

Table of Contents

State/Territory Name: WI

State Plan Amendment (SPA) #: 14-010-MM5

This file contains the following documents in the order listed:

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

June 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 #14-010-MM5 --End Interstate Residency Agreement with Florida SPA
--Effective February 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: WI-14-010-MM5

Proposed Effective Date: 2/1//2014

Federal Statute/Regulation Citation: 42 CFR 435.403

Federal Budget Impact

| | Federal Fiscal Year | Amount |
|-------------|-----------------------------------|-----------------------------------|
| First Year | <input type="text" value="2014"/> | \$ <input type="text" value="0"/> |
| Second Year | <input type="text" value="2015"/> | \$ <input type="text" value="0"/> |

Subject of Amendment: Group 5 Residency: End Interstate Residency Agreement with Florida 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:

Mar. 28, 2014

| | |
|---|--|
| DATE RECEIVED: 3/28/14 | DATE APPROVED: 6/24/14 |
| PLAN APPROVED – ONE COPY ATTACHED | |
| EFFECTIVE DATE OF APPROVED MATERIAL: 2/1/14 | SIGNATURE OF REGIONAL OFFICIAL: /s/ |
| TYPED NAME Verlon Johnson | TITLE Associate Regional Administrator |

| | |
|---|---|
| SUPERSEDING PAGES OF STATE PLAN MATERIAL | |
| TRANSMITTAL NUMBER: WI-14-010-MM5 | STATE: Wisconsin |
| PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: S88 Non-Financial Eligibility- State Residency | PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>): Section 2.3: Page 13, TN 13-025-MM5 Attachment 2.6-A: Page 3, Item 4, TN 13-025-MM5 |



Medicaid Eligibility

OMB Control Number 0938-1148

OMB Expiration date: 10/31/2014

Non-Financial Eligibility State Residency

S88

42 CFR 435.403

State Residency

- ☒ The state provides Medicaid to otherwise eligible residents of the state, including residents who are absent from the state under certain conditions.

Individuals are considered to be residents of the state under the following conditions:

- ☐ Non-institutionalized individuals age 21 and over, or under age 21, capable of indicating intent and who are emancipated or married, if the individual is living in the state and:
 - ☐ Intends to reside in the state, including without a fixed address, or
 - ☐ Entered the state with a job commitment or seeking employment, whether or not currently employed.
- ☐ Individuals age 21 and over, not living in an institution, who are not capable of indicating intent, are residents of the state in which they live.
- ☐ Non-institutionalized individuals under 21 not described above and non IV-E beneficiary children:
 - ☐ Residing in the state, with or without a fixed address, or
 - ☐ The state of residency of the parent or caretaker, in accordance with 42 CFR 435.403(h)(1), with whom the individual resides.
- ☐ Individuals living in institutions, as defined in 42 CFR 435.1010, including foster care homes, who became incapable of indicating intent before age 21 and individuals under age 21 who are not emancipated or married:
 - ☐ Regardless of which state the individual resides, if the parent or guardian applying for Medicaid on the individual's behalf resides in the state, or
 - ☐ Regardless of which state the individual resides, if the parent or guardian resides in the state at the time of the individual's placement, or
 - ☐ If the individual applying for Medicaid on the individual's behalf resides in the state and the parental rights of the institutionalized individual's parent(s) were terminated and no guardian has been appointed and the individual is institutionalized in the state.
- ☐ Individuals living in institutions who became incapable of indicating intent at or after age 21, if physically present in the state, unless another state made the placement.
- ☐ Individuals who have been placed in an out-of-state institution, including foster care homes, by an agency of the state.
- ☐ Any other institutionalized individual age 21 or over when living in the state with the intent to reside there, and not placed in the institution by another state.
- ☐ IV-E eligible children living in the state, or



Medicaid Eligibility

☐ Otherwise meet the requirements of 42 CFR 435.403.



Medicaid Eligibility

Meet the criteria specified in an interstate agreement.

☒ Yes ☐ No

☒ The state has interstate agreements with the following selected states:

- | | | | |
|--|---|--|--|
| <input checked="" type="checkbox"/> Alabama | <input checked="" type="checkbox"/> Illinois | <input checked="" type="checkbox"/> Montana | <input checked="" type="checkbox"/> Rhode Island |
| <input checked="" type="checkbox"/> Alaska | <input checked="" type="checkbox"/> Indiana | <input checked="" type="checkbox"/> Nebraska | <input checked="" type="checkbox"/> South Carolina |
| <input checked="" type="checkbox"/> Arizona | <input checked="" type="checkbox"/> Iowa | <input checked="" type="checkbox"/> Nevada | <input checked="" type="checkbox"/> South Dakota |
| <input checked="" type="checkbox"/> Arkansas | <input checked="" type="checkbox"/> Kansas | <input checked="" type="checkbox"/> New Hampshire | <input checked="" type="checkbox"/> Tennessee |
| <input checked="" type="checkbox"/> California | <input checked="" type="checkbox"/> Kentucky | <input checked="" type="checkbox"/> New Jersey | <input checked="" type="checkbox"/> Texas |
| <input checked="" type="checkbox"/> Colorado | <input checked="" type="checkbox"/> Louisiana | <input checked="" type="checkbox"/> New Mexico | <input checked="" type="checkbox"/> Utah |
| <input checked="" type="checkbox"/> Connecticut | <input checked="" type="checkbox"/> Maine | <input type="checkbox"/> New York | <input checked="" type="checkbox"/> Vermont |
| <input checked="" type="checkbox"/> Delaware | <input checked="" type="checkbox"/> Maryland | <input checked="" type="checkbox"/> North Carolina | <input checked="" type="checkbox"/> Virginia |
| <input checked="" type="checkbox"/> District of Columbia | <input checked="" type="checkbox"/> Massachusetts | <input checked="" type="checkbox"/> North Dakota | <input checked="" type="checkbox"/> Washington |
| <input checked="" type="checkbox"/> Florida | <input checked="" type="checkbox"/> Michigan | <input checked="" type="checkbox"/> Ohio | <input checked="" type="checkbox"/> West Virginia |
| <input checked="" type="checkbox"/> Georgia | <input checked="" type="checkbox"/> Minnesota | <input checked="" type="checkbox"/> Oklahoma | <input type="checkbox"/> Wisconsin |
| <input checked="" type="checkbox"/> Hawaii | <input checked="" type="checkbox"/> Mississippi | <input checked="" type="checkbox"/> Oregon | <input type="checkbox"/> Wyoming |
| <input checked="" type="checkbox"/> Idaho | <input checked="" type="checkbox"/> Missouri | <input checked="" type="checkbox"/> Pennsylvania | |

☒ The interstate agreement contains a procedure for providing Medicaid to individuals pending resolution of their residency status and criteria for resolving disputed residency of individuals who (select all that apply):

- ☒ Are IV-E eligible
- ☐ Are in the state only for the purpose of attending school
- ☐ Are out of the state only for the purpose of attending school
- ☐ Retain addresses in both states
- ☒ Other type of individual



Medicaid Eligibility

| | Name of Type | Description | |
|---|----------------------------------|--|---|
| + | Institutionalized | <p>Individuals placed in a Wisconsin institution by an agreement State (or local government agency of that State) will be deemed to remain residents of the State that made the placement, unless a Wisconsin state or local government agency assumes responsibility for the individual's care.</p> <p>Individuals residing in a Wisconsin institution who would otherwise be considered residents of an agreement state under 435.403(h) or (i) will be deemed to be Wisconsin residents.</p> <p>Individuals placed in an institution in an agreement state by a Wisconsin state or local government agency will be deemed to remain residents of Wisconsin unless the other state or local government agency assumes responsibility for the individual's care.</p> <p>Individuals residing in an institution in an agreement state who would otherwise be considered residents of Wisconsin under 435.403(h) or (i) will be deemed to be residents of the agreement State.</p> <p>The list of States with which we have agreements and the dates of those agreements follows:</p> <p>Alabama 4/27/87 Arkansas 5/21/82 California 4/21/82 Georgia 4/19/82 Idaho 5/20/82 Kansas 7/12/82 Kentucky 5/14/82 Maryland 7/27/82 Minnesota 12/14/82 Mississippi 4/11/82 New Mexico 4/6/82 North Dakota 4/13/82 Ohio 4/23/82 Pennsylvania 5/20/82 South Carolina 4/27/82 South Dakota 4/6/82 Texas 4/28/82 Virginia 6/29/82 West Virginia 4/20/82</p> | X |
| | Other Adoption Assistance States | Wisconsin also has agreements with the States of New York and Wyoming to coordinate the provision of medical benefits and services to children receiving adoption assistance. | |

The state has a policy related to individuals in the state only to attend school.

☐ Yes ☒ No



Medicaid Eligibility

- ☐ Otherwise meet the criteria of resident, but who may be temporarily absent from the state.

The state has a definition of temporary absence, including treatment of individuals who attend school in another state.

- ☒ Yes ☐ No

Provide a description of the definition:

Once established, Wisconsin residence is retained until the individual indicates they no longer have the intent to return to Wisconsin, or declares to be a resident of another state. Being out-of-state, in and of itself, does not end Wisconsin residence. Residence is not lost when a Medicaid group or group member is temporarily out-of-state. Temporary absence ends when:

1. Another state determines the person is a resident there for Medicaid purposes.
2. The person states that they no longer intend to reside in Wisconsin
3. Other information is provided that indicates the person is no longer a resident.

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.