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State/Territory Name: Y kaeqpukp

State Plan Amendment (SPA) #: Y K42/2227

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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

August 19, 2020

Jim Jones
Medicaid Director
State of Wisconsin, Department of Health Services
1 West Wilson Street, Room 350 PO Box 309
Madison, WI 53701-0309

Dear Mr. Jones:

Your title XXI Children's Health Insurance Program (CHIP) state plan amendment (SPA) WI-20-0005, submitted on June 10, 2020, has been approved. This amendment has an effective date of March 1, 2020.

This amendment, as it applies to the COVID-19 public health emergency (PHE), makes the following changes beginning March 1, 2020, unless otherwise noted below, through the duration of the Federally-declared PHE, or at state discretion, a shorter period of time:

- Conduct tribal consultation following the submission of this SPA, as permitted under section 1135 of the Social Security Act (the Act);
- Waive requirements related to timely processing of renewals;
- Provide an extension of the reasonable opportunity period for non-citizens declaring to be in a satisfactory immigration status, if the non-citizen is making a good faith effort to resolve any inconsistencies or obtain any necessary documentation, or the agency is unable to complete the verification process within the 90-day reasonable opportunity period;
- Delay acting on changes in circumstances for CHIP beneficiaries other than the required changes in circumstances described in 42 CFR 457.342(a) cross-referencing 42 CFR 435.926(d), beginning March 21, 2020;
- Waive collection of all premiums, beginning April 1, 2020;
- Waive collection of all cost sharing for any in vitro diagnostic product described in section 2103(c)(10) of the Act and any other COVID-19 testing related service, regardless of setting type; and
- Suspend the premium lock-out policy.

Your title XXI project officer is Dietrich Graham. She is available to answer questions concerning this amendment and other CHIP-related issues. Her contact information is as follows:

Centers for Medicare & Medicaid Services
Center for Medicaid & CHIP Services
233 N. Michigan Avenue, Suite 600
Chicago, IL 60601
Telephone: (312) 353-9355
E-mail: Dietrich.Graham@cms.hhs.gov

If you have any questions, please contact Meg Barry, Acting Director, Division of State Coverage Programs, at (410) 786-1536. We look forward to continuing to work with you and your staff.

Sincerely,

/Signed Amy
Lutzky/

Amy Lutzky
Acting Deputy Director

cc: Courtney Miller, Director, Medicaid and CHIP Operations Group
Jackie Glaze, Deputy Director, Medicaid and CHIP Operations Group

TEMPLATE FOR CHILD HEALTH PLAN UNDER TITLE XXI OF THE SOCIAL SECURITY ACT CHILDREN'S HEALTH INSURANCE PROGRAM

(Required under 4901 of the Balanced Budget Act of 1997 (New section 2101(b)))

State/Territory: Wisconsin

As a condition for receipt of Federal funds under Title XXI of the Social Security Act, (41 CFR, 457.40(b))

(Signature of Governor, or designee, of State/Territory, Date Signed)

submits the following Child Health Plan for the Children's Health Insurance Program and hereby agrees to administer the program in accordance with the provisions of the approved Child Health Plan, the requirements of Title XXI and XIX of the Act (as appropriate) and all applicable Federal regulations and other issuances of the Department.

The following State officials are responsible for program administration and financial oversight (42 CFR 457.40(c))

Name: Andrea Palm	Position/Title: Secretary, Department of Health Services
Name: Jim Jones	Position/Title: Wisconsin State Medicaid Director
Name: Rebecca McAtee	Position/Title: Wisconsin SCHIP Director

* Disclosure: 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 0707. The time required to complete this information collection is estimated to average 80 hours per response, including the time to review instructions, search existing data resources, gather the data needed, complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, write to: CMS, 7500 Security Blvd., Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

Section 1. General Description and Purpose of the Children's Health Plans and the Requirements

1.4. Provide the effective (date costs begin to be incurred) and implementation (date services begin to be provided) dates for this SPA (42 CFR 457.65) A SPA may only have one effective date, but provisions within the SPA may have different implementation dates that must be after the effective date.

Original Plan

Effective Date: **April 1, 1999**

Implementation Date:

**Amendment #1 Effective date: July 1, 1999
Implementation date: July 1, 1999**

**Amendment #2 Effective date: October 18, 2001
Implementation date: November 1, 2001**

**Amendment #3 Effective date: July 14, 2004
Implementation date: August 1, 2004**

**Amendment #4 Effective date: November 1, 2005
Implementation date: January 1, 2006**

**Amendment #5 Effective date: January 14, 2008
Implementation date: February 1, 2008**

**Amendment #6 Effective date: February 1, 2008
Implementation date: February 1, 2008**

**Amendment #7 Effective date: July 1, 2008
Implementation date: July 1, 2008**

**Amendment #8 Effective date: December 18, 2009
Implementation date: January 1, 2010**

**Amendment #9 Purpose of SPA: End of Benchmark Plan coverage and general updates.
Effective date: July 1, 2014
Implementation date: July 1, 2014**

Amendment #10 Purpose of SPA: Initiate Health Service Initiative for a Poison Control Center.

Proposed effective date: July 1, 2015

Proposed implementation date: July 1, 2015

Amendment #11 Purpose of SPA: Implement the Mental Health Parity and Addiction Equity Act (MHPAEA, Pub.L. 110-343)

Proposed effective date: July 1, 2017

Proposed implementation date: July 1, 2017

Amendment #12 Purpose of SPA: Implement Lead Abatement HSI

Proposed effective date: July 1, 2018

Proposed implementation date: July 1, 2018

Amendment #13 Purpose of SPA: Implement Suspension of copayments for COVID-19 Testing and Testing-Related Services, Extension of Renewal Deadlines and Reasonable Opportunity Period, Exceptions to Timely Processing of Changes and Suspension of Premiums during the COVID-19 National Emergency.

Proposed effective date: March 1, 2020

Proposed implementation date:

- March 1, 2020 for Suspension of Copayments for COVID-19 Testing and Testing-Related Services, Extension of Renewal Deadlines and Reasonable Opportunity Period, and Exceptions to the Timely Processing of Changes in Circumstances**
- April 1, 2020 for Suspension of Premiums**

1.4-TC

Tribal Consultation (Section 2107(e)(1)(C)) Describe the consultation process that occurred specifically for the development and submission of this State Plan Amendment, when it occurred and who was involved.

To address the COVID-19 public health emergency, the State has received a waiver under section 1135 of the Act to modify the tribal consultation process by conducting consultation after submission of the SPA. The State has informed the Tribes of this State Plan Amendment and will conduct consultation with the Tribal Health Directors at their next meeting which is scheduled to occur on July 8, 2020.

State: Wisconsin

- 4.3. Methodology.** Describe the methods of establishing and continuing eligibility and enrollment. The description should address the procedures for applying the eligibility standards, the organization and infrastructure responsible for making and reviewing eligibility determinations, and the process for enrollment of individuals receiving covered services, and whether the State uses the same application form for Medicaid and/or other public benefit programs. (Section 2102(b)(2) and 42 CFR 457.350)

See SPA WI-13-0031, Section CS24

CHIP Disaster Relief:

At State discretion, the following may be temporarily waived for CHIP beneficiaries for the duration of the federal COVID-19 public health emergency, or at state discretion, a shorter period of time:

- requirements related to timely processing of renewals and/or deadlines for families to respond to renewal requests and
- During the Federal COVID-19 PHE, the state may provide for an extension of the reasonable opportunity period for non-citizens declaring to be in a satisfactory immigration status, if the non-citizen is making a good faith effort to resolve any inconsistencies or obtain any necessary documentation, or the agency is unable to complete the verification process within the 90-day reasonable opportunity period.
- During the Federal COVID-19 PHE, the State will temporarily delay acting on certain changes in circumstances for CHIP beneficiaries whom the state determines are impacted by the COVID-19 PHE such that processing the change in a timely manner is not feasible. The state will continue to act on the required changes in circumstance described in 42 CFR 457.342(a) cross-referencing 42 CFR 435.926(d).

- 8.2.** Describe the amount of cost-sharing, any sliding scale based on income, the group or groups of enrollees that may be subject to the charge by age and income (if applicable) and the service for which the charge is imposed or time period for the charge, as appropriate (Section 2103(e)(1)(A)) (42CFR 457.505(a), 457.510(b) &(c), 457.515(a)&(c)).

8.2.1. Premiums:

At State discretion, premiums will be temporarily waived for CHIP applicants and existing beneficiaries for the duration of the federal COVID-19 public health emergency, or at state discretion, a shorter period of time.

8.2.3. Coinsurance and copayments:

During the federal COVID-19 public health emergency, the state will waive all cost-sharing for any in vitro diagnostic product described in section 2103(c)(10) of the Act and any other COVID-19 testing related service regardless of setting type.

8.7 Provide a description of the consequences for an enrollee or applicant who does not pay a charge (42CFR 457.570 and 457.505(c)).

Exception to Disenrollment for Failure to Pay Premiums— Beginning March 1, 2020, during the federal COVID-19 public health emergency, non-payment of premiums will not result in a loss of CHIP coverage.