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**State/Territory Name: WI**

**State Plan Amendment (SPA) #: 13-022-MM2**

This file contains the following documents in the order listed:

- 1) Approval Letter
  - 2) Additional Companion letter
  - 3) CMS 179 Form/Summary Form (with 179-like data)
  - 4) Approved SPA Pages
  - 5) Additional Attachments that are part of the state plan
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DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
Chicago Regional Office  
223 N. Michigan Avenue, Suite 600  
Chicago, Illinois 60601



**DIVISION OF MEDICAID & CHILDREN'S HEALTH OPERATIONS**

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March 17, 2014

Brett Davis, Administrator and Medicaid Director  
Division of Health Care Access and Accountability  
Wisconsin Department of Health Services  
1 West Wilson Street  
P. O. Box 309  
Madison, Wisconsin 53701-0309

Dear Mr. Davis:

Enclosed is an approved copy of Wisconsin's state plan amendment (SPA) 13-022-MM2, which was submitted to CMS on September 6, 2013. SPA 13-022-MM2 incorporates the MAGI-based eligibility process requirements, including the single streamlined application, into Wisconsin's Medicaid state plan in accordance with the Affordable Care Act. The effective date of this SPA is October 1, 2013.

Until December 31, 2014, the state is using interim paper and online alternative single streamlined applications; both applications provide the option to apply for multiple human services programs. On or before December 31, 2014, the state will implement revised alternative single streamlined paper and online applications that address CMS concerns outlined in the companion letter issued with this SPA approval. Enclosed is a copy of the new state plan pages and attachments to be incorporated within a separate section at the end of Wisconsin's approved state plan:

- S94, pages S94-1 and S94-2
- Attachment 1 – Statement related to coordination of eligibility and enrollment
- Attachment 2– Statement of use with respect to the alternative single, streamlined online application
- Attachment 3 – Statement of use with respect to the alternative single, streamlined paper application

If you have any questions about the application, please contact Dena Greenblum at 410-786-8684, or by email at [Dena.Greenblum@cms.hhs.gov](mailto:Dena.Greenblum@cms.hhs.gov). If you have any questions concerning this SPA, please contact Charles Friedrich at 608-442-9125, or by email at [Charles.Friedrich@cms.hhs.gov](mailto:Charles.Friedrich@cms.hhs.gov).

Sincerely,

/s/

Verlon Johnson  
Associate Regional Administrator  
Division of Medicaid and Children's Health Operations

cc: Al Matano, WI DHS



March 17, 2014

Brett Davis, Administrator  
Division of Health Care Access and Accountability  
Department of Health Services  
1 West Wilson St., Room 350  
Madison, WI 53701-0309

**RE: Companion Letter for Wisconsin State Plan Amendment (SPA) Transmittal Number 13-022**

Dear Mr. Davis:

This letter is being sent as a companion to Centers for Medicare & Medicaid Services (CMS) approval of State Plan Amendment (SPA) Transmittal Number 13-022-MM2, which was submitted to CMS on September 6, 2013. Our review of this submission included a review of the alternative single streamlined paper and online applications developed by the state in accordance with section 1413(b)(1)(B) of the Affordable Care Act. Both applications provide the option to apply for health coverage only or to apply for multiple human services programs.

Until December 31, 2014, the state is using interim alternative single streamlined paper and online applications. These interim applications need to be revised to reflect the following changes:

Necessary changes	Completion Date
The following questions will not appear on applications for health coverage only where the applicant has not indicated that he or she is aged, blind, or disabled:	
<ul style="list-style-type: none"><li>• Questions about absent parents, beyond an agreement to cooperate with child support (paper and online applications)</li></ul>	December 31, 2014

<ul style="list-style-type: none"> <li>• Questions about non-MAGI income types such as SSI and Child Support (Receipt of SSI may be asked about as a non-MAGI screening question, but as below, that would only be for applicants, unlike other income questions) (paper and online applications)</li> </ul>	May1, 2014
<ul style="list-style-type: none"> <li>• Question about “support payments or obligations” (online application)</li> </ul>	May 1, 2014
<ul style="list-style-type: none"> <li>• Question about City/State/Country of birth (paper application)</li> </ul>	May 1, 2014
<ul style="list-style-type: none"> <li>• Has paternity been established? (paper application)</li> </ul>	December 31, 2014
<p>In the online application, the following questions will not appear for household members not seeking any benefits, and in the paper application, these questions will be designated for applicants only:</p>	
<ul style="list-style-type: none"> <li>• The non-MAGI screening questions related to disability, blindness and long term care need</li> </ul>	May1, 2014
<ul style="list-style-type: none"> <li>• Questions related to residency information.</li> </ul>	December 31, 2014
<ul style="list-style-type: none"> <li>• All citizenship and immigration questions, including request for Alien Registration Number.</li> </ul>	December 31, 2014
<p>Applicants will have the opportunity to identify themselves as American Indians and Alaska Natives for purposes of cost-sharing protections, and identify American Indian and Alaska Native income not countable for Medicaid and CHIP income determinations.</p>	May 1, 2014
<p>The state will integrate questions for Medicaid, CHIP and APTC into a single application. (This includes questions related to employer sponsored health coverage and annual income. For the online application, the system should use the income and</p>	December 31, 2014

household attestation to trigger additional questions based on the program for which the applicant appears eligible.)	
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Please submit the revised alternative paper and online applications to CMS for review no later than December 1, 2014 to ensure approval by December 31, 2014. We continue to be available to provide technical assistance. If you have any questions about your application, please contact Dena Greenblum at [Dena.Greenblum@cms.hhs.gov](mailto:Dena.Greenblum@cms.hhs.gov) or (410) 786-8684. If you have any questions about this letter, please contact Charles Friedrich, of my staff, at (608) 442-9125 or by e-mail at [charles.friedrich@cms.hhs.gov](mailto:charles.friedrich@cms.hhs.gov).

Sincerely,

/s/

Verlon Johnson  
Associate Regional Administrator  
Division of Medicaid and Children's Health Operations

cc: Al Matano, WI DHS

**Medicaid State Plan Eligibility: Summary Page (CMS 179)**

State/Territory name: **Wisconsin**  
 Transmittal Number: **WI-13-0022**  
*Please enter the Transmittal Number (TR) 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.*

Proposed Effective Date  
 10/01/2013 (mm/dd/yyyy)

Federal Statute/Regulation Citation  
 42 CFR 435, Subpart J and Subpart M

Federal Budget Impact		Federal Fiscal Year	Amount
First Year	2014		\$ 0.00
Second Year	2015		\$ 0.00

Subject of Amendment  
 Medicaid eligibility process

Governor's Office Review  
 Governor's office reported no comment  
 Comments of Governor's office received  
 Describe:

No reply received within 45 days of submittal  
 Other, as specified  
 Describe:

Signature of State Agency Official  
 Submitted By: **Alfred Matano**  
 Last Revision Date: **Feb 20, 2014**  
 Submit Date: **Sep 6, 2013**

DATE RECEIVED: 9/6/2013	DATE APPROVED: 3/17/14
<b>PLAN APPROVED -- ONE COPY ATTACHED</b>	
EFFECTIVE DATE OF APPROVED MATERIAL: October 1, 2013	SIGNATURE OF REGIONAL OFFICIAL: /s/
TYPED NAME: Verlon Johnson	TITLE: Associate Regional Administrator
REMARKS:	



# Medicaid Eligibility

OMB Control Number 0938-1148  
OMB Expiration date: 10/31/2014

<b>General Eligibility Requirements</b>	<b>S94</b>
<b>Eligibility Process</b>	
42 CFR 435, Subpart J and Subpart M	
<b>Eligibility Process</b>	
<input checked="" type="checkbox"/> The state meets all the requirements of 42 CFR 435, Subpart J for processing applications, determining and verifying eligibility, and furnishing Medicaid.	
<b>Application Processing</b>	
Indicate which application the agency uses for individuals applying for coverage who may be eligible based on the applicable modified adjusted gross income standard.	
<input type="checkbox"/> The single, streamlined application for all insurance affordability programs, developed by the Secretary in accordance with section 1413(b)(1)(A) of the Affordable Care Act	
<input checked="" type="checkbox"/> An alternative single, streamlined application developed by the state in accordance with section 1413(b)(1)(B) of the Affordable Care Act and approved by the Secretary, which may be no more burdensome than the streamlined application developed by the Secretary.	
<b>An attachment is submitted.</b>	
<input checked="" type="checkbox"/> An alternative application used to apply for multiple human service programs approved by the Secretary, provided that the agency makes readily available the single or alternative application used only for insurance affordability programs to individuals seeking assistance only through such programs.	
<b>An attachment is submitted.</b>	
Indicate which application the agency uses for individuals applying for coverage who may be eligible on a basis other than the applicable modified adjusted gross income standard:	
<input type="checkbox"/> The single, streamlined application developed by the Secretary or one of the alternate forms developed by the state and approved by the Secretary, and supplemental forms to collect additional information needed to determine eligibility on such other basis, submitted to the Secretary.	
<b>An attachment is submitted.</b>	
<input checked="" type="checkbox"/> An application designed specifically to determine eligibility on a basis other than the applicable MAGI standard which minimizes the burden on applicants, submitted to the Secretary.	
<b>An attachment is submitted.</b>	
The agency's procedures permit an individual, or authorized person acting on behalf of the individual, to submit an application via the internet website described in 42 CFR 435.1200(f), by telephone, via mail, and in person.	
The agency also accepts applications by other electronic means:	
<input type="radio"/> Yes <input checked="" type="radio"/> No	



## Medicaid Eligibility

- The agency has procedures to take applications, assist applicants and perform initial processing of applications for the eligibility groups listed below at locations other than those used for the receipt and processing of applications for the title IV-A program, including Federally-qualified health centers and disproportionate share hospitals.

Parents and Other Caretaker Relatives

Pregnant Women

Infants and Children under Age 19

### Redetermination Processing

- Redeterminations of eligibility for individuals whose financial eligibility is based on the applicable modified adjusted gross income standard are performed as follows, consistent with 42 CFR 435.916:
- Once every 12 months
  - Without requiring information from the individual if able to do so based on reliable information contained in the individual's account or other more current information available to the agency
- If the agency cannot determine eligibility solely on the basis of the information available to it, or otherwise needs additional
- information to complete the redetermination, it provides the individual with a pre-populated renewal form containing the information already available.
- Redeterminations of eligibility for individuals whose financial eligibility is not based on the applicable modified adjusted gross income standard are performed, consistent with 42 CFR 435.916 (check all that apply):
- Once every 12 months
  - Once every 6 months
  - Other, more often than once every 12 months

### Coordination of Eligibility and Enrollment

- The state meets all the requirements of 42 CFR 435, Subpart M relative to coordination of eligibility and enrollment between
- Medicaid, CHIP, Exchanges and other insurance affordability programs. The single state agency has entered into agreements with the Exchange and with other agencies administering insurance affordability programs.

### 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 40 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.

TN 13-022-MM2  
WI

Approval Date: 3/17/14  
S94

Effective Date: Oct. 1, 2013

**COORDINATION OF ELIGIBILITY AND ENROLLMENT**

**TRANSMITTAL NUMBER:**

13-022MM2

**STATE:**

Wisconsin

Notwithstanding the final checked statement on page 2, the single state agency has not entered into an agreement with the Federally-facilitated Marketplace to date. The single state agency will make a good faith effort to enter into a memorandum of agreement with the Federally-facilitated Marketplace before April 1, 2014. At such time the agreement is signed, it will be incorporated by reference into this attachment

**USE OF THE ALTERNATIVE SINGLE STREAMLINED APPLICATION**

Paper Application       Online Application

**TRANSMITTAL NUMBER:**

WI 13-022-MM2

**STATE:**

Wisconsin

Through December 31, 2014, the state is using an interim alternative single streamlined application. After December 31, 2014, the state will use a revised alternative single streamlined application. The revised application will address the issues outlined in the CMS letter, which was issued with the approval of this state plan amendment, concerning the state's application. The revised application will be incorporated by reference into the state plan.

**USE OF THE ALTERNATIVE SINGLE STREAMLINED APPLICATION**

Paper Application

Online Application

**TRANSMITTAL NUMBER:**

13-022 MM2

**STATE:**

Wisconsin

Through December 31, 2014, the state is using an interim alternative single streamlined application. After December 31, 2014, the state will use a revised alternative single streamlined application. The revised application will address the issues outlined in the CMS letter, which was issued with the approval of this state plan amendment, concerning the state's application. The revised application will be incorporated by reference into the state plan.