(i), and 457.805
Substitution o	f Coverage	
		methods and policies in place to prevent the substitution of group health ith public funded coverage. These policies include:
■ Subs	titution of coverage prevention strategy:	
	Name of policy	Description
	Access to employer-sponsored health insurance	For unborn children and children to be eligible under Separate CHIP:
		May not have access to a State employee's health benefits plan or to an employer's group or employer's individual health insurance plan unless exempt.  Exemptions:  -If the available insurance is through a person who is not a member of the child's household or the employer contributes less than 80 percent of the premium cost (This reason does not apply to State
+		employee's health benefits plan.),  -The insurance only covers services provided in a service area that is beyond a reasonable driving distance from the individual's residence,  -The individual through whom the insurance was available lost
		their job with the employer providing that insurance,  -The employer discontinued health plan coverage for all employees,  -At the time the individual failed to enroll in the employer's health insurance coverage, one or more members of the individual's family were covered through:
		<ul> <li>A private health insurance policy or Medicaid, and</li> <li>No one in the family was covered through CHIP.</li> <li>-Any other reason determined by the Wisconsin Department of Health Services as a good cause reason.</li> </ul>
A waitin	g period during which an individual is i	neligible due to having dropped group health coverage. No
If the state elects	to offer dental only supplemental covera	age, the following assurances apply:
The other cov provided in se	erage exclusion does not apply to childrection 2110(b)(5) of the SSA.	en who are otherwise eligible for dental only supplemental coverage as
☐ The waiting p	eriod does not apply to children eligible	for dental only supplemental coverage.



#### PRA Disclosure Statement

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NOV 2 2 2016



OMB Control Number: 0938-1148

Expiration date: 10/31/2014

	Child Health Insurance Program acial Eligibility - Non-Payment of Premiums	CS21
12 CFR 457.	570	•
Non-Payme	nt of Premiums	
Does the sta	te impose premiums or enrollment fees?	Yes
Can nor	n-payment of premiums or enrollment fees result in loss of CHIP eligibility?	Yes
Do	es the state have a premium lock out period?	Yes
	Please describe the lock-out period:	
	Once eligibility is terminated due to non-payment of premiums, the person is then locked out for the next 90 days unless all arrears owed during the lock-out period are paid in full.	
	What is the length of the time premium lock-out period?	
	Select a length of time:	
	C One month	
	C Two months	
,	● 90 days	
	Other (not to exceed 90 days)	
Are	there exceptions to the required lock-out period?	Yes
	Individual's income decreased to a level where no premium is required or within Medicaid standards	
	Other financial hardship	
	Other	
<b>✓</b>	The state assures that:	
	It does not require the collection of past due premiums or enrollment fees as a condition of eligibility for enrollment lock-out period has expired; and	once the
	It provides enrollees with an opportunity for an impartial review to address disenrollment from the program in according with section 457.1130(a)(3); and	dance
	The child will-be reenrolled in CHIP during the lock-out period upon payment of past due premiums or enrollment f	èes.

PRA Disclosure Statement



According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1148. The time required to complete this information collection is estimated to average 50 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

V.20130709