

Table of Contents

State/Territory Name: WI

State Plan Amendment (SPA) #: 14-011-MM1

This file contains the following documents in the order listed:

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

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

Enclosed for your records is an approved copy of the following Wisconsin State Plan Amendment (SPA) 14-011-MM1, which was submitted to CMS on March 28, 2014. SPA 14-011-MM1 incorporates the MAGI-Based eligibility groups into Wisconsin's State Plan in accordance with the Affordable Care Act.

--MAGI-Based Eligibility Groups
--Effective April 1, 2014

- S25, Pages S25-1 through S25-4
- S51, Page S51-1

Sincerely,

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

cc: Al Matano, WI DHS
Amy Callendar, WI DHS

Medicaid State Plan Eligibility: Summary Page (CMS 179)

State/Territory name: Wisconsin
Transmittal Number: 14-011

Proposed Effective Date: 4/1/2014

Federal Statute/Regulation Citation: 42 CFR 435.110.

Federal Budget Impact

	Federal Fiscal Year	Amount
First Year	2014	\$ -56,660,000.00
Second Year	2015	\$ 0

Subject of Amendment: Group 1 MAGI-based eligibility groups and AFDC income standard

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:

Date Submitted:

Alfred Matano

March 28, 2014

DATE RECEIVED: 3/8/2014	DATE APPROVED: 4/24/2014
PLAN APPROVED – ONE COPY ATTACHED	
EFFECTIVE DATE OF APPROVED MATERIAL: 04/01/2014	SIGNATURE OF REGIONAL OFFICIAL: /s/
TYPED NAME Verlon Johnson	TITLE Associate Regional Administrator



Medicaid Eligibility

OMB Control Number 0938-1148

OMB Expiration date: 10/31/2014

Eligibility Groups - Mandatory Coverage Parents and Other Caretaker Relatives

S25

42 CFR 435.110
1902(a)(10)(A)(i)(I)
1931(b) and (d)

- ☒ **Parents and Other Caretaker Relatives** - Parents and other caretaker relatives of dependent children with household income at or below a standard established by the state.

☒ The state attests that it operates this eligibility group in accordance with the following provisions:

☒ Individuals qualifying under this eligibility group must meet the following criteria:

- ☒ Are parents or other caretaker relatives (defined at 42 CFR 435.4), including pregnant women, of dependent children (defined at 42 CFR 435.4) under age 18. Spouses of parents and other caretaker relatives are also included.

The state elects the following options:

☒ This eligibility group includes individuals who are parents or other caretakers of children who are 18 years old, provided the children are full-time students in a secondary school or the equivalent level of vocational or technical training.

☒ Options relating to the definition of caretaker relative (select any that apply):

- ☐ The definition of caretaker relative includes the domestic partner of the parent or other caretaker relative, even after the partnership is terminated.

Definition of domestic partner:

- ☒ The definition of caretaker relative includes other relatives of the child based on blood (including those of half-blood), adoption or marriage.

Description of other relatives:

Grandmother or grandfather, aunt or uncle, first cousin, nephew or niece, or any preceding generation denoted by the prefix grand-, great-, or great-great, and including those through adoption.
Spouse of any of the above even after the marriage ends by death, divorce, or separation.

- ☐ The definition of caretaker relative includes any adult with whom the child is living and who assumes primary responsibility for the dependent child's care.

☒ Options relating to the definition of dependent child (select the one that applies):

- The state elects to eliminate the requirement that a dependent child must be deprived of parental support or care by reason of the death, physical or mental incapacity, or absence from the home or unemployment of at least one parent.

TN# 14-011-MM1
WI

Approval Date: 4/24/14
S25

Effective Date: 4/1/2014



Medicaid Eligibility

- ☐ The child must be deprived of parental support or care, but a less restrictive standard is used to measure unemployment of the parent (select the one that applies):

- ☐ Have household income at or below the standard established by the state.
- ☐ MAGI-based income methodologies are used in calculating household income. Please refer as necessary to S10 MAGI-Based Income Methodologies, completed by the state.
- ☐ Income standard used for this group
- ☐ Minimum income standard

The minimum income standard used for this group is the state's AFDC payment standard in effect as of May 1, 1988, converted to MAGI-equivalent amounts by household size. The standard is described in S14 AFDC Income Standards.

- ☒ The state certifies that it has submitted and received approval for its converted May 1, 1988 AFDC payment standard.

An attachment is submitted.

- ☐ Maximum income standard

- ☒ The state certifies that it has submitted and received approval for its converted income standard(s) for parents and other caretaker relatives to MAGI-equivalent standards and the determination of the maximum income standard to be used for parents and other caretaker relatives under this eligibility group.

An attachment is submitted.

The state's maximum income standard for this eligibility group is:

- ☒ The state's effective income level for section 1931 families under the Medicaid state plan as of March 23, 2010, converted to a MAGI-equivalent percent of FPL or amounts by household size.
- ☐ The state's effective income level for section 1931 families under the Medicaid state plan as of December 31, 2013, converted to a MAGI-equivalent percent of FPL or amounts by household size.
- ☐ The state's effective income level for any population of parents/caretaker relatives under a Medicaid 1115 demonstration as of March 23, 2010, converted to a MAGI-equivalent percent of FPL or amounts by household size.
- ☐ The state's effective income level for any population of parents/caretaker relatives under a Medicaid 1115 demonstration as of December 31, 2013, converted to a MAGI-equivalent percent of FPL or amounts by household size.

Enter the amount of the maximum income standard:

TN# 14-011-MM1
WI

Approval Date: 4/24/14
S25

Effective Date: 4/1/2014



Medicaid Eligibility

- ☒ A percentage of the federal poverty level: %
- ☐ The state's AFDC payment standard in effect as of July 16, 1996, converted to a MAGI-equivalent standard. The standard is described in S14 AFDC Income Standards.
- ☐ The state's AFDC payment standard in effect as of July 16, 1996, increased by no more than the percentage increase in the Consumer Price Index for urban consumers (CPI-U) since such date, converted to a MAGI-equivalent standard. The standard is described in S14 AFDC Income Standards.
- ☐ The state's TANF payment standard, converted to a MAGI-equivalent standard. The standard is described in S14 AFDC Income Standards.
- ☐ Other dollar amount

☒ Income standard chosen:

Indicate the state's income standard used for this eligibility group:

- ☐ The minimum income standard
- ☐ The maximum income standard
- ☐ The state's AFDC payment standard in effect as of July 16, 1996, increased by no more than the percentage increase in the Consumer Price Index for urban consumers (CPI-U) since such date. The standard is described in S14 AFDC Income Standards.
- ☒ Another income standard in-between the minimum and maximum standards allowed
 - ☐ The state's AFDC payment standard in effect as of July 16, 1996, not converted to a MAGI-equivalent standard. The standard is described in S14 AFDC Income Standards.
 - ☐ The state's TANF payment standard, not converted to a MAGI-equivalent standard. The standard is described in S14 AFDC Income Standards.
 - ☐ The state's AFDC payment standard in effect as of July 16, 1996, converted to a MAGI-equivalent standard. The standard is described in S14 AFDC Income Standards.
 - ☐ The state's TANF payment standard, converted to a MAGI-equivalent standard. The standard is described in S14 AFDC Income Standards.
- ☒ Other income standard in-between the minimum and the maximum standards allowed.

The amount of the income standard for this eligibility group is:

 - ☒ A percentage of the federal poverty level: %
 - ☐ A dollar amount

☒ There is no resource test for this eligibility group.

☒ Presumptive Eligibility

The state covers individuals under this group when determined presumptively eligible by a qualified entity. The state assures it also covers individuals under the Pregnant Women (42 CFR 435.116) and/or Infants and Children under Age 19 (42 CFR 435.118) eligibility groups when determined presumptively eligible.

TN# 14-011-MM1
WI

Approval Date: 4/24/14
S25

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Medicaid Eligibility

☐ Yes ☒ No

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# 14-011-MM1
WI

Approval Date: 4/24/14
S25

Effective Date: 4/1/2014



Medicaid Eligibility

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

Eligibility Groups - Options for Coverage	S51
Optional Coverage of Parents and Other Caretaker Relatives	
42 CFR 435.220 1902(a)(10)(A)(ii)(I)	
Optional Coverage of Parents and Other Caretaker Relatives - The state elects to cover individuals qualifying as parents or other caretaker relatives who are not mandatorily eligible and who have income at or below a standard established by the state and in accordance with provisions described at 42 CFR 435.220.	
<input type="radio"/> Yes <input checked="" type="radio"/> No	

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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: 14-011
WI

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S51

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