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**State/Territory: Wisconsin**

**State Plan Amendment (SPA)#: 20-0016**

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# WI - Submission Package - WI2020MS0008O - (WI-20-0016) - Eligibility

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CMS-10434 OMB 0938-1188

## Package Information

<b>Package ID</b>	WI2020MS0008O	<b>Submission Type</b>	Official
<b>Program Name</b>	N/A	<b>State</b>	WI
<b>SPA ID</b>	WI-20-0016	<b>Region</b>	Chicago, IL
<b>Version Number</b>	2	<b>Package Status</b>	Approved
<b>Submitted By</b>	Laura Brauer	<b>Submission Date</b>	9/28/2020
<b>Package Disposition</b>		<b>Approval Date</b>	11/23/2020 8:59 AM EST
<b>Priority Code</b>	P2		

TN# 20-0016  
Supercedes  
TN# 13-033, 20-0013

Approval Date: 11/23/2020

Effective Date: 7/1/2020

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

November 23, 2020

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

Re: Approval of State Plan Amendment WI-20-0016

Dear Jim Jones:

On September 28, 2020, the Centers for Medicare and Medicaid Services (CMS) received Wisconsin State Plan Amendment (SPA) WI-20-0016 to disregard income increases for individuals in the medically needy groups with a spenddown.

We approve Wisconsin State Plan Amendment (SPA) WI-20-0016 on November 23, 2020 with an effective date(s) of July 01, 2020.

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,  
James G. Scott  
Division Director  
Center for Medicaid & CHIP Services

## Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | WI2020MS00080 | WI-20-0016

### Package Header

<b>Package ID</b>	WI2020MS00080	<b>SPA ID</b>	WI-20-0016
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	9/28/2020
<b>Approval Date</b>	11/23/2020	<b>Effective Date</b>	N/A
<b>Superseded SPA ID</b>	N/A		

### State Information

**State/Territory Name:** Wisconsin      **Medicaid Agency Name:** Department of Health Services

### Submission Component

- State Plan Amendment
- Medicaid
- CHIP

TN# 20-0016  
Supercedes  
TN# 13-033, 20-0013

Approval Date: 11/23/2020

Effective Date: 7/1/2020

## Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | WI2020MS00080 | WI-20-0016

### Package Header

<b>Package ID</b>	WI2020MS00080	<b>SPA ID</b>	WI-20-0016
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	9/28/2020
<b>Approval Date</b>	11/23/2020	<b>Effective Date</b>	N/A
<b>Superseded SPA ID</b>	N/A		

### SPA ID and Effective Date

**SPA ID** WI-20-0016

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
Optional Eligibility Groups	7/1/2020	WI-20-0013
Medically Needy Pregnant Women	7/1/2020	TN-13-033
Medically Needy Children under Age 18	7/1/2020	TN-13-033
Medically Needy Populations Based on Age, Blindness or Disability	7/1/2020	WI-20-0013

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

Superseded TN-13-033 refers to Supplement 8a to Attachment 2.6-A, p.1; Items B.3 and B.4.

TN# 20-0016  
 Supercedes  
 TN# 13-033, 20-0013

Approval Date: 11/23/2020

Effective Date: 7/1/2020

### Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | WI2020MS00080 | WI-20-0016

#### Package Header

<b>Package ID</b>	WI2020MS00080	<b>SPA ID</b>	WI-20-0016
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	9/28/2020
<b>Approval Date</b>	11/23/2020	<b>Effective Date</b>	N/A
<b>Superseded SPA ID</b>	N/A		

#### Executive Summary

**Summary Description Including Goals and Objectives** Disregard of Income Increases for Medically Needy Groups with a Spenddown.  
 This change is intended to simplify the determination of whether someone meets a spenddown and reduces reporting requirements for applicants.

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

##### Federal Budget Impact

	Federal Fiscal Year	Amount
First	2020	\$0
Second	2021	\$0

##### Federal Statute / Regulation Citation

1902(r)(2)

Supporting documentation of budget impact is uploaded (optional).

Name	Date Created
No items available	

TN# 20-0016  
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## Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | WI2020MS00080 | WI-20-0016

### Package Header

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<b>Superseded SPA ID</b>	N/A		

### Governor's Office Review

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

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# Submission - Public Comment

MEDICAID | Medicaid State Plan | Eligibility | WI2020MS00080 | WI-20-0016

## Package Header

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<b>Superseded SPA ID</b>	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

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Supersedes  
TN# 13-033, 20-0013

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# Submission - Tribal Input

MEDICAID | Medicaid State Plan | Eligibility | WI2020MS00080 | WI-20-0016

## Package Header

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<b>Superseded SPA ID</b> 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

<b>Date of solicitation/consultation:</b>	<b>Method of solicitation/consultation:</b>
9/9/2020	Attendance and consultation at bi-monthly Wisconsin Tribal Health Director meeting.

All Urban Indian Organizations


<b>Date of solicitation/consultation:</b>	<b>Method of solicitation/consultation:</b>
9/9/2020	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

<b>Date of consultation:</b>	<b>Method of consultation:</b>
9/9/2020	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	
WI-20-0016 Tribal Consultation	9/10/2020 9:49 AM EDT	

**Indicate the key issues raised (optional)**

- Access TN# 20-0016
- Quality Supercedes TN# 13-033, 20-0013
- Cost

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- Payment methodology
- Eligibility
- Benefits
- Service delivery
- Other issue

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# Medicaid State Plan Eligibility

## Optional Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | WI2020MS00080 | WI-20-0016

### Package Header

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<b>Superseded SPA ID</b>	WI-20-0013		
	User-Entered		

### 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 type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Children with Non-IV-E Adoption Assistance		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Independent Foster Care Adolescents		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Optional Targeted Low Income Children		<input 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 type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Eligible for Family Planning Services		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Individuals with Tuberculosis		<input 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="radio"/>	APPROVED
Individuals Eligible for Cash Except for Institutionalization		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="radio"/>	APPROVED

Eligibility Group Name		Covered In State Plan	Include RU In Package 	Included in Another Submission Package	Source Type 
Individuals Receiving Home and Community-Based Waiver Services under Institutional Rules		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	APPROVED
Optional State Supplement Beneficiaries		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	APPROVED
Individuals in Institutions Eligible under a Special Income Level		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="radio"/>	APPROVED
PACE Participants		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Receiving Hospice		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Children under Age 19 with a Disability		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	APPROVED
Age and Disability-Related Poverty Level		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Work Incentives		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 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

TN# 20-0016  
 Supersedes  
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## Optional Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | WI2020MS00080 | WI-20-0016

### Package Header

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	User-Entered		

## 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 type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	APPROVED
Medically Needy Children under Age 18		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	APPROVED

#### 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 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 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="radio"/>	APPROVED

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 Supersedes  
 TN# 13-033, 20-0013

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## Optional Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | WI2020MS00080 | WI-20-0016

### Package Header

<b>Package ID</b>	WI2020MS00080	<b>SPA ID</b>	WI-20-0016
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	User-Entered		

### 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 Pregnant Women

MEDICAID | Medicaid State Plan | Eligibility | WI2020MS00080 | WI-20-0016

Woman who are pregnant or post-partum who would qualify under the state's Pregnant Women eligibility group, except for income.

#### Package Header

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	User-Entered		

The state covers the Medically Needy Pregnant Women eligibility group in accordance with the following provisions:

#### A. Characteristics

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

1. Are pregnant or post-partum, as defined in 42 CFR 435.4.
2. Would qualify under the Pregnant Women eligibility group, except for income.
3. Are not otherwise eligible for categorically needy coverage under the state plan.
4. Have income at or below the medically needy income level and resources at or below the medically needy resource level.

# Medically Needy Pregnant Women

MEDICAID | Medicaid State Plan | Eligibility | WI2020MS00080 | WI-20-0016

## Package Header

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## B. Financial Methodologies

1. The financial methodology used is:

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

2. 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 percentages of the FPL:
  - Between the medically needy income limit and a percentage of the FPL:
  - Between the SSI Federal Benefit Rate and:
  - Between other income standards:

**FPL** 300.00%

All income increases are disregarded between redeterminations.

**Description:** Income increases which occur after a spenddown amount is initially certified are disregarded for the remainder of the spenddown budget period.

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

- Yes
- No

The less restrictive resource methodologies are:

All resources are disregarded. No resource test is applied.

# Medically Needy Pregnant Women

MEDICAID | Medicaid State Plan | Eligibility | WI2020MS00080 | WI-20-0016

## Package Header

<b>Package ID</b>	WI2020MS00080	<b>SPA ID</b>	WI-20-0016
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## C. Income Standard Used

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

## D. Resource Standard Used

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

## E. 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 Pregnant Women

MEDICAID | Medicaid State Plan | Eligibility | WI2020MS00080 | WI-20-0016

### Package Header

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### F. Additional Information (optional)

## Medicaid State Plan Eligibility

### Eligibility Groups - Medically Needy

#### Medically Needy Children under Age 18

MEDICAID | Medicaid State Plan | Eligibility | WI2020MS00080 | WI-20-0016

Children under age 18 who would qualify under the state's categorically needy eligibility groups, except for income.

### Package Header

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	User-Entered		

The state covers the Medically Needy Children under Age 18 eligibility group in accordance with the following provisions:

### A. Characteristics

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

1. Are under age 18.
2. Would qualify as categorically needy, except for income.
3. Are not otherwise eligible for categorically needy coverage under the state plan.
4. Have income at or below the medically needy income level and resources at or below the medically needy resource level.

# Medically Needy Children under Age 18

MEDICAID | Medicaid State Plan | Eligibility | WI2020MS00080 | WI-20-0016

## Package Header

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## B. Financial Methodologies

1. The financial methodology used is:

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

2. 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 percentages of the FPL:
  - Between the medically needy income limit and a percentage of the FPL:
  - Between the SSI Federal Benefit Rate and:
  - Between other income standards:

**FPL** 150.00%

- All income increases are disregarded between redeterminations.

**Description:** Income increases which occur after a spenddown amount is initially certified are disregarded for the remainder of the spenddown budget period.

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

- Yes
- No

The less restrictive resource methodologies are:

- All resources are disregarded. No resource test is applied.

## Medically Needy Children under Age 18

MEDICAID | Medicaid State Plan | Eligibility | WI2020MS00080 | WI-20-0016

### Package Header

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### C. Income Standard Used

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

### D. Resource Standard Used

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

### E. 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.

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## Medically Needy Children under Age 18

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### Package Header

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### F. Additional Information (optional)

TN# 20-0016  
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## Medically Needy Children under Age 18

MEDICAID | Medicaid State Plan | Eligibility | WI2020MS00080 | WI-20-0016

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## Medicaid State Plan Eligibility

### Eligibility Groups - Medically Needy

#### Medically Needy Populations Based on Age, Blindness or Disability

MEDICAID | Medicaid State Plan | Eligibility | WI2020MS00080 | WI-20-0016

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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	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

MEDICAID | Medicaid State Plan | Eligibility | WI2020MS00080 | WI-20-0016

### Package Header

<b>Package ID</b>	WI2020MS00080	<b>SPA ID</b>	WI-20-0016
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	9/28/2020
<b>Approval Date</b>	11/23/2020	<b>Effective Date</b>	7/1/2020
<b>Superseded SPA ID</b>	WI-20-0013		
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### 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 percent ages of the FPL:

FPL 100.00%

Between the medically needy income limit and a percent age of the FPL:

Between the SSI Federal Benefit Rate and:

Between other income standards:

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:

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Name of income type:	Description:

Name of income type:	Description:
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.
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 prior to serving in the combat zone.
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).

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All income increases are disregarded between redeterminations.

**Description:** Income increases which occur after a spenddown amount is initially certified 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 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.
Disregard of the "first moment of the month" rule for counting of resources.	The state considers persons eligible if their resources are at or below the resource standard at any time in the month.

Name of disregard:	Description:
Reimbursement of incorrectly collected cost shares or personal liability amounts	Reimbursement of cost share for home and community based waivers or personal liability amounts for institutional care incorrectly collected from a member are disregarded as a resource for nine (9) months beginning the month after the month in which the amount is reimbursed.

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.

## Medically Needy Populations Based on Age, Blindness or Disability

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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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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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