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State/Territory Name: WI

State Plan Amendment (SPA) #: 09-022

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages



Jason A. Helgerson, Administrator

Division of Health Care Access and Accountability
Wisconsin Department of Health Services

1 West Wilson Street
P. O. Box 309

Madison, Wisconsin 53701-0309

Dear Mr. Helgerson:

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

Transmittal #09-022 Resources Disregard for Children Under Age 19
-- Effective October 1, 2009

If you have any additional questions, please have a member of your staff contact Cynthia Garraway at (312) 353-8583 or Cynthia.Garraway@cms.hhs.gov.

• Sincerely,

Verlon Johnson
Associate Regional Administrator
Division of Medicaid & Children's Health Operations

Enclosure

Cc: Al Matano, Wisconsin Department of Health Services

DEPARTMENT OF HEALTH AND HUMAN SERVICES HEALTH CARE FINANCING ADMINISTRATION		FORM APPROVED		
TRANSMITTAL AND NOTICE OF APPROVAL OF	1. TRANSMITTAL NUMBER:	OMB NO. 0938-0193 2. STATE		
STATE PLAN MATERIAL	09-022	Wisconsin		
FOR: HEALTH CARE FINANCING ADMINISTRATION	3. PROGRAM IDENTIFICATION: TIT SOCIAL SECURITY ACT (MEDICA			
TO: REGIONAL ADMINISTRATOR	4. PROPOSED EFFECTIVE DATE			
HEALTH CARE FINANCING ADMINISTRATION	10/01/2009			
DEPARTMENT OF HEALTH AND HUMAN SERVICES				
5. TYPE OF PLAN MATERIAL (Check One):				
•				
☐ NEW STATE PLAN ☐ AMENDMENT TO BE	CONSIDERED AS NEW PLAN			
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AME	NDMENT (Separate Transmittal for each	amendment)		
6. FEDERAL STATUTE/REGULATION CITATION:	7. FEDERAL BUDGET IMPACT:			
Section 1902(r)(2) SSA	a. FFY 2010	\$70K		
	b. FFY 2011			
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	9. PAGE NUMBER OF THE SUPERS	EDED PLAN SECTION		
	OR ATTACHMENT (If Applicable):			
Attachment 2.2-A Supplement 1 Page 1	Same	•		
Attachment 2.6-A Supplement 8b Page 3.	Same			
Attachment 2.2-A Page 20 (CG)	Same (CG)			
Allachment 2.2 A 1992 20 (Cel)	seme (ca)			
10. SUBJECT OF AMENDMENT:				
TO GOSTOCI CI. MAZINEMI.				
Resources Disregard for Children Under age 19.				
11. GOVERNOR'S REVIEW (Check One):				
GOVERNOR'S OFFICE REPORTED NO COMMENT	OTHER, AS SPEC	IFIED:		
COMMENTS OF GOVERNOR'S OFFICE ENCLOSED	 ·			
NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL				
N. SIGNATURE OF STATE AGENCY OFFICIAL:	16. RETURN TO:			
	Jason A. Helgerson			
13. I YARED NAME: V	State Medicaid Director			
Jason Helgerson	Division of Health Care Access a	nd Accountability		
14. TITLE:	1 W. Wilson St.	-		
State Medicaid Director	P.O. Box 309			
15. DATE SUBMITTED:	Madison, WI 53701-0309			
Docember 21, 2009				
FOR REGIONAL OFFICE USE ONLY				
17. DATE RECEIVED:	18. DATE APPROVED:			
December 21, 2009	DEC 1	6 2010		
PLAN APPROVED – ON				
19. EFFECTIVE DATE OF APPROVED MATERIAL:	20. SIGNATURE OF REGIONAL OF	FICIAL:		
October 1, 2009				
21. TYPED NAME:	22. TITLE:			
Verlon Johnson	Associate Regional Admir	nistrator		
23. REMARKS:				

State/Territory:	vvisconsin		
Citations		Groups Covered	
	- date:		

B. Optional Coverage Other than the Medically Needy (Continued)

1902 (e) (3) of the Act.

__ 13. Certain disabled children age 18 or under who are living at home, who would be eligible for Medicaid under the plan if they were in a medical institution, and for whom the State has made a determination as required under section1902(e)(3)(B) of the Act.

Supplement 3 to ATTACHMENT 2.2-A describes the method that is used to determine the cost effectiveness of caring for this group of children at home.

1902(a)(10)(A)(ii)(IX) and 1902(I) of the Act

- X 14. The following individuals who are not mandatory categorically needy whose income does not exceed the income level (established at an amount above the mandatory level and not more than 185 percent of the Federal poverty income level) specified in Supplement 1 to ATTACHMENT 2.6-A for a family of the same size, including the woman and unborn child or infant and who meet the resource standards specified in Supplement 2 to ATTACHMENT 2.6-A:
 - a. Women during pregnancy (and during the 60-day period beginning on the last day of pregnancy); and

Effective date: 10/01/2009

b. Infants under one year of age.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Wisconsin

REASONABLE CLASSIFICATIONS OF INDIVIDUALS UNDER THE AGE OF 21, 20,19 AND 18

- Individuals for whom public agencies are assuming full or partial financial responsibility under title IV-E and who are in foster homes under the age of 19.
- Individuals in SNFs who are under the age of 21.
- Certain disabled children under the age of 19 who are living at home, who would be eligible for Medicaid under the plan if they were in a medical institution, and for whom the State has made a determination as required under section1902(e)(3)(B) of the Act.

<u>Supplement 3 to ATTACHMENT 2.2-A</u> describes the method that is used to determine the cost effectiveness of caring for this group of children at home.

TN No: 09-022 Supersedes TN No: 91-0030

Approval Date: DEC 1 6 2010 Effective Date: October 1, 2009

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Wisconsin

MORE LIBERAL METHODS OF TREATING RESOURCES UNDER SECTION 1902(r) OF THE ACT

		• •
	Section 1902(f) State	Non-Section 1902(f) State
E. For	all children:	
	All resources will be disregarded for	r children eligible in the following eligibility groups:
	1902(a)(10)(A)(ii)(I) and 1905(a)(i)	: Reasonable categories of children,
	1902(a)(10)(A)(ii)(II) and 1905(a)(i if work-related child care costs were): children who would meet the AFDC requirements e paid from earnings rather than by State agency
	1902(a)(10)(A)(ii)(VIII): non-IV-E	State subsidized adoption children

1902(a)(10)(C)(i)(III) and 1905(a)(i): medically needy children

TN No: 09-022 Supersedes New Approval Date: _____

Effective Date: October 1, 2009