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State/Territory Name: WI

State Plan Amendment (SPA) #: 13-024-MM4

This file contains the following documents in the order listed:

Department of Health & Human Services
Centers for Medicare & Medicaid Services
233 North Michigan Avenue, Suite 600
Chicago, Illinois 60601-5519

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

April 24, 2014

Marlia Mattke, Associate Deputy Administrator
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 Ms. Mattke:

Enclosed for your records is an approved copy of the following State Plan Amendment:

Transmittal #13-024-MM4 --MAGI-related Single State Agency SPA
--Effective October 1, 2013

If you have any additional questions, please have a member of your staff contact Charles Friedrich at (608) 442-9125 or Charles.Friedrich@cms.hhs.gov.

Sincerely,

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

Enclosure

cc: Al Matano, Wisconsin Department of Health Services

Medicaid State Plan Eligibility: Summary Page (CMS 179)

State/Territory name: Wisconsin
Transmittal Number: WI-13-024-MM4

Proposed Effective Date: 10/1/2013

Federal Statute/Regulation Citation: 42 CFR 431.10

Federal Budget Impact

	Federal Fiscal Year	Amount
First Year	2014	$ 0
Second Year	2015	$ 0

Subject of Amendment: Group 4 Single State Agency SPA

Governor's Office Review ○ Governor's office reported no comment

- ○ Comments of Governor's office received
- ○ No reply received within 45 days of submittal
- ○ Other, as specified

Signature of State Agency Official
Submitted by: Alfred Matano
Date Submitted: Sept. 6, 2013

DATE RECEIVED:	DATE APPROVED:
September 6, 2013	4/24/2014
PLAN APPROVED – ONE COPY ATTACHED	
EFFECTIVE DATE OF APPROVED MATERIAL:	SIGNATURE OF REGIONAL OFFICIAL:
10/1/2013	/s/
TYPED NAME	TITLE
Verlon Johnson	Associate Regional Administrator

SUPERSEDING PAGES OF STATE PLAN MATERIAL		
TRANSMITTAL NUMBER: 13-024	**STATE:** Wisconsin	
PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: A1 – A3	**COMPLETE PAGES SUPERSEDED:** Section 1; pages 1-8, 10 Attachment 1.2-A, pages 1-3 Attachment 1.2-B pages 1-10 Attachment 1.2-C	**PARTIAL PAGES SUPERSEDED:** Section 1; page 9
Section 1, page 9		Section 1, page 9

Medicaid Administration

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

State Plan Administration Designation and Authority — A1

42 CFR 431.10

Designation and Authority

State Name: Wisconsin

As a condition for receipt of Federal funds under title XIX of the Social Security Act, the single state agency named below submits the following state plan for the medical assistance program, and hereby agrees to administer the program in accordance with the provisions of this state plan, the requirements of titles XI and XIX of the Act, and all applicable Federal regulations and other official issuances of the Department.

Name of single state agency: Department of Health Services

Type of Agency:

- ○ Title IV-A Agency
- ◉ Health
- ○ Human Resources
- ○ Other

Type of Agency:

The above named agency is the single state agency designated to administer or supervise the administration of the Medicaid program under title XIX of the Social Security Act. (All references in this plan to "the Medicaid agency" mean the agency named as the single state agency.)

The state statutory citation for the legal authority under which the single state agency administers the state plan is:

Section 49.45 Wisconsin Statutes

The single state agency supervises the administration of the state plan by local political subdivisions.

◉ Yes ○ No

The state statutory citation for the legal authority under which the agency supervises the administration of the plan on a statewide basis is:

Section 49.45 (2), Wisconsin Statutes

The state statutory citation under which the single state agency has legal authority to make rules and regulations that are binding on the political subdivisions administering the plan is:

Section 49.45 (2), Wisconsin Statutes

☑ The certification signed by the state Attorney General identifying the single state agency and citing the legal authority under which it administers or supervises administration of the program has been provided.

An attachment is submitted.

The state plan may be administered solely by the single state agency, or some portions may be administered by other agencies.

The single state agency administers the entire state plan under title XIX (i.e., no other agency or organization administers any portion of it).

○ Yes ◉ No

☒ Waivers of the single state agency requirement have been granted under authority of the Intergovernmental Cooperation Act of 1968.

The waivers are still in effect.

◉ Yes ○ No

Enter the following information for each waiver:

Remove

Date waiver granted (MM/DD/YY): 11/19/13

The type of responsibility delegated is (check all that apply):

☐ Determining eligibility

☒ Conducting fair hearings

☐ Other

Name of state agency to which responsibility is delegated:

Department of Administration, Division of Hearings and Appeals.

Describe the organizational arrangement authorized, the nature and extent of responsibility for program administration delegated to the above named agency, and the resources and/or services of such agency to be utilized in administration of the plan:

The Division of Hearings and Appeals (DHA), which resides in the Department of Administration (DOA), conducts fair hearings of determinations of eligibility by the Department of Health Services (DHS) and counties and tribes who are delegated responsibility for that function. DHA also conducts hearing for Medicaid services/ benefits.

Petitioners may file objections with DHS regarding a proposed decision by DHA, and may seek a rehearing with DHA and/or file an appeal to a circuit court of final decisions.

The methods for coordinating responsibilities among the agencies involved in administration of the plan under the alternate organizational arrangement are as follows:

DHA conducts this function based on an agreement between the DHS and DOA. DHS retains control of policy issues.

DHS assures that DHA complies with all federal and state Medicaid laws, regulations and policies.

DHS retains oversight of the State Plan and has a process in place to monitor the entire appeals process, including the quality and accuracy of the final decisions made by DHA.

DHS assures that every applicant and beneficiary is informed in writing of the fair hearing process, how to contact DHA, and how to obtain information about fair hearings from that agency.

Any DHA decision that finds a DHS policy in conflict with law or that is a significant case of first impression is rendered as a proposed decision and submitted to DHS to make the final decision. Also, DHS reviews all decisions that DHA renders as final to determine if DHA is correctly applying the law and DHS policy. If not, DHS will instruct DHA as to the proper interpretation for future cases.

Add

☐ The agency that administers or supervises the administration of the plan under Title X of the Act as of January 1, 1965, has been separately designated to administer or supervise the administration of that portion of this plan related to blind individuals.

The entity or entities that have responsibility for determinations of eligibility for families, adults, and for individuals under 21 are:

☒ The Medicaid agency

☐ Single state agency under Title IV-A (in the 50 states or the District of Columbia) or under Title I or XVI (AABD) in Guam, Puerto Rico, or the Virgin Islands

☒ An Exchange that is a government agency established under sections 1311(b)(1) or 1321(c)(1) of the Affordable Care Act

The entity that has responsibility for determinations of eligibility for the aged, blind, and disabled are:

☒ The Medicaid agency

☐ Single state agency under Title IV-A (in the 50 states or the District of Columbia) or under Title I or XVI (AABD) in Guam, Puerto Rico, or the Virgin Islands

☐ An Exchange that is a government agency established under sections 1311(b)(1) or 1321(c)(1) of the Affordable Care Act

☒ The Federal agency administering the SSI program

Indicate which agency determines eligibility for any groups whose eligibility is not determined by the Federal agency:

☒ Medicaid agency

☐ Title IV-A agency

☐ An Exchange

The entity or entities that have responsibility for conducting fair hearings with respect to denials of eligibility based on the applicable modified adjusted gross income standard are:

☒ Medicaid agency

☐ An Exchange that is a government agency established under sections 1311(b)(1) or 1321(c)(1) of the Affordable Care Act

☒ An Exchange appeals entity, including an entity established under section 1411(f) of the Affordable Care Act

Name of entity: Office of Marketplace Eligibility Appeals

The agency has established a review process whereby the agency reviews appeals decisions made by the Exchange or Exchange appeals entity or other state agency, but only with respect to conclusions of law, including interpretations of state or federal policies.

◉ Yes ○ No

State Plan Administration Organization and Administration	A2

42 CFR 431.10
42 CFR 431.11

Organization and Administration

Provide a description of the organization and functions of the Medicaid agency.

The Department of Health Services administers a wide range of services to clients in the community and at state institutions, regulates certain care providers, and supervises and consults with local public and voluntary agencies. Its responsibilities span public health; mental health and substance abuse; long-term support and care; services to people who have a disability, medical assistance, and children's services; aging programs; physical and developmental disability services; sensory disability programs; operation of care and treatment facilities; quality assurance programs; nutrition supplementation programs; medical assistance; amd health care for low-income families, elderly, and disabled persons.

The department is administered by a secretary who is appointed by the governor with the advice and consent of the senate. The office of the secretary is responsible for the planned and coordinated execution of the various health and social services provided by the Department. The Department is divided into six divisions and three offices. The secretary appoints the division administrators from outside the classified service. The Department maintains regional, district, and sub-offices and institutions across the state. The six program divisions and three offices are the following:

— Division of Public Health
— Division of Health Care Access and Accountability
— Division of Mental Health and Substance Abuse Services
— Division of Quality Assurance
— Division of Long Term Care
— Division of Enterprise Services

— Office of Legal Counsel
— Office of Policy Initiatives and Budget
— Office of the Inspector General

The Division of Health Care Access and Accountability provides access to health care for low-income persons, the elderly, and people with disabilities. It administers the Medical Assistance (Medicaid), BadgerCare Plus, SeniorCare, Chronic Disease Aids, General Relief, and FoodShare programs.

The Division of Hearings and Appeals (DHA), which resides in the Department of Administration (DOA), conducts fair hearings of determinations of eligibility by the Department of Health Services and counties and tribes who are delegated responsibility for that function.

The Department of Health Services administers the Medicaid and other programs. The State Medicaid Director is the Administrator of the Division of Health Care Access and Accountability.

The Division of Health Care Access and Accountability (DHCAA) is composed of the Office of the Administrator and five Bureaus:

Bureau of Benefits Management (BBM)
Bureau of Enrollment Policy and Systems (BEPS)
Bureau of Fiscal Management (BFM)
Bureau of Operational Coordination (BOC)
Disability Determination Bureau (DDB)

Office of the Administrator (AO)

The Administrator's Office is responsible for setting overall policy direction of the Medicaid programs and securing financial welll-being of all Medicaid programs accountable to the Secretary. The AO is responsible for decision making on all policies and processes that have long term or serious impacts on the Medicaid programs, excluding long term care programs; supervision of Bureau Directors; policy and project management for high priority Medicaid projects; and oversight of the South East Wisconsiin Liaison position with a focus on improving stakeholder relations in Milwaukee and Southeastern Wisconsin.

Bureau of Benefits Management (BBM)

The Bureau of Benefits Management supports and advises the Medicaid Director on health benefits administered under the Medicaid program, including:

— Management of the Pharmacy Benefit.

— Managed Care Contract Compliance, including administering the statewide BadgerCare Plus and Medicaid SSI HMO Contracts; member grievances and fair hearings process, and the provider appeals process.

— Managing contracts for the provision of benefits, including incontinence supplies, eyeglasses, hearing aids, and transportation management.

— Benefit Design and Policy Development, for all Medicaid and BadgerCare Plus partial and full-benefit programs numerous policy areas, including physician, dental, mental health, school-based services, therapies, family planning, transportation, home health and DME/DMS; and making claims adjudication decisions.

— Provider Communications and Training, including production and distribution of Provider Updates and other communications; supervision, training, and ongoing support of the Provider Services unit and Professional Services Representatives; and supervisiom of and collaboration with the specialized dental unit.

— Quality Management and Initiatives, including maintaining HMO Member Quality Standards, developing pay-for performance standards, overseeing the Quality Dashboard, and publishing the ForwardHealth Quality Report website.

Bureau of Enrollment Policy and Systems (BEPS)
The Bureau of Enrollment Policy and Systems assures that eligibility policy, authorized under state and federal law as well as the Medicaid State Plan, is implemented in systems and operations and communicated clearly to members. It The Bureau is composed of the following sections:

— Policy Section
— Communications Section
— Systems Section
— Medicaid Quality Assurance Section
— FoodShare Quality Assurance Section
— Income Maintenance Training Section
— Second Party Review Section

as well as the following entities:

— Eligibility Management Central Application Processing Operation (EM CAPO)
— CARES Call Center

Collectively these entities perform a variety of functions, a partial list of which follows:

—— Assure eligibility program compliance with federal statutes and regulations, and maintain and update the eligibility portions of the Medicaid State Plan and federal 1115 waivers.

— Author "operations memos" that establish statewide processes for executing eligibility policy.

— Conduct communications with members, both directly through eligibility and renewal notices as well as through information provided to the public through web sites and other avenues.

— Manage the CARES and ACCESS systems as well as the interface between CARES and interChange so claims processing reflects accurate eligibility status.

— Manage system implementation of HMO enrollment.

— Maintain "medical status codes" used to track members by eligibility category.

— Perform quality assurance measures to assure accuracy of Medicaid benefit determinations and case closures.

— Assure the accuracy of FoodShare benefit determinations and case closures, as well as timely application processing for FoodShare.

— Plan, develop, and implement training for Income Maintenance programs, with input from consortia partners, other supervisors, and workgroups and by reviewing performance improvement indicators.

— Determine eligibility for SeniorCare, the Wisconsin Funeral & Cemetery Aids Program, Wisconsin Well Woman Medicaid, and the BadgerCare Plus Basic Plan.

— Maintain the CARES Call Center to provide policy, process and system support to IM agencies for IM programs through e-mail and telephone.

— Input, review, and track findings for Income Maintenance Programs, including FoodShare, using the new Income Maintenance Quality Assurance (IMQA) Tool.

— Evaluate cases across all consortia and monitor performance in order to improve payment accuracy and reduce fraud, waste and abuse.

— Monitors fair hearing decisions made by DHA for compliance with Medicaid policy. DHS is delegating to DHA fair hearings for individuals who request that the fair hearing for their FFM determination be heard by the state Medicaid agency.

Bureau of Fiscal Management (BFM)

The Bureau of Fiscal Management supports and advises the Medicaid director on all health care fiscal and budget issues and is responsible for management of the Medicaid budget, including all of the following:

Fiscal Monitoring and Financial Management
Medicaid Budget Development and Monitoring
Rate Setting
Cost Containment and Revenue Maximization

Fiscal Monitoring and Financial Management

Bureau staff calculate, prepare and submit state requests for financial transactions; review and authorize Medicaid payments processed by the contracted fiscal agent; compile required financial reporting, federal waiver reporting, and cost reporting; and conduct bank account management.

Medicaid Budget Development and Monitoring

Bureau staff develop projections of monthly expenditures, the weekly checkwrite, caseload, and cash balances. They perform fiscal analysis of pending legislation; maintain the coordination of benefits agreement (COBA) for crossover claims system design and

maintenance; and, in consultation with the Office of Policy Initiatives and Budget (OPIB), develop the DHCAA budget request.

Rate Setting

Bureau staff conduct rate setting activities. These include the calculation of HMO, hospital and non-institutional rates, as well as transportation rates. Staff assemble and maintain member encounter data; make assessment rates determinations; and study options for payment reform. Staff negotiate with CMS to win approval of changes to the Medicaid state plan. Staff also conduct systems modifications related to physicians, HMOs and hospital payment methodologies. Finally, Bureau staff conduct rate negotiations with providers.

Cost Containment and Revenue Maximization

The Bureau is responsible for oversight of Department rate reform initiatives; provider assessments; coordinating with contactors; and conducting federal revenue maximization projects.

Bureau of Operational Coordination (BOC)

The Bureau of Operational Coordination oversees all major Medicaid Management and Information Systems (MMIS) system projects and Centers for Medicare and Medicaid Services (CMS) mandates while coordinating and managing all fiscal agent contracts for the Medicaid program.

The Bureau is composed of a bureau director and three sections:

Systems and Vendor Management and Administrative Support
Data and Security Management Section
Contracts and Fiscal Management Section

BOC Director

The Bureau Director serves as the Wisconsin Medicaid Director for MMIS; as the liaison with CMS on MMIS; as the MMIS/Fiscal Agent Contract Manager; as liaison with the Department's Bureau of Human Resources, and performs project management for large MMIS system changes.

Systems and Vendor Management and Administrative Support

Staff in this section provide contract management for the Department's contracts with the Department's fiscal agent and the Department's MMIS contractor. Staff also provide management of MMIS and decision support system; as well as the ForwardHealth Portal. For information technology (IT), staff provide project management, IT strategic planning, including modification management for interChange, CARES, and other functions. Staff in this section provide project support on CMS Mandates and manage Medicaid Health Information Technology (HIT) incentive payments and planning; the ICD-10 diagnosis code project; and the National Correct Coding Initiative (NCCI). The Bureau conducts user acceptance testing for interChange and CARES; and works to ensure HIPAA compliance and conduct HIPAA 5010 transactions. Bureau staff manage the SPEC Vision Volume Purchase contract. Staff in this section also coordinate Division-wide initiatives. Bureau staff in this Section manage the DHCAA Call Center and web mail and controlled correspondence management; as well as process orders for supplies and services and travel and training requests.

Data and Security Management Section

Staff in this section are responsible for management of all internal and external data and reporting for interChange, CARES, and FoodShare; production of standard Medicaid and FoodShare enrollment data reports; conducting eligibility verification and issuing ID Cards. The Security Officer, who is housed in this section, provides access to DHS Network and all systems to all staff entitled to that access. The Privacy Officer, located in this section, coordinates with the Department Privacy Office and the CAPS Team. Additional functions located in this section are COOP (Continuity of Operations Planning); and the Division's Records Custodian and Open Records management, network and computer support, and intranet maintenance.

Medicaid Administration

Add

Entities that conduct fair hearings other than the Medicaid Agency (if are described under Designation and Authority)

Remove

Type of entity that conducts fair hearings:

- ○ An Exchange that is a government agency established under sections 1311(b)(1) or 1321(c)(1) of the Affordable Care Act
- ◉ An Exchange appeals entity, including an entity established under section 1411(f) of the Affordable Care Act

Provide a description of the staff designated by the entity and the functions they perform in carrying out their responsibility.

OMEA will conduct Medicaid fair hearings for individuals whose Medicaid eligibility has been determined and found ineligible for Medicaid by the Federally-facilitated Marketplace (FFM). These will be individuals whose income eligibility is determined based on MAGI income methodology and who applied for health coverage through the FFM.

Add

Supervision of state plan administration by local political subdivisions (if described under Designation and Authority)

Is the supervision of the administration done through a state-wide agency which uses local political subdivisions?

○ Yes ◉ No

The types of the local subdivisions that administer the state plan under the supervision of the Medicaid agency are:

- ○ Counties
- ○ Parishes
- ◉ Other

Type of local subdivision: County Consortia and Tribes

Are all of the local subdivisions indicated above used to administer the state plan?

○ Yes ◉ No

Remove

Names of local subdivisions used to administer the state plan: See names listed below.

Description of the staff and functions of the local subdivisions (provide only once if they all have the same description. If they do not, provide as many descriptions as needed, and indicate for each description to which local subdivision it applies.):

Names of County Consortia: Bay Lake, Capital, East Central, Great Rivers, IM Central, Moraine Lakes, Northern, Southern, WKRP, and Western

Counties are independent units of government. There are 72 counties in Wisconsin. Of the 72 counties, 70 are organized into 10 Consortia that administer Medicaid for their geographic area. The Consortia administer the Medicaid program under statutory authority with specific requirements spelled out in contracts with the Department of Health Services. Medicaid in Milwaukee County is administered directly by the Department of Health Services. Medicaid in Menominee County is administered by the Menominee Tribe. Eligibility staff of the Consortia are employees of the counties.
Functions performed by the consortia include:
• Conducting application processing
• Eligibility processing services

Contracts and Fiscal Management Section

The Contracts and Fiscal Management Section is responsible for all contract administration, including County Income Maintenance (IM) contracts; liaison with Department procurement; FoodShare EBT (electronic benefits transfer) vendor management; member fraud activities; fiscal management for administrative costs and budgets; advanced planning documents (APD) for federal funding; preparation of cost allocation plans; and collections and recovery budget monitoring.

Disability Determination Bureau (DDB)

The Disability Determination Bureau provides medical decisions for the Social Security Administration's disability claims and processes disability claims for various State of Wisconsin programs, including Medicaid programs:

Social Security Disability Insurance (SSDI), Supplemental Security Insurance (SSI), Title 19 Medicaid Disability, Katie Beckett Childhood Disability (MA), and Medicaid Purchase Plan Disability.

Medicaid eligibility is based on the Social Security Administration's guidelines for determination of disability. All Title 19 Medicaid Disability claims use the same standards for case determinations as those used for SSI.

County consortia and tribal governments assist in the eligibility determination process for the Wisconsin Medicaid program. There are 72 counties in Wisconsin. All but two - Milwaukee & Menominee- conduct eligibility determinations. For Menominee County, eligibility determinations are performed by the Menominee Tribe. For Milwaukee County, the eligibility function is performed by the Department, through its organizational entity MilES (Milwaukee Enrollment Services). Functions of MilES include:

- Walk-in customer service and case-specific troubleshooting for customers
- Self-help area for customers to manage their caseload using ACCESS
- Homeless mail distribution, interoffice mail services and BadgerCare premium payment processing
- Program integrity reviews and process requests for fair hearings
- Program eligibility determinations for applications, renewals and changes for initial and continuing eligibility for Medicaid (MA) and CHIP program benefits
- Ongoing caseload management including processing verification, alerts, and data exchange data
- Program eligibility determinations & ongoing, specialized case management for customers requesting and receiving Long Term Care MA services
- Program eligibility determinations for applications and renewals and ongoing case management for Elderly, Blind & Disabled cases, including MA deductibles, presumptive disability requests and special status MA programs
- Mobile Unit serves local community sites on a rotational basis for program eligibility determinations and case troubleshooting
- Answer daily calls regarding general and case specific questions from customers & the public
- Process case changes and submitted verification documents
- Outreach to customers affected by programmatic eligibility changes
- Answer daily calls received regarding the Affordable Care Act and the Marketplace
- Processing of applications transferred from the federal Marketplace to MilES

Upload an organizational chart of the Medicaid agency.

An attachment is submitted.

Provide a description of the structure of the state's executive branch which includes how the Medicaid agency fits in with other health, human service and public assistance agencies.

The executive branch includes the state's six constitutional officers - the governor, lieutenant governor, secretary of state, state treasurer, attorney general, and state superintendent of public instruction.

The term "department" is used to designate a principal administrative agency within the executive branch. There are currently 17 departments in the executive branch. In most cases a department is headed by a secretary with the advice and consent of the senate.

The Department of Children and Families provides or oversees county provision of various services to assist children and families, including services for children in need of protection or services for their families, adoption and foster care services, licensing of facilities that care for children, background investigations of child caregivers, and child abuse and neglect investigations. It administers the Wisconsin Works (W-2) program, including the child care subsidy program, child support enforcement and paternity establishment, and programs related to the Temporary Assistance to Needy Families (TANF) income support program. The department works to ensure families have access to high quality and affordable early care and education and also administers the licensing and regulation of day care centers.

The Department of Health Services administers a wide range of services to clients in the community and at state institutions, regulates certain care providers, and supervises and consults with local public and voluntary agencies. Its responsibilities span public health; mental health and substance abuse; long-term support and care; services to people who have a disability, medical assistance, and children's services; aging programs; physical and developmental disability services; sensory disability programs; operation of care and treatment facilities; quality assurance programs; nutrition supplementation programs; medical assistance; and health care for low-income families, elderly, and disabled persons.

Entities that determine eligibility other than the Medicaid Agency (if entities are described under Designation and Authority)

Remove

Type of entity that determines eligibility:

- ○ Single state agency under Title IV-A (in the 50 states or the District of Columbia) or under Title I or XVI (AABD) in Guam, Puerto Rico, or the Virgin Islands
- ◉ An Exchange that is a government agency established under sections 1311(b)(1) or 1321(c)(1) of the Affordable Care Act
- ○ The Federal agency administering the SSI program

Provide a description of the staff designated by the entity and the functions they perform in carrying out their responsibility.

The Federally-Facilitated Marketplace (FFM) will be determining eligibility for Medicaid for groups of individuals whose income eligibility is determined based on MAGI income methodology and who apply through the FFM. The FFM will not be assigning an individual who is determined eligible for Medicaid whose income eligibility is determined using MAGI methodology to a specific eligibility group, determining cost-sharing (if applicable), or assigning a benefit package – functions that will be performed by the single state agency.

Remove

Type of entity that determines eligibility:

- ○ Single state agency under Title IV-A (in the 50 states or the District of Columbia) or under Title I or XVI (AABD) in Guam, Puerto Rico, or the Virgin Islands
- ○ An Exchange that is a government agency established under sections 1311(b)(1) or 1321(c)(1) of the Affordable Care Act
- ◉ The Federal agency administering the SSI program

Provide a description of the staff designated by the entity and the functions they perform in carrying out their responsibility.

Pursuant to a 1634 agreement, the Social Security Administration determines Medicaid eligibility for Supplemental Income recipients.
Social Security Administration Field Office staff are federal government employees. Their functions in regard to determining eligibility for SSI and Medicaid are all of the following:
- Complete Medicaid-only items in the SSI application and redetermination processes (i.e., assignment of rights, third party liability, transfer of resources and Medicaid qualifying trust items).
- Determine the Medicaid State and county of residence.
- Refer individuals to their local Medicaid and other agencies when appropriate.

• Providing in-person services
• Coordination with state staff and consortia partners to ensure provision of the following administrative functions:
  o Subrogation
  o Benefit recovery
  o Fair hearings
  o Fraud prevention and identification
• Case-specific troubleshooting for customers
• Medicaid premium payment processing
• Program integrity reviews
• Program eligibility determinations for applications, renewals and changes for initial and continuing eligibility for Medicaid (MA) program benefits for all categories of Medicaid eligibility except for: women with breast and cervical cancer eligible under 1902(a)(10)(A)(ii)(XVIII), SeniorCare (an 1115 waiver drug benefit program) and children eligible under 1902(e)(3) whose eligibility is determined by staff in the Department of Health Services.
• Ongoing caseload management including processing verification, alerts, and data exchange data
• Program eligibility determinations & ongoing, specialized case management for customers requesting and receiving Long Term Care MA services
• Program eligibility determinations for applications and renewals and ongoing case management for Elderly, Blind & Disabled cases, including medically needy deductibles, presumptive disability requests and special status MA programs
• Answer daily calls regarding general and case specific questions from customers & the public
• Process case changes and submitted verification documents
• Outreach to customers affected by programmatic eligibility changes
• Answer daily calls received regarding the Affordable Care Act and the Marketplace
• Processing of applications transferred from the federal Marketplace

Remove

Names of local subdivisions used to administer the state plan: See names listed below.

Description of the staff and functions of the local subdivisions (provide only once if they all have the same description. If they do not, provide as many descriptions as needed, and indicate for each description to which local subdivision it applies.):

Names of Tribes administering the state plan: Red Cliff, Forest County Potawatomi, Lac Courte Oreilles, Lac du Flambeau, Menominee, Oneida, Bad River, Sokaogon Chippewa, and Stockbridge Munsee

There are 11 American Indian tribes within Wisconsin. Of those 11 tribes, 9 make eligibility determinations for Medicaid. The tribes administer the Medicaid program under statutory authority with specific requirements spelled out in contracts with the Department of Health Services. Eligibility staff are employees of the tribes. Functions performed by the tribes include:
• Conducting application processing
• Eligibility processing services
• Providing in-person services
• Coordination with state staff to ensure provision of the following administrative functions:
  o Subrogation
  o Benefit recovery
  o Fair hearings
  o Fraud prevention and identification
• Case-specific troubleshooting for customers
• Medicaid premium payment processing
• Program integrity reviews
• Program eligibility determinations for applications, renewals and changes for initial and continuing eligibility for Medicaid (MA) program benefits for all categories of Medicaid eligibility except for: women with breast and cervical cancer eligible under 1902(a)(10)(A)(ii)(XVIII), SeniorCare (an 1115 waiver drug benefit program) and children eligible under 1902(e)(3) whose eligibility is determined by staff in the Department of Health Services.
• Ongoing caseload management including processing verification, alerts, and data exchange data
• Program eligibility determinations & ongoing, specialized case management for customers requesting and receiving Long

	Term Care MA services • Program eligibility determinations for applications and renewals and ongoing case management for Elderly, Blind & Disabled cases, including medically needy deductibles, presumptive disability requests and special status MA programs • Answer daily calls regarding general and case specific questions from customers & the public • Process case changes and submitted verification documents • Outreach to customers affected by programmatic eligibility changes • Answer daily calls received regarding the Affordable Care Act and the Marketplace • Processing of applications transferred from the federal Marketplace	
		Add

State Plan Administration — A3

Assurances

42 CFR 431.10
42 CFR 431.12
42 CFR 431.50

Assurances

☑ The state plan is in operation on a statewide basis, in accordance with all the requirements of 42 CFR 431.50.

☑ All requirements of 42 CFR 431.10 are met.

☑ There is a Medical Care Advisory Committee to the agency director on health and medical services established in accordance with meeting all the requirements of 42 CFR 431.12.

☑ The Medicaid agency does not delegate, to other than its own officials, the authority to supervise the plan or to develop or issue policies, rules, and regulations on program matters.

Assurance for states that have delegated authority to determine eligibility:

☑ There is a written agreement between the Medicaid agency and the Exchange or any other state or local agency that has been delegated authority to determine eligibility for Medicaid eligibility in compliance with 42 CFR 431.10(d).

Assurances for states that have delegated authority to conduct fair hearings:

☑ There is a written agreement between the Medicaid agency and the Exchange or Exchange appeals entity that has been delegated authority to conduct Medicaid fair hearings in compliance with 42 CFR 431.10(d).

☑ When authority is delegated to the Exchange or an Exchange appeals entity, individuals who have requested a fair hearing are given the option to have their fair hearing conducted instead by the Medicaid agency.

Assurance for states that have delegated authority to determine eligibility and/or to conduct fair hearings:

☑ The Medicaid agency does not delegate authority to make eligibility determinations or to conduct fair hearings to entities other than government agencies which maintain personnel standards on a merit basis.

PRA Disclosure Statement