### **Table of Contents**

**State/Territory Name: Wisconsin** 

State Plan Amendment (SPA) #: 13-026-MM6

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) Summary Form (with 179-like data)
- 3) Superseding Pages Notice
- 4) Approved SPA Pages

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



December 5, 2013

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 for your records is an approved copy of the following Wisconsin State Plan Amendment (SPA) 13-026-MM6, which was submitted to CMS on September 6, 2013. SPA 13-026 incorporates the Medicaid MAGI-related Citizenship and Immigration Status into Wisconsin's State Plan in accordance with the Affordable Care Act.

Transmittal #13-026 -- Medicaid MAGI-related Citizenship and Immigration Status

-- Effective January 1, 2014

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: 13-026-MM6

Proposed Effective Date: 1/1/2014

**Security Act** 

9/6/2013

01/01/2014

**TYPED NAME** 

Verlon Johnson

**Federal Budget Impact Federal Fiscal Year Amount** 2014 First Year \$ 0 **Second Year** 2015 Subject of Amendment: Group 6 MAGI-based Citizenship and Immigration Status 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: December 5, 2013 PLAN APPROVED - ONE COPY ATTACHED SIGNATURE OF REGIONAL OFFICIAL: **EFFECTIVE DATE OF APPROVED MATERIAL:** /s/ TITLE

Associate Regional Administrator

Federal Statute/Regulation Citation: Sections 1902(a)(46)(B) and 1903(v)(2), (3) and (4) of the Social

| SUPERSEDING PAGES OF<br>STATE PLAN MATERIAL                            |   |  |
|--|---|--|
| TRANSMITTAL NUMBER:  | STATE:  |  |
| 13-026-MM6   | Wisconsin   |  |
|  |   |  |
| PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:                         | PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):   |  |
| S89 Non-Financial Eligibility- Citizenship and Non-citizen Eligibility | Attachment 2.6-A: Page 2, TN 09-023<br>Attachment 2.6-A: Page 2a, TN 09-023<br>Attachment 2.6-A: Page 2b, TN 09-023 |  |



# **Medicaid Eligibility**

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

|                            | on-Financial Eligibility<br>tizenship and Non-Citizen Eligibility   |
|----------------------------|---|
| 8 U<br>190<br>42 (<br>42 ( | 02(a)(46)(B)<br>U.S.C. 1611, 1612, 1613, and 1641<br>03(v)(2),(3) and (4)<br>CFR 435.4<br>CFR 435.406<br>CFR 435.956  |
| Cit                        | izenship and Non-Citizen Eligibility  |
| <b>V</b>                   | The state provides Medicaid to citizens and nationals of the United States and certain non-citizens consistent with requirements of 42 CFR 435.406, including during a reasonable opportunity period pending verification of their citizenship, national status or satisfactory immigration status.   |
|                            | The state provides Medicaid eligibility to otherwise eligible individuals:  |
|                            | Who are citizens or nationals of the United States; and   |
|                            | 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 not prohibited by section 403 of PRWORA (8 U.S.C. §1613); and   |
|                            | 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), 1902(ee) of the SSA and 42 CFR 435.406, and 956. |
|                            | 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.   |
|                            | C Yes © No  |
|                            | 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.  |
|                            | • Yes ( No  |
|                            | 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.   |



# **Medicaid Eligibility**

| The state provides Medicaid coverage to all Qualified Non-Citizens whose eligibility is not prohibited by section 403 of PRWORA (8 U.S.C. §1613).  |
|--|
| • Yes C No   |
| The state elects the option to provide Medicaid coverage to otherwise eligible individuals under 21 and pregnant women, lawfully residing in the United States, as provided in section 1903(v)(4) of the Act.                          |
| • Yes • No   |
| □ Pregnant women   |
| ☑ Individuals under age 21:  |
| C Individuals under age 21   |
| C Individuals under age 20   |
| ● Individuals under age 19   |
| An individual is considered to be lawfully residing in the United States if he or she is lawfully present and otherwise meets the eligibility requirements in the state plan.  |
| An individual is considered to be lawfully present in the United States if he or she:  |
| 1. Is a qualified non-citizen as defined in 8 U.S.C. 1641(b) and (c);  |
| 2. Is 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. Is 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. Is a non-citizen who belongs to one of the following classes:   |
| ■ Granted temporary resident status in accordance with 8 U.S.C. 1160 or 1255a, respectively;   |
| 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;   |
| ■ Granted employment authorization under 8 CFR 274a.12(c);   |
| Family Unity beneficiaries in accordance with section 301 of Pub. L. 101-649, as amended;  |
| ■ Under Deferred Enforced Departure (DED) in accordance with a decision made by the President;   |
| ■ Granted Deferred Action status;  |
| ■ Granted an administrative stay of removal under 8 CFR 241;   |
| 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 -   |
| Has been granted employment authorization; or  |
| Is under the age of 14 and has had an application pending for at least 180 days;   |



## **Medicaid Eligibility**

|          | 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.                                 |
|          | ☐ Other   |
| <b>V</b> | The state assures that it provides limited Medicaid services for treatment of an emergency medical condition, not related to an organ transplant procedure, as defined in 1903(v)(3) of the SSA and implemented at 42 CFR 440.255, to the following individuals who meet all Medicaid eligibility requirements, except documentation of citizenship or satisfactory immigration status and/or present an SSN: |
|          | Qualified non-citizens subject to the 5 year waiting period described in 8 U.S.C. 1613;   |
|          | Non-qualified non-citizens, unless covered as a lawfully residing child or pregnant woman by the state under the option in accordance with 1903(v)(4) and implemented at 435.406(b).  |

#### 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# 13-026-MM6 Approval Date: 12/5/13 Effective Date 1/1/2014