

Table of Contents

State/Territory Name: Wisconsin

State Plan Amendment (SPA) #:14-0021

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form
- 3) Approved SPA Pages

May 6, 2015

Kevin E. Moore, 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 Mr. Moore:

The CMS is reissuing the approval package for State Plan Amendment (SPA) 14-0021, MAGI Budgeting Methodology for Medically Needy. The initial approval package sent on March 19, 2015, inadvertently omitted information from the CMS 179 form. Enclosed with this letter is a revised and fully complete CMS 179 form. The approval date for this SPA is March 19th, 2015, with an effective date of October 1, 2014. Enclosed for your records is an approved copy of the SPA.

If you have any additional questions, please have a member of your staff contact Charles Friedrich at (608) 441-5344 or Charles.Friedrich@cms.hhs.gov.

Sincerely,

/s/

Ruth A. Hughes
Associate Regional Administrator
Division of Medicaid & Children's Health Operations

Enclosure

cc: Al Matano, Wisconsin Department of Health Services

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL****FOR: HEALTH CARE FINANCING ADMINISTRATION**TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES1. TRANSMITTAL NUMBER:
14-0212. STATE
Wisconsin3. PROGRAM IDENTIFICATION: TITLE XIX OF THE
SOCIAL SECURITY ACT (MEDICAID)4. PROPOSED EFFECTIVE DATE
10/01/20145. TYPE OF PLAN MATERIAL (*Check One*):☐ NEW STATE PLAN☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN☒ AMENDMENTCOMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (*Separate Transmittal for each amendment*)

6. FEDERAL STATUTE/REGULATION CITATION:

Section 1903(f)(2) of the Social Security Act

7. FEDERAL BUDGET IMPACT:

a. FFY 2015 \$0K

b. FFY 2016 \$0K

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 2.6-A, Page 14a.

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (*If Applicable*):

Same.

10. SUBJECT OF AMENDMENT:

Using MAGI methodology for determining medically needy eligibility for pregnant women and children.

11. GOVERNOR'S REVIEW (*Check One*):☒ GOVERNOR'S OFFICE REPORTED NO COMMENT☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL☐ OTHER, AS SPECIFIED:

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:

Kevin Moore

14. TITLE:

Deputy Secretary

15. DATE SUBMITTED:

12-22-14

16. RETURN TO:

Kevin Moore

Deputy Secretary

Department of Health Services

1 W. Wilson St.

P.O. Box 309

Madison, WI 53701-0309

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

12-22-14

18. DATE APPROVED:

3/19/15

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

10/1/14

20. SIGNATURE OF REGIONAL OFFICIAL:

/s/

21. TYPED NAME:

Alan Freund

22. TITLE:

Acting Associate Regional Administrator

23. REMARKS:

Revision: HCFA-PM-91-8 (MB)
October 1991

ATTACHMENT 2.6-A
Page 14a
OMB No.:

State: Wisconsin

Citation	Condition or Requirement
	a. <u>Medically Needy (Continued)</u>
1903(f)(2) of the Act	<u>X</u> (3) If countable income exceeds the MNIL standard, the agency deducts spenddown payments made to the State by the individual.
	(4) Individuals are provided the opportunity to elect or reject the pay-in spenddown option: <u>X</u> monthly <u> </u> quarterly
	(5) Subject to 42 C.F.R. 435.602 and the provisions in Supplement 8a to Attachment 2.6-A of the State plan, the state will use MAGI-based income methodologies for purposes of determining medically needy eligibility for the following categories of individuals: <u>X</u> Pregnant women <u>X</u> Children <u> </u> Parents and caretaker relatives

TN No. 14-021
Supersedes
TN No. 05-005

Approval Date 3/19/15

Effective Date 10/01/14