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**State/Territory Name: Wisconsin** 

State Plan Amendment (SPA) #: 24-0007

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# WI - Submission Package - WI2023MS0004O - (WI-24-0007) - Eligibility

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DEPARTMENT OF HEALTH & HUMAN SERVICES Centers for Medicare & Medicaid Services Medicaid and CHIP Operations Group 601 E. 12th St., Room 355 Kansas City, MO 64106



### **Center for Medicaid & CHIP Services**

June 12, 2024

William Hanna Medicaid Director Wisconsin Department of Health Services 1 West Wilson Street Madison, WI 53701

Re: Approval of State Plan Amendment WI-24-0007

Dear Director Hanna:

On March 29, 2024, the Centers for Medicare and Medicaid Services (CMS) received Wisconsin State Plan Amendment (SPA) WI-24-0007, in which the state proposed to document its methodology for considering reasonably predictable changes in income.

We approve Wisconsin State Plan Amendment (SPA) WI-24-0007 with an effective date(s) of January 01, 2024.

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

Sincerely,

James G. Scott

Director, Division of Program Operations

Center for Medicaid & CHIP Services

# WI - Submission Package - WI2023MS0004O - (WI-24-0007) - Eligibility

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# **Submission - Summary**

MEDICAID | Medicaid State Plan | Eligibility | WI2023MS0004O | WI-24-0007

CMS-10434 OMB 0938-1188

## **Package Header**

Package ID WI2023MS0004O

Submission Type Official

Approval Date 06/12/2024

Superseded SPA ID N/A

## **State Information**

State/Territory Name: Wisconsin

### **Submission Component**

State Plan Amendment

**SPA ID** WI-24-0007

Initial Submission Date 3/29/2024

Effective Date N/A

Medicaid Agency Name: Department of Health Services

## Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | WI2023MS0004O | WI-24-0007

## **Package Header**

Package ID WI2023MS0004O

Submission Type Official

Approval Date 06/12/2024

Superseded SPA ID N/A

**SPA ID** WI-24-0007

Initial Submission Date 3/29/2024

Effective Date N/A

### **SPA ID and Effective Date**

**SPA ID** WI-24-0007

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
MAGI-Based Methodologies	1/1/2024	13-0023

### **Submission - Summary**

MEDICAID | Medicaid State Plan | Eligibility | WI2023MS0004O | WI-24-0007

### **Package Header**

Package ID WI2023MS0004O

Submission Type Official

Approval Date 06/12/2024

Superseded SPA ID N/A

**SPA ID** WI-24-0007

Initial Submission Date 3/29/2024

Effective Date N/A

#### **Executive Summary**

Summary Description Including Amendment clarifies that for MAGI-Based Methodologies, in determining current monthly household income, Wisconsin uses Goals and Objectives methodologies to account for reasonably predictable increases and decreases in future income.

### **Federal Budget Impact and Statute/Regulation Citation**

#### **Federal Budget Impact**

	Federal Fiscal Year	Amount
First	2024	\$0
Second	2025	\$0

#### Federal Statute / Regulation Citation

1902(e)(14) / 42 CFR 435.603

Supporting documentation of budget impact is uploaded (optional).

Name	Date Created			
No iter	ns available			

### **Submission - Summary**

MEDICAID | Medicaid State Plan | Eligibility | WI2023MS00040 | WI-24-0007

### **Package Header**

Package ID WI2023MS0004O

Submission Type Official

Approval Date 06/12/2024

Superseded SPA ID N/A

# Governor's Office Review

No comment

Comments received

No response within 45 days

Other

SPA ID WI-24-0007
Initial Submission Date 3/29/2024

Effective Date N/A

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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## **Medicaid State Plan Eligibility**

### **MAGI Based Methodologies**

MEDICAID | Medicaid State Plan | Eligibility | WI2023MS0004O | WI-24-0007

CMS-10434 OMB 0938-1188

### **Package Header**

Package ID WI2023MS0004O

**SPA ID** WI-24-0007

Submission Type Official

Initial Submission Date 3/29/2024

Approval Date 06/12/2024

Effective Date 1/1/2024

Superseded SPA ID 13-0023

System-Derived

The state will apply Modified Adjusted Gross Income (MAGI)-based methodologies as described below, and consistent with 42 CFR 435.603.

#### A. Household Composition

- 1. In determining family size for the eligibility determination of a pregnant woman, she is counted as herself plus each of the children she is expected to deliver.
- 2. In determining family size for the eligibility determination of the other individuals in a household that includes a pregnant woman:
- a. The pregnant woman is counted just as herself.
- b. The pregnant woman is counted as herself, plus one.
- **o** c. The pregnant woman is counted as herself, plus the number of children she is expected to deliver.
- 3. In establishing household composition under the rules for non-filers set forth at 42 CFR 435.603(f)(3), the state elects the following age for children:
- a. Age 19
- b. Age 19, or in the case of full-time students, age 21

#### MAGI Based Methodologies

MEDICAID | Medicaid State Plan | Eligibility | WI2023MS00040 | WI-24-0007

### **Package Header**

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Submission Type Official

Approval Date 06/12/2024

Superseded SPA ID 13-0023

System-Derived

# **B.** Household Income

#### Financial eligibility is determined consistent with the following provisions:

- 1. When determining eligibility for new applicants, financial eligibility is based on current monthly income and family size.
- 2. When determining eligibility for current beneficiaries, financial eligibility is based on:
- a. Current monthly household income and family size
- b. Projected annual household income and family size for the remaining months of the current calendar year.
- 3. In determining current monthly or projected annual household income, the state considers reasonably predictable changes in income:
- Yes No

🗾 a. Include a prorated portion of a reasonably predictable increase in future income and/or family size.

#### The methodology used by the state to account for and verify such change is:

Wisconsin prorates income when it can be reasonably predicted to increase in the future. The methodology applies when the applicant/member has income deemed by the agency as highly likely to fluctuate and the applicant/member has provided sufficient detail to reasonably calculate their pro-rated income amount. The agency will consider the following sources of income highly likely to fluctuate: self-employment income, seasonal/temporary income, contractual work, and any other income reported by the member as subject to regular fluctuation. This methodology considers the income expected to be received over the course of 12 months, and prorates the income across a rolling 12-month period. This average monthly amount will be added to the applicant/member's current monthly non-fluctuating income sources and will be used to determine eligibility for the applicant/member. Wisconsin verifies attestations of income in accordance with the state's verification plan.

SPA ID WI-24-0007

Initial Submission Date 3/29/2024

Effective Date 1/1/2024

Wisconsin uses the following methods to determine if there is a recurring pattern to the changes.

- Some individuals attest that their employment is seasonal. Workers are also aware of jobs that tend to be seasonal or follow a predictable pattern. Workers may look at the last available tax return, electronic data sources with information on previous wages, or other available verification to confirm that the fluctuation is predictable.
- Workers can ask the individual if they expect their annual income for the current year and their annual income for the following year to be about the same.

Wisconsin acknowledges that section B.3.a is expected to marginally decrease eligibility of applicants/beneficiaries.

b. Account for a reasonably predictable decrease in future income and/or family size.

#### The methodology used by the state to account for and verify such change is:

Wisconsin prorates income when it can be reasonably predicted to decrease in the future. The methodology applies when the applicant/member has income deemed by the agency as highly likely to fluctuate and the applicant/member has provided sufficient detail to reasonably calculate their pro-rated income amount. The agency will consider the following sources of income highly likely to fluctuate: self-employment income, seasonal/temporary income, contractual work, and any other income reported by the member as subject to regular fluctuation. This methodology considers the income expected to be received over the course of 12 months, and prorates the income across a rolling 12-month period. This average monthly amount will be added to the applicant/member's current monthly non-fluctuating income sources and will be used to determine eligibility for the applicant/member. Wisconsin verifies attestations of income in accordance with the state's verification plan.

Wisconsin uses the following methods to determine if there is a recurring pattern to the changes.

- Some individuals attest that their employment is seasonal. Workers are also aware of jobs that tend to be seasonal or follow a predictable pattern. Workers may look at the last available tax return, electronic data sources with information on previous wages, or other available verification to confirm that the fluctuation is predictable.
- Workers can ask the individual if they expect their annual income for the current year and their annual income for the following year to be about the same.

Wisconsin acknowledges that section B.3.b is expected to somewhat increase eligibility of applicants/beneficiaries.

- 4. MAGI-based income is calculated using the financial methodologies defined in section 36B(d)(2)(B) of the Internal Revenue Code, except as described at 42 CFR 435.603(e), and without regard to whether an individual expects to file taxes.
- 5. Except as provided at 42 CFR 435.603(d)(2) through (d)(4), household income is the sum of the MAGI-based income of every individual included in the individual's household.
- 6. In determining the eligibility of an individual using MAGI-based income, the state must subtract an amount equivalent to 5 percentage points of the federal poverty level for the applicable family size only to determine the eligibility of an individual for medical assistance under the eligibility group with the highest income standard using MAGI-based methodologies in the applicable Title of the Act, but not to determine eligibility for a particular eligibility group.
- 7. Household income includes actually available cash support, exceeding nominal amounts, provided by the person claiming an individual described at \$435.603(f)(2)(i) as a tax dependent.
- Yes No

### **MAGI Based Methodologies**

MEDICAID | Medicaid State Plan | Eligibility | WI2023MS00040 | WI-24-0007

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Superseded SPA ID 13-0023

System-Derived

### C. Resource Test

There is no resource test applied to eligibility groups that use MAGI-based methodologies.

### **D. Additional Information (optional)**

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.

**SPA ID** WI-24-0007

Initial Submission Date 3/29/2024

Effective Date 1/1/2024

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