Medicaid and CHIP Disaster Relief MAGI-Based Verification Plan Addendum

The State Medicaid and CHIP agencies will implement the following changes to its policies and procedures described in this MAGI-based verification plan addendum, which are different from the policies and procedures otherwise applied under the state’s current MAGI-based verification plan, during the following period: Through the end of the calendar quarter following the COVID-19 emergency period.

Check off each item and fill in the requested information if the state is electing the flexibility. Only indicate areas that are changes to your current verification plan elections. Do not check off the item if you currently use the indicated flexibility. For example, if the state currently accepts attestation of residency, that item does not need to be checked off in this addendum. For additional information regarding disaster-related verification flexibilities, refer to the CMS Disaster Preparedness Toolkits.

STATE: WISCONSIN
Effective Date: April 11, 2020

Section A – Verification Procedures for Factors of Eligibility

Income-related Verification Processes - Reasonable Compatibility and Documentation:

_____ The agency will utilize a reasonable compatibility standard threshold as follows (percent and/or dollar threshold): __________________

_____ The agency will accept self-attestation without additional verification of income under the circumstances specified here (note: changes in use of data sources are included in Section B below):

_____ The agency will conduct post-enrollment verification of income at application. Specify when, post-enrollment, the agency will conduct the post-enrollment verification: By the end of the sixth month following the month in which the Public Health Emergency ends.

Non-Income-related Verification Processes:

_____ The agency will accept attestation for the following non-income related factors of eligibility:

   X Residency
   X Age/Date of Birth
   X Household composition
   __ Receipt of other coverage (such as Medicare)
   X Other (as permissible under applicable statute and regulations): Anything other than Citizenship and Immigration status.

_____ The agency will conduct post-enrollment verification of the following non-income related factors of eligibility at application as specified here (include when, post-enrollment, the agency will conduct the post-enrollment verification):

   __ Residency (Time Period: ___________)
   __ Age/Date of Birth (Time Period: ___________)
   __ Household composition (Time Period: ___________)
   __ Receipt of other coverage (such as Medicare) (Time Period: ___________)
Section B – Use of Electronic Data Sources

X The agency has determined that the following income-related data sources will not be checked periodically between initial application and regular renewals:

__ Internal Revenue Service
__ Social Security Administration (SSI and SSDI)
X State Wage Income Collection Agency
__ State Unemployment Compensation
__ Supplemental Nutrition Assistance Program (SNAP)
__ Temporary Assistance for Needy Families (TANF)
X The Work Number/TALX
__ PARIS
__ Other: _______________

Additional Information/Changes: _____________________________________________________

Other – Indicate Any Additional Changes to Verification Processes That Have Not Been Addressed

__ Other: _____________________________________________________