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State/Territory Name: WI

State Plan Amendment (SPA) #: 10-004

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

Department of Health & Human Services Centers for Medicare & Medicaid Services 233 North Michigan Avenue, Suite 600 Chicago, Illinois 60601-5519



JUN 2 8 2010

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 #10-004 Change in Asset Limit for Medicare Beneficiaries -- Effective January 1, 2010

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

TRANSMITTAL AND NOTICE OF APPROVAL OF	1. TRANSMITTAL NUMBER:	2. STATE	
STATE PLAN MATERIAL	10-004	Wisconsin	
FOR: HEALTH CARE FINANCING ADMINISTRATION		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE	
	SOCIAL SECURITY ACT (MEDICA	AID)	
TO: REGIONAL ADMINISTRATOR	4. PROPOSED EFFECTIVE DATE		
HEALTH CARE FINANCING ADMINISTRATION	01/01/2010		
DEPARTMENT OF HEALTH AND HUMAN SERVICES			
5. TYPE OF PLAN MATERIAL (Check One):			
	CONSIDERED AS NEW PLAN		
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMEN		amendment)	
6. FEDERAL STATUTE/REGULATION CITATION:	7. FEDERAL BUDGET IMPACT:	64.050 K	
Section 1905(p)(1)(C) SSA, $1860D-14(q)(3)$, (CG) $1902(q)(10)(E)(1)-(10)$	a. FFY 2010		
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	b. FFY 2011 9. PAGE NUMBER OF THE SUPERSI	EDED DI AN SECTION	
5	OR ATTACHMENT (If Applicable):		
Attachment 2.6-A page 22. and 23 (('(1))	Same		
Add to the second of the secon	Same		
All achment 2.2-A pages 96 and 961 (CG)	Out to be a subject to	962 (CG)	
None (CG)	Attachment 2.2-A page	162 (Ca)	
10. SUBJECT OF AMENDMENT:			
Change in asset limit for Medicare beneficiaries.			
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			
I NO REPLY RECEIVED WITHIN 43 DAYS OF SUBMITTAL	-		
IN SIGNATURE OF STATE AGENCY OFFICIAL:	16. RETURN TO:	<u> </u>	
	Jason Helgerson		
13. TYPED NAME:	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		
March 30, 2010	EIGE HEE ONLY		
FOR REGIONAL OF	T	0.0.000	
03-30-10	JUN	2 8 20 10	
PLAN APPROVED – ONI			
19. EFFECTIVE DATE OF APPROVED MATERIAL:	20./SIGNATURE OF REGIONAL OFF	ICIAL:	
January 1, 2010	as Maria		
21. TYPED NAME: Verlon Johnson	22. TITLE:		
23. REMARKS:	Associate Regional Adm	inistrator	
wer andrea ealibur			

State: Wisconsin

Agency	Citation(s)	Groups Covered			Groups Covered
		A.			rage - Categorically Needy and Other Required (Continued)
1902(a)(10)(E)(i) and 1905(p) of the Act			25.	Qualifi	ed Medicare beneficiaries
	ונ			a.	Who are entitled to hospital insurance benefits under Medicare Part A, (but not pursuant to an enrollment under section 1818A of the Act);
				b.	Whose income does not exceed 100 percent of the Federal income poverty level; and
				C.	Whose resources do not exceed three times the SSI resource limit, adjusted annually since 2006 by the increase in the consumer price index.
					(Medical Assistance for this group is limited to Medicare cost sharing as defined in item 3.2 of this plan.)
1902(a)(10)(E)(ii), 1905(p)(3)(A)(i), and 1905(s) of the Act			26.	Qualifi	ed disabled and working individuals
	(1),			a.	Who are entitled to hospital insurance benefits under Medicare Part A under section 1818A of
				b.	the Act; Whose income does not exceed 200 percent of the Federal income poverty level; and
				C.	Whose resources do not exceed twice the maximum standard under SSI.
				d.	Who are not otherwise eligible for medical assistance under title XIX of the Act.
					(Medical Assistance for this group is limited to Medicare Part A premiums under section 1818A of the Act.)

TN # 10-004 Supersedes TN # 93-010 Approval date: JUN 2 8 2010

Effective date: 01/01/2010

^{*} Agency that determines eligibility for coverage.

State: Wisconsin

Agency	Citation(s)		Groups Covered			
	A.	A. Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)				
1902(a)(10)(E)(iii) and 1905(p)(3)(A)(ii) of the Act		27.	Specified low-income Medicare beneficiaries			
			a.	Who are entitled to hospital insurance benefits under Medicare Part A, (but not pursuant to an enrollment under section 1818A of the Act);		
			b.	Whose income for calendar years 1993 and 1994 exceeds the income level in 25.b., but is less than 110 percent of the Federal poverty level, and whose income for calendar years beginning 1995 is less than 120 percent of the Federal poverty level; and		
				C.	Whose resources do not exceed three times the SSI resource limit, adjusted annually since 2006 by the increase in the consumer price index.	
					(Medical Assistance for this group is limited to Medicare Part B premiums under section 1839 of the Act.)	
1902(a)(10)(E)(iv) and 1905(p)(3)(A)(ii) and 1860D-14(a)(3)(D) of the Act		27.a.	Quali	fying Individuals (QIs)		
			a.	Who are entitled to hospital insurance benefits under Medicare Part A (but not pursuant to an enrollment under section 1818A of the Act);		
			b.	Whose income is at least 120 percent but less than 135 percent of the Federal poverty level; and		
			C.	Whose resources do not exceed three times the SSI resource limit, adjusted annually by the increase in the consumer price index.		

TN # 10-004 Supersedes TN # 93-010

Approval date: JUN 2 8 2010

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		St	ate: Wisconsin
Citation		С	ondition or Requirement
	C.	<u>Finar</u>	ncial Eligibility (Continued)
1902(a)(10)(C)(i) of the Act			 Resource Standard - Medically Needy a. Resource standards are based on family size. b. A single standard is employed in determining resource eligibility for all groups. c. In Section 1902(f) States, the resource standards are more restrictive than in 7.b. above for _ Aged _ Blind _ Disabled
			Supplement 2 to ATTACHMENT 2.6-A specifies the resource standards for all covered medically needy groups. If the agency chooses more restrictive levels under 7.c., Supplement 2 so indicate.
1905(p)(1)(C) of the Act		;	Resource Standard - Qualified Medicare Beneficiaries, Specified Low-Income Medicare Beneficiaries, and Qualifying Individuals
		 	For qualified Medicare beneficiaries covered under Section 1902(a)(10)(E)(i) of the Act, specified low-income Medicare beneficiaries covered under Section 1902(a)(10)(E)(iii) of the Act, and Qualifying Individuals covered under Section 1902(a)(10)(E)(iv) of the Act, the resource standard is three times the SSI resource limit, adjusted annually since 2006 by the increase in the consumer price index.
1905(s) of the Act			Resource Standard - Qualified Disabled and Working Individuals
		į	For qualified disabled and working individuals covered under Section 1902(a)(10)(E)(ii) of the Act, the resource standard for an individual or a couple (in the case of an individual with a spouse) is twice the SSI resource standard.

Effective Date: 01/01/2010

	State:	Wisconsin			
Citation	Condition or Re	equirement			
	C. Financial Eligibility	(Continued)			
1902(u) of the Act	10. Excess Resources				
	Qualified	cally Needy, Qualified Medicare Beneficiaries, Disabled and Working Individuals, Specified Low- Medicare Beneficiaries, and Qualifying Individuals			
	Any exce	ess resources make the individual ineligible.			
	b. Categori	cally Needy Only			
	Red	State has a section 1634 agreement with SSI. eipt of SSI is provided for individuals while disposing xcess resources.			
	c. Medically	/ Needy			
	Any exce	ess resources make the individual ineligible.			

TN # 10-004 Supersedes TN # 93-021

Approval Date JUN 2 8 2010