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State/Territory: Wisconsin

State Plan Amendment (SPA)#: 19-0011

This file contains the following documents in the order listed:

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

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
233 N. Michigan Avenue, Suite 600
Chicago, Illinois 60601-5519



Regional Operations Group

December 16, 2019

James Jones, Medicaid Director
Division of Medicaid Services
Department of Health Services
1 West Wilson Street, Room 350
Madison, WI 53702

ATTN: Laura Brauer, State Plan Amendment Coordinator

RE: Transmittal Number (TN) 19-0011

Dear Mr. Jones:

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

- SPA TN 19-0011 - Medically Needy Income Modification
 - Effective Date: September 1, 2019
 - Approval date: December 13, 2019

If you have any questions, please have a member of your staff contact Mai Le-Yuen at (312) 353-2853 or by email at mai.le-yuen@cms.hhs.gov.

Sincerely,

/s/

Ruth A. Hughes
Deputy Director
Center for Medicaid and CHIP Services
Regional Operations Group

Enclosure

cc: Gina Anderson, DHS
Laura Brauer, DHS

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

1. TRANSMITTAL NUMBER
19-0011

2. STATE
Wisconsin

FOR: HEALTH CARE FINANCING ADMINISTRATION

3. PROGRAM IDENTIFICATION: **Title XIX Of The
Social Security Act (Medicaid)**

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE
9/1/2019

5. TYPE OF PLAN MATERIAL (Check One)

- NEW STATE PLAN
- AMENDMENT TO BE CONSIDERED AS NEW PLAN
- AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION
1902(r)(2)

7. FEDERAL BUDGET IMPACT
a. FFY 2019 \$208,000
b. FFY 2020 \$2,500,000

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)

MACPro RU Medically Needy Income Level.....
 MACPro RU Handling of Excess Income (Spendedown).....
 MACPro RU Medically Needy Resource Level.....
 MACPro RU Optional Eligibility Groups.....
 MACPro RU Medically Needy Populations Based on Age,
 Blindness or Disability.....

00-004 (Supplement 1 to Attachment 2.6-A page 8)
 91-0031, 14-021 (Attachment 2.6-A page 14)
 91-0031 (Attachment 2.6-A page 14a b. (3) and (4))
 19-0008 (RU Optional Eligibility Groups)
 91-030, 13-033, 08-024, etc.

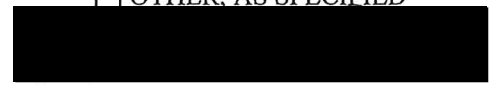
10. SUBJECT OF AMENDMENT
Elderly, Blind, and Disabled Medically Needy Income Limit Modification

(Supplement 1 to Attachment 2.6-A page 9)
Supplement 2 to Attachment 2.6-A page 7)

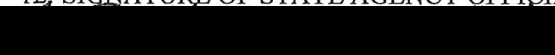
11. GOVERNOR'S REVIEW (Check One)

- 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

Jim Jones

14. TITLE

State Medicaid Director

15. DATE SUBMITTED

9/30/2019

16. RETURN TO

Laura Brauer
State Plan Amendment Coordinator
Department of Health Services
1 W. Wilson St.
P.O. Box 309
Madison, WI 53701-0309

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:
September 30, 2019

18. DATE APPROVED:
December 13, 2019

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:
September 1, 2019

20. SIGNATURE OF REGIONAL OFFICIAL:
/s/

21. TYPED NAME:

Ruth A. Hughes

22. TITLE:

Deputy Director

23. REMARKS:

[Records](#) / [Submission Packages](#)

WI - Submission Package - WI2019MS00030 - (WI-19-0011) - Eligibility

[Summary](#) [Reviewable Units](#) [Versions](#) [Correspondence Log](#) [Compare Doc Change Report](#) [Analyst Notes](#)[Review Assessment Report](#) [Approval Letter](#) [Transaction Logs](#) [News](#) [Related Actions](#)

CMS-10434 OMB 0938-1188

Package Information

Package ID	WI2019MS00030	Submission Type	Official
Program Name	N/A	State	WI
SPA ID	WI-19-0011	Region	Chicago, IL
Version Number	5	Package Status	Review
Submitted By	Laura Brauer	Submission Date	9/30/2019
Priority Code	P2	Regulatory Clock	24 days remain
		Review Status	Review 1

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Chicago Regional Office
233 North Michigan Avenue, Suite 600
Chicago, Illinois 60601



Division of Medicaid and Children's Health Operations

Jim Jones
Medicaid Director
Department of Health Services
1 West Wilson street
Madison, WI 53701

Re: Approval of State Plan Amendment WI-19-0011

Dear Jim Jones:

On September 30, 2019, the Centers for Medicare and Medicaid Services (CMS) received Wisconsin State Plan Amendment (SPA) WI-19-0011 to This amendment effectuates WI's application of an income disregard for the ABD-related medically needy populations whose incomes are between the state's medically needy income level and 100% of the FPL..

We approve Wisconsin State Plan Amendment (SPA) WI-19-0011 with an effective date(s) of September 01, 2019.

Name	Date Created
No items available	

If you have any questions regarding this amendment, please contact Mai Le-Yuen at mai.le-yuen@cms.hhs.gov.

Sincerely,
Ruth A. Hughes
Deputy Director
Division of Medicaid and
Children's Health Operations

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | WI2019MS00030 | WI-19-0011

Package Header

Package ID	WI2019MS00030	SPA ID	WI-19-0011
Submission Type	Official	Initial Submission Date	9/30/2019
Approval Date	N/A	Effective Date	N/A
Superseded SPA ID	N/A		

State Information

State/Territory Name: Wisconsin

Medicaid Agency Name: Department of Health Services

Submission Component

- State Plan Amendment
 Medicaid
 CHIP

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | WI2019MS00030 | WI-19-0011

Package Header

Package ID	WI2019MS00030	SPA ID	WI-19-0011
Submission Type	Official	Initial Submission Date	9/30/2019
Approval Date	N/A	Effective Date	N/A
Superseded SPA ID	N/A		

SPA ID and Effective Date

SPA ID WI-19-0011

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
Medically Needy Income Level	9/1/2019	WI-00-004
Handling of Excess Income (Spenddown)	9/1/2019	WI-91-0031, WI-14-021
Medically Needy Resource Level	9/1/2019	WI-91-0031
Optional Eligibility Groups	9/1/2019	WI-19-0008
Medically Needy Populations Based on Age, Blindness or Disability	9/1/2019	None

Page Number of the Superseded Plan Section or Attachment (If Applicable):

See "WI-19-0011 Submission Supplemental Packet":

Med. Needy Income: Supp.1 Att.2.6-A p.8

Spenddown: WI-91-0031 Att.2.6-A p.14; WI-14-021 Att.2.6-A p.14a a.(3)-(4)

Med. Needy Resource: Supp.1 Att. 2.6-A p.9, Supp.2 Att.2.6-A p.7

Opt. Elig. Groups: Same RU

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | WI2019MS00030 | WI-19-0011

Package Header

Package ID	WI2019MS00030	SPA ID	WI-19-0011
Submission Type	Official	Initial Submission Date	9/30/2019
Approval Date	N/A	Effective Date	N/A
Superseded SPA ID	N/A		

Executive Summary

Summary Description Including Goals and Objectives Less restrictive Medically Needy income limits for the Aged, Blind and Disabled.

This SPA is intended to raise the Medically Needy income limits to 100% of the federal poverty guidelines for the aged, blind and disabled eligibility groups. This change is being requested under authority of section 1902(r)(2) of the Social Security Act.

Federal Budget Impact and Statute/Regulation Citation


Federal Budget Impact

	Federal Fiscal Year	Amount
First	2019	\$208000
Second	2020	\$2500000

Federal Statute / Regulation Citation

1902(r)(2)

Supporting documentation of budget impact is uploaded (optional).

Name	Date Created	
WI-19-0011 Submission Supplemental Packet	12/4/2019 5:28 PM EST	

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | WI2019MS00030 | WI-19-0011

Package Header

Package ID WI2019MS00030
Submission Type Official
Approval Date N/A
Superseded SPA ID N/A

SPA ID WI-19-0011
Initial Submission Date 9/30/2019
Effective Date N/A

Governor's Office Review

- No comment
- Comments received
- No response within 45 days
- Other

Submission - Public Comment

MEDICAID | Medicaid State Plan | Eligibility | WI2019MS00030 | WI-19-0011

Package Header

Package ID	WI2019MS00030	SPA ID	WI-19-0011
Submission Type	Official	Initial Submission Date	9/30/2019
Approval Date	N/A	Effective Date	N/A
Superseded SPA ID	N/A		

Indicate whether public comment was solicited with respect to this submission.

- Public notice was not federally required and comment was not solicited
- Public notice was not federally required, but comment was solicited
- Public notice was federally required and comment was solicited

Submission - Tribal Input

MEDICAID | Medicaid State Plan | Eligibility | WI2019MS00030 | WI-19-0011

Package Header

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Approval Date	N/A	Effective Date	N/A
Superseded SPA ID	N/A		

One or more Indian Health Programs or Urban Indian Organizations furnish health care services in this state

- Yes
 No

This state plan amendment is likely to have a direct effect on Indians, Indian Health Programs or Urban Indian Organizations, as described in the state consultation plan.

- Yes
 No

The state has solicited advice from Indian Health Programs and/or Urban Indian Organizations, as required by section 1902(a)(73) of the Social Security Act, and in accordance with the state consultation plan, prior to submission of this SPA.

Complete the following information regarding any solicitation of advice and/or tribal consultation conducted with respect to this submission:

Solicitation of advice and/or Tribal consultation was conducted in the following manner:

- All Indian Health Programs

Date of solicitation/consultation:	Method of solicitation/consultation:
9/11/2019	Attendance and consultation at bi-monthly Wisconsin Tribal Health Director meeting.

- All Urban Indian Organizations


Date of solicitation/consultation:	Method of solicitation/consultation:
9/11/2019	Attendance and consultation at bi-monthly Wisconsin Tribal Health Director meeting.

States are not required to consult with Indian tribal governments, but if such consultation was conducted voluntarily, provide information about such consultation below:

- All Indian Tribes

Date of consultation:	Method of consultation:
9/11/2019	Attendance and consultation at bi-monthly Wisconsin Tribal Health Director meeting.

The state must upload copies of documents that support the solicitation of advice in accordance with statutory requirements, including any notices sent to Indian Health Programs and/or Urban Indian Organizations, as well as attendee lists if face-to-face meetings were held. Also upload documents with comments received from Indian Health Programs or Urban Indian Organizations and the state's responses to any issues raised. Alternatively indicate the key issues and summarize any comments received below and describe how the state incorporated them into the design of its program.

Name	Date Created	
19-0011 Tribal Consultation	9/12/2019 10:33 AM EDT	

Indicate the key issues raised (optional)

- Access
- Quality
- Cost
- Payment methodology
- Eligibility
- Benefits
- Service delivery
- Other issue

Medicaid State Plan Eligibility

Income/Resource Standards

Medically Needy Income Level

MEDICAID | Medicaid State Plan | Eligibility | WI2019MS00030 | WI-19-0011

Package Header

Package ID	WI2019MS00030	SPA ID	WI-19-0011
Submission Type	Official	Initial Submission Date	9/30/2019
Approval Date	N/A	Effective Date	9/1/2019
Superseded SPA ID	WI-00-004		
	User-Entered		

A. Income Level Used

- The state employs a single income level for the medically needy.
- The income level varies based on differences between shelter costs in urban and rural areas.

- Yes
- No

- The level used is:

Household size	Standard
1	\$591.67
2	\$591.67
3	\$689.33
4	\$822.67
5	\$944.00
6	\$1021.33
7	\$1105.33
8	\$1172.00
9	\$1226.67
10	\$1257.33

The state uses an additional incremental amount for larger household sizes.

- Yes
- No

Incremental Amount:

\$26.67

The dollar amounts increase automatically each year

- Yes
- No

Medically Needy Income Level

MEDICAID | Medicaid State Plan | Eligibility | WI2019MS00030 | WI-19-0011

Package Header

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	User-Entered		

B. Basis for Income Level

1. Minimum Income Level

The minimum income level for this eligibility group is the lower of the state's July 1996 AFDC payment standard or the state's income standard for the Parents and Other Caretaker Relatives eligibility group.

2. Maximum Income Level

The maximum income level for this eligibility group is 133 1/3 percent of the higher of the state's 1996 AFDC payment standard or the state's income standard for the Parents and Other Caretaker Relatives eligibility group.

Medically Needy Income Level

MEDICAID | Medicaid State Plan | Eligibility | WI2019MS00030 | WI-19-0011

Package Header

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	User-Entered		

C. Additional Information (optional)

Medicaid State Plan Eligibility

Income/Resource Standards

Handling of Excess Income (Spenddown)

MEDICAID | Medicaid State Plan | Eligibility | WI2019MS00030 | WI-19-0011

Package Header

Package ID	WI2019MS00030	SPA ID	WI-19-0011
Submission Type	Official	Initial Submission Date	9/30/2019
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Superseded SPA ID	WI-91-0031, WI-14-021		
	User-Entered		

If countable income exceeds the income standard, the state must deduct from income medical expenses incurred by the individual or family or financially responsible relatives that are not subject to payment by a third party, in accordance with 42 CFR 435.831 and 42 CFR 435.121.

A. Budget Periods

Income in excess of the appropriate income standard is considered available for payment of medical or remedial care expenses in budget periods that do not exceed six months.

1. In determining income eligibility, countable income is reduced by the amount of incurred medical or remedial care expenses during the budget period specified below:

- a. One budget period of:
 - i. 6 months
 - ii. 5 months
 - iii. 4 months
 - iv. 3 months
 - v. 2 months
 - vi. 1 month

b. More than one budget period, as described below:

2. The state includes part or all of the retroactive period in the budget period.

- Yes
- No

Handling of Excess Income (Spendedown)

MEDICAID | Medicaid State Plan | Eligibility | WI2019MS00030 | WI-19-0011

Package Header

Package ID	WI2019MS00030	SPA ID	WI-19-0011
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	User-Entered		

B. Types of Eligible Expenses

1. In determining incurred expenses to be deducted from income, the state includes:

- a. Medicare, Medicaid, and other health insurance premiums and enrollment fees.
- b. Cost sharing, including copayments, coinsurance, and deductibles, imposed by Medicare, Medicaid or other health insurance.
- c. Expenses for necessary medical and remedial services recognized by state law but not included in the state plan.
- d. Expenses for necessary medical and remedial services included in the state plan, including those that exceed limitations on the amount, duration, and scope of services.

2. The state also includes medical institutional expenses projected to the end of the budget period at the Medicaid reimbursement rate.

- Yes
- No

3. Incurred expenses subject to payment by a third party are not deducted unless the third party is a public program (other than Medicaid) of a state and the program is financed by the state.

Handling of Excess Income (Spendedown)

MEDICAID | Medicaid State Plan | Eligibility | WI2019MS00030 | WI-19-0011

Package Header

Package ID	WI2019MS00030	SPA ID	WI-19-0011
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Superseded SPA ID	WI-91-0031, WI-14-021		
	User-Entered		

C. Timeframe of Deduction of Expenses

In determining incurred expenses to be deducted from income, the state deducts:

1. For retroactive budget periods and a budget period that includes both retroactive and prospective budget, the state deducts:

- a. Eligible expenses incurred during the budget period, whether paid or unpaid.
- b. Payments made during the budget period on eligible expenses incurred at any time prior to the budget period, if not previously deducted in establishing eligibility.
- c. Unpaid eligible expenses, which have not been deducted previously in establishing eligibility, and were incurred:
 - i. At any time prior to the budget period.
 - ii. Prior to the third month before the month of application, but no earlier than:
 - iii. No earlier than the third month before the month of application.

2. For prospective budget period(s), the state deducts:

- a. Eligible expenses incurred during the budget period, whether paid or unpaid.
- b. Payments made during the budget period on eligible expenses incurred at any time prior to the budget period, if not previously deducted in establishing eligibility.
- c. Unpaid eligible expenses that are carried over from the prior budget period and have not been deducted previously in establishing eligibility.

Handling of Excess Income (Spendedown)

MEDICAID | Medicaid State Plan | Eligibility | WI2019MS00030 | WI-19-0011

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Superseded SPA ID	WI-91-0031, WI-14-021		
	User-Entered		

D. Order of Deduction of Expenses

Incurred medical or remedial care expenses are deducted in the following order:

- 1. By the type of service, in the following order:
 - a. Premiums, deductibles, coinsurance and co-payments.
 - b. Expenses for necessary medical or remedial care services that are recognized under state law but not included in the State Plan.
 - c. Expenses for necessary medical or remedial care services that are included in the state Plan that exceed agency limitations on amount, duration, or scope of services.
 - d. Expenses for necessary medical or remedial care services that are included in the state Plan that are within the agency limitations on amount, duration, or scope of services.
- 2. In chronological order by the date of the service, or the date cost sharing payments are due.
- 3. In chronological order by the date the bill is submitted to the state by the individual.

Handling of Excess Income (Spendedown)

MEDICAID | Medicaid State Plan | Eligibility | WI2019MS00030 | WI-19-0011

Package Header

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Superseded SPA ID	WI-91-0031, WI-14-021		
	User-Entered		

E. Reasonable Limitations

The state sets reasonable limits on the amount to be deducted for expenses.

- Yes
- No

Handling of Excess Income (Spenddown)

MEDICAID | Medicaid State Plan | Eligibility | WI2019MS00030 | WI-19-0011

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Superseded SPA ID	WI-91-0031, WI-14-021		
	User-Entered		

F. Spenddown Payments Made by Individuals

The state permits individuals to pay-in their spenddown liability.

- Yes
 No

- The state provides all individuals with the option to pay-in their spenddown or to use incurred expenses for spenddown.
- The state disburses to the individual amounts for services not covered under the state plan.
- The state refunds unused pay-in amounts, as follows:
 - a. The state refunds unused pay-in amounts on a case-by-case basis.
 - b. The state applies unused pay-in amounts toward spenddown liability in a subsequent budget period on a case-by-case basis.
- If the state uses a budget period of greater than one month:
 - a. The state requires payment of the entire spenddown liability for the budget period.
 - b. The state permits the individual to make monthly installment payments toward the spenddown liability.

Handling of Excess Income (Spendedown)

MEDICAID | Medicaid State Plan | Eligibility | WI2019MS00030 | WI-19-0011

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Superseded SPA ID	WI-91-0031, WI-14-021		
	User-Entered		

G. Additional Information (optional)

Medicaid State Plan Eligibility

Income/Resource Standards

Medically Needy Resource Level

MEDICAID | Medicaid State Plan | Eligibility | WI2019MS00030 | WI-19-0011

Package Header

Package ID	WI2019MS00030	SPA ID	WI-19-0011
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Approval Date	N/A	Effective Date	9/1/2019
Superseded SPA ID	WI-91-0031		
	User-Entered		

A. Medically Needy Resource Level Structure

1. The state employs a single resource level for the medically needy.
2. The resource level is equal to or higher than the lowest resource standard used under the most closely related cash assistance program.

Medically Needy Resource Level

MEDICAID | Medicaid State Plan | Eligibility | WI2019MS00030 | WI-19-0011

Package Header

Package ID	WI2019MS00030	SPA ID	WI-19-0011
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Approval Date	N/A	Effective Date	9/1/2019
Superseded SPA ID	WI-91-0031		
	User-Entered		

B. Resource Level Used

The level used is:

Household size	Standard
1	\$2000.00
2	\$3000.00
3	\$3300.00

The state uses an additional incremental amount for larger household sizes.

- Yes
 No

Incremental Amount:

\$300.00

Medically Needy Resource Level

MEDICAID | Medicaid State Plan | Eligibility | WI2019MS00030 | WI-19-0011

Package Header

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Approval Date	N/A	Effective Date	9/1/2019
Superseded SPA ID	WI-91-0031		
	User-Entered		

C. Additional Information (optional)

Medicaid State Plan Eligibility

Optional Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | WI2019MS00030 | WI-19-0011

Package Header

Package ID	WI2019MS00030	SPA ID	WI-19-0011
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Approval Date	N/A	Effective Date	9/1/2019
Superseded SPA ID	WI-19-0008 System-Derived		

A. Options for Coverage

The state provides Medicaid to specified optional groups of individuals.
















Yes No

The optional eligibility groups covered in the state plan are (elections made in this screen may not be comprehensive during the transition period from the paper-based state plan to MACPro):

Families and Adults

Eligibility Group Name		Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type ?
Optional Coverage of Parents and Other Caretaker Relatives	?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Reasonable Classifications of Individuals under Age 21	?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Children with Non-IV-E Adoption Assistance	?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Independent Foster Care Adolescents	?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Optional Targeted Low Income Children	?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Individuals above 133% FPL under Age 65	?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Needing Treatment for Breast or Cervical Cancer	?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Eligible for Family Planning Services	?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Individuals with Tuberculosis	?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Individuals Electing COBRA Continuation Coverage	?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

Aged, Blind and Disabled

Eligibility Group Name		Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type ?
Individuals Eligible for but Not Receiving Cash Assistance		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Eligible for Cash Except for Institutionalization		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Receiving Home and Community- Based Waiver Services under Institutional Rules		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Optional State Supplement Beneficiaries		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	APPROVED
Individuals in Institutions Eligible under a Special Income Level		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
PACE Participants		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Receiving Hospice		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Children under Age 19 with a Disability		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="radio"/>	NEW
Age and Disability-Related Poverty Level		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Work Incentives		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Ticket to Work Basic		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Ticket to Work Medical Improvements		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Family Opportunity Act Children with a Disability		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Receiving State Plan Home and Community-Based Services		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Receiving State Plan Home and Community-Based Services Who Are Otherwise Eligible for HCBS Waivers		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

Optional Eligibility Groups

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Superseded SPA ID	WI-19-0008 System-Derived		

B. Medically Needy Options for Coverage



The state provides Medicaid to specified groups of individuals who are medically needy.

Yes No


The medically needy eligibility groups covered in the state plan are:

1. Mandatory Medically Needy:

Families and Adults



Eligibility Group Name		Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type ?
Medically Needy Pregnant Women		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Medically Needy Children under Age 18		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

Aged, Blind and Disabled




Eligibility Group Name		Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type ?
Protected Medically Needy Individuals Who Were Eligible in 1973		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

2. Optional Medically Needy:

Families and Adults

Eligibility Group Name		Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type ?
Medically Needy Reasonable Classifications of Individuals under Age 21		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Medically Needy Parents and Other Caretaker Relatives		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

Aged, Blind and Disabled

Eligibility Group Name		Covered In State Plan	Include RU In Package 	Included in Another Submission Package	Source Type 
Medically Needy Populations Based on Age, Blindness or Disability		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	NEW

Optional Eligibility Groups

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	System-Derived		

C. Additional Information (optional)

Eligibility Groups Deselected from Coverage

The following eligibility groups were previously covered in the source approved version of the state plan and deselected from coverage as part of this submission package:

- N/A

Medicaid State Plan Eligibility

Eligibility Groups - Medically Needy

Medically Needy Populations Based on Age, Blindness or Disability

MEDICAID | Medicaid State Plan | Eligibility | WI2019MS00030 | WI-19-0011

Individuals who are age 65 or older or who have blindness or a disability who do not qualify as categorically needy.

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Superseded SPA ID	None		
	User-Entered		

The state covers the optional Medically Needy Populations Based on Age, Blindness or Disability eligibility group in accordance with the following provisions:

A. Characteristics

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

1. Meet at least one of the following:
 - a. Are age 65 or older;
 - b. Have blindness; or
 - c. Have a disability.
2. Are not otherwise eligible for categorically needy coverage under the state plan.
3. Have income at or below the medically needy income level and resources at or below the medically needy resource level.

Medically Needy Populations Based on Age, Blindness or Disability

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Superseded SPA ID	None		
	User-Entered		

B. Individuals Covered

The state covers the following populations:

- 1. Individuals age 65 or older
- 2. Individuals with blindness
- 3. Individuals who have a disability

Medically Needy Populations Based on Age, Blindness or Disability

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C. Financial Methodologies

1. The state uses the same financial methodology for all individuals covered.

- Yes
- No

2. The financial methodology used is:

a. SSI methodologies. Please refer as necessary to Non-MAGI Methodologies, completed by the state.

b. Less restrictive methodologies are used in calculating countable income.

- Yes
- No

The less restrictive income methodologies are:

The difference between one income standard and another is disregarded.

- Between the following percentage of the FPL:

FPL	10
	0.0
	0%
- Between the medically needy income limitation of the

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Census Bureau wages are disregarded.

Description of disregard: All wages paid by the Census Bureau for temporary employment related to the decennial Census are excluded.

A specified type of income is disregarded:

Name of income type:	Description:
Tribal Gaming Per Capita Payments	The first five hundred dollars of tribal per capita payments from tribally managed gaming revenues are excluded in determining eligibility. These payments are distributed from local tribal funds from gaming operations and have not been held in trust by the Secretary of Interior. These payments are not otherwise excluded under federal law (e.g., P.L. 98-64).
In-kind support and maintenance	In-kind support and maintenance is totally exempt unless regular, predictable and received in return for a service or product delivered.
Combat Zone Additional Pay	Any additional payment received under chapter 5 of title 37, United States Code, by a member of the United States Armed forces deployed to a designated combat zone shall be excluded from household income for the duration of the member's deployment if the additional pay is the result of deployment to or while serving in a combat zone, and it was not received immediately

Name of income type:	Description:
	prior to serving in the combat zone.
Court-ordered Support and Payments	Court-ordered support amounts (child or spousal support) and court-ordered attorney and/or guardian fees are considered unavailable.
Amounts Deemed to Children	Deeming to other eligible children an ineligible parent's income in excess of that which makes one child ineligible. Deemed parental income is equally split among siblings and no further computations are done.

Specific income changes are disregarded between redeterminations.

Specified income changes are disregarded:

Name of disregard:	Description:
Disregard of income increases after spenddown is met	Income increases which occur after a spenddown is met are disregarded for the remainder of the spenddown budget period.

c. Less restrictive methodologies are used in calculating countable resources.

Yes No

The less restrictive resource methodologies are:

General resource disregard:

Name of disregard:	Description:
Irrevocable burial trust interest.	Interest from irrevocable burial trusts is counted as an

Name of disregard:	Description:
	asset unless it has been specifically declared irrevocable in writing.
Availability of assets.	Assets are not considered available unless they will be available in cash within 30 days (e.g., cash value of life insurance); value is suspended until asset becomes available.
Exclusion of real property	Nonexempt real property is considered unavailable when the property owner lists it for sale with a realtor at its fair market value or a joint owner who is outside the fiscal test group refuses to sell the property.
First moment of the month rule for counting of resources.	<p>For an applicant - A person can become eligible any time during the month when assets are at or below limit.</p> <p>For a recipient - A person can maintain eligibility during the month even if resources exceed limits if the excess is used to discharge legal debts within the month or is converted to exempt resources.</p>

The state uses a less restrictive methodology with respect to resources set aside for burial.

Specified methodology for the treatment of resources set aside for burial:

Name of methodology:	Description:
Exemption of Certain Burial Trusts	For burial agreements funded by trusts, which Wisconsin state law permits only \$3,000 of the funds within which to be irrevocable, \$1,500 of funds in excess of the limit, which would otherwise be deemed revocable by operation of the irrevocable limit imposed by state law and thereby a countable resource under SSI policy, shall be disregarded.

A beneficiary of a "qualified state long-term care insurance partnership" policy (partnership policy), as defined in section 1917(b)(1)(C) of the Social Security Act and 45 CFR 144.200 et seq., is provided a resource disregard, equal to the amount of the insurance benefit payments made to or on behalf of the individual from the partnership policy.

Medically Needy Populations Based on Age, Blindness or Disability

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D. Income Standard Used

The income standard used for this group is described in the Medically Needy Income Level RU.

Medically Needy Populations Based on Age, Blindness or Disability

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E. Resource Standard Used

The resource standard used for this group is described in the Medically Needy Resource Level RU.

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F. Spenddown

The state allows individuals to deduct incurred medical and remedial expenses (spend down) to become eligible under this group. Spenddown is defined in the Handling of Excess Income (Spenddown) RU.

Medically Needy Populations Based on Age, Blindness or Disability

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G. Additional Information (optional)

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This page has been superseded by MACPro Section “Handling Excess Income (Spendedown).”

Citation	Condition or Requirement
1903(f)(2) of the Act	<p>a. Medically Needy (Continued)</p> <p><input type="checkbox"/> (3) This section has been superseded by MACPro Section “Handling Excess Income (Spendeddown).”</p> <p>(4) This section has been superseded by MACPro Section “Handling Excess Income (Spendeddown).”</p> <p>(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:</p> <p><input checked="" type="checkbox"/> Pregnant women</p> <p><input checked="" type="checkbox"/> Children</p> <p><input type="checkbox"/> Parents and caretaker relatives</p>

This page has been superseded by MACPro Section “Medically Needy Income Level.”

This page has been superseded by MACPro Section “Medically Needy Income Level.”

This page has been superseded by MACPro Section “Medically Needy Resource Level.”