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State/Territory: Wisconsin

State Plan Amendment (SPA)#: 22-0017

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WI - Submission Package - WI2022MS0002O - (WI-22-0017) - Eligibility

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CMS-10434 OMB 0938-1188

Package Information

Package ID	WI2022MS0002O	Submission Type	Official
Program Name	N/A	State	WI
SPA ID	WI-22-0017	Region	Chicago, IL
Version Number	1	Package Status	Approved
Submitted By	Bailey Dvorak	Submission Date	9/30/2022
Package Disposition		Approval Date	12/15/2022 1:42 PM EST
Priority Code	P2		
Lead Division	DMEP		

TN#: 22-0017
Supersedes
TN#: 92-0015, 20-0017

Approval Date: 12/15/2022

Effective Date: 7/1/2022

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Medicaid and CHIP Operations Group
601 E. 12th St., Room 3555
Kansas City, MO 64106



Center for Medicaid & CHIP Services

December 15, 2022

Lisa Olson
Medicaid Director
Wisconsin Department of Health Services
1 West Wilson Street
Madison, WI 53701

Re: Approval of State Plan Amendment WI-22-0017

Dear Ms. Olson,

On September 30, 2022, the Centers for Medicare and Medicaid Services (CMS) received Wisconsin State Plan Amendment (SPA) WI-22-0017 which proposed to expand coverage to children born to persons eligible for CHIP or the 1115 BadgerCare Reform waiver at the time of birth.

We approve Wisconsin State Plan Amendment (SPA) WI-22-0017 with an effective date(s) of July 01, 2022.

If you have any questions regarding this amendment, please contact Mai Le-Yuen at 312.353.2853 or by email at mai.le-yuen@cms.hhs.gov.

Sincerely,
James G. Scott
Director, Division of Program
Operations
Center for Medicaid & CHIP Services

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | WI2022MS00020 | WI-22-0017

Package Header

Package ID	WI2022MS00020	SPA ID	WI-22-0017
Submission Type	Official	Initial Submission Date	9/30/2022
Approval Date	12/15/2022	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Superseded SPA ID	N/A		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 | WI2022MS00020 | WI-22-0017

Package Header

Package ID WI2022MS00020
Submission Type Official
Approval Date 12/15/2022
Superseded SPA ID N/A

SPA ID WI-22-0017
Initial Submission Date 9/30/2022
Effective Date N/A

SPA ID and Effective Date

SPA ID WI-22-0017

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
Mandatory Eligibility Groups	7/1/2022	WI-20-0017
Deemed Newborns	7/1/2022	TN-92-0015

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

Attachment 2.2-A, pg. 6

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | WI2022MS00020 | WI-22-0017

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Superseded SPA ID	N/A		

Executive Summary

Summary Description Including Goals and Objectives Expansion of Deemed Newborn coverage to children born to persons eligible for CHIP or the BadgerCare Reform 1115 Waiver at the time of the birth. These persons would have otherwise been categorically eligible as a pregnant woman at the time of the birth had they previously reported the pregnancy to the State agency.

Federal Budget Impact and Statute/Regulation Citation

Federal Budget Impact

	Federal Fiscal Year	Amount
First	2022	\$0
Second	2023	\$0

Federal Statute / Regulation Citation

1902(e)(4)
42 C.F.R. §435.117

Supporting documentation of budget impact is uploaded (optional).

Name	Date Created	
No items available		

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | WI2022MS00020 | WI-22-0017

Package Header

Package ID WI2022MS00020
Submission Type Official
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SPA ID WI-22-0017
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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 | WI2022MS00020 | WI-22-0017

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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 | WI2022MS00020 | WI-22-0017

Package Header

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Effective Date 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

Explain why this SPA is not likely to have a direct effect on Indians, Indian Health Programs or Urban Indian Organizations: This SPA is already in policy practice and will not effect operations with the Tribes. Tribes approved on 9/14/22

Medicaid State Plan Eligibility

Mandatory Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | WI2022MS00020 | WI-22-0017

Package Header

Package ID	WI2022MS00020	SPA ID	WI-22-0017
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Superseded SPA ID	WI-20-0017		
	System-Derived		

Mandatory Coverage

A. The state provides Medicaid to mandatory groups of individuals. The mandatory groups covered are:

Families and Adults

Eligibility Group Name		Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type ?
Infants and Children under Age 19		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Parents and Other Caretaker Relatives		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Pregnant Women		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Deemed Newborns		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	APPROVED
Children with Title IV-E Adoption Assistance, Foster Care or Guardianship Care		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Former Foster Care Children		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	APPROVED
Transitional Medical Assistance		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Extended Medicaid due to Spousal Support Collections		<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 ?
SSI Beneficiaries		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Closed Eligibility Groups		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Deemed To Be Receiving SSI		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Working Individuals under 1619(b)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Qualified Medicare Beneficiaries		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="radio"/>	APPROVED
Qualified Disabled and Working Individuals		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

TN#: 22-0017
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Eligibility Group Name		Covered In State Plan	Include RU In Package 	Included in Another Submission Package	Source Type 
Specified Low Income Medicare Beneficiaries		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	APPROVED
Qualifying Individuals		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	APPROVED

Mandatory Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | WI2022MS00020 | WI-22-0017

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	System-Derived		

B. The state elects the Adult Group, described at 42 CFR 435.119.

Yes No

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 - Mandatory Coverage

Deemed Newborns

MEDICAID | Medicaid State Plan | Eligibility | WI2022MS00020 | WI-22-0017

Children born to women covered under Medicaid or a separate CHIP program for the date of the child's birth, who are deemed eligible for Medicaid without application until the child turns one.

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	User-Entered		

The state covers the mandatory deemed newborns group in accordance with the following provisions:

A. Characteristics

1. A child qualifies under this group provided the birth mother meets one of the following requirements for the date of the child's birth:
 - a. Was covered under any eligibility group in the Medicaid state plan, including during a period of retroactive eligibility or coverage of emergency services as defined in section 1903(v)(3) of the Act; or
 - b. Was covered as a targeted low-income pregnant woman under the state's CHIP state plan (if the state elected the option in CHIP), with household income at or below the income standard established by the state for infants under age one in the infants and children under age 19 eligibility group (42 CFR 435.118).
2. Individuals may not be required to file an application for this group.

Deemed Newborns

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	User-Entered		

B. Optional Individuals Covered

1. In addition to the children described in A., the state extends coverage to other newborns. *

- Yes
- No

2. The state covers children as deemed newborns under this group, provided the child's birth mother meets one or more of the following requirements for the date of the child's birth:

- a. Was covered under the Medicaid state plan of any state.
- b. Was covered under the state's CHIP state plan as a targeted low-income child, with household income at or below the standard established by the state for infants under age one in the infants and children under age 19 eligibility group.
- c. Was covered under the CHIP state plan of any state as a targeted low-income pregnant woman or child, with household income at or below the standard established by the state for infants under age one in the infants and children under age 19 eligibility group.
- d. Was covered under an 1115 Medicaid or CHIP demonstration project, with household income at or below the standard established by the state for infants under age one in the infants and children under age 19 eligibility group.

Name of 1115 demonstration:
Wisconsin BadgerCare Reform

Deemed Newborns

MEDICAID | Medicaid State Plan | Eligibility | WI2022MS00020 | WI-22-0017

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	User-Entered		

C. Financial Methodologies

When eligibility for the newborn is based on the birth mother's CHIP eligibility or on the birth mother's eligibility under an 1115 demonstration, MAGI-based methodologies are used in calculating household income. Please refer as necessary to MAGI-Based Methodologies, completed by the state.

D. Period of Eligibility

1. The period of eligibility extends from the date of the child's birth until the child's first birthday.
2. The period of eligibility is not impacted by changes in household income or household composition.

Deemed Newborns

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E. Additional Information (optional)

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PRA Disclosure Statement: Centers for Medicare & Medicaid Services (CMS) collects this mandatory information in accordance with (42 U.S.C. 1396a) and (42 CFR 430.12); which sets forth the authority for the submittal and collection of state plans and plan amendment information in a format defined by CMS for the purpose of improving the state application and federal review processes, improve federal program management of Medicaid programs and Children's Health Insurance Program, and to standardize Medicaid program data which covers basic requirements, and individualized content that reflects the characteristics of the particular state's program. The information will be used to monitor and analyze performance metrics related to the Medicaid and Children's Health Insurance Program in efforts to boost program integrity efforts, improve performance and accountability across the programs. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. 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 0938-1188. The time required to complete this information collection is estimated to range from 1 hour to 80 hours per response (see below), 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.

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