

## **Table of Contents**

**State/Territory Name: WI**

**State Plan Amendment (SPA) #: 11-005**

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

December 16, 2011

Brett Davis, Administrator and Medicaid Director  
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. Davis:

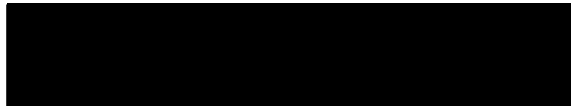
Enclosed for your records is an approved copy of the following State Plan Amendment:

Transmittal #11-005

-Eligibility – irrevocable burial trusts  
-- Effective February 1, 2012

If you have any additional questions, please have a member of your staff contact Charles Friedrich at (312) 353-1583 or [Charles.Friedrich@cms.hhs.gov](mailto:Charles.Friedrich@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  
STATE PLAN MATERIAL**

1. TRANSMITTAL NUMBER:  
11-005

2. STATE  
Wisconsin

**FOR: HEALTH CARE FINANCING ADMINISTRATION**

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE  
SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR  
HEALTH CARE FINANCING ADMINISTRATION  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE  
02/01/2012

5. TYPE OF PLAN MATERIAL (Check One):

- NEW STATE PLAN
- AMENDMENT TO BE CONSIDERED AS NEW PLAN
- AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:  
P.L. 103-66, s. 13611(d)(1)(C)

7. FEDERAL BUDGET IMPACT:  
a. FFY 2012 .....\$0  
b. FFY 2013 .....\$0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  
Attachment 2.6-A Supplement 8b Page 3 .....

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT (If Applicable):  
Same

10. SUBJECT OF AMENDMENT:

Eligibility - irrevocable burial trusts.

11. GOVERNOR'S REVIEW (Check One):

- GOVERNOR'S OFFICE REPORTED NO COMMENT
- COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
- NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

OTHER, AS SPECIFIED:

12. SIGNATURE OF STATE AGENCY OFFICIAL:

16. RETURN TO:

13. TYPED NAME:  
Brett Davis

Brett Davis  
State Medicaid Director  
Division of Health Care Access and Accountability  
1 W. Wilson St.  
P.O. Box 309  
Madison, WI 53701-0309

14. TITLE:  
State Medicaid Director

15. DATE SUBMITTED:  
September 30, 2011

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED:  
09-30-11

18. DATE APPROVED: **DEC 16 2011**

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:  
02-01-12

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:  
Verlon Johnson

22. TITLE:  
Associate Regional Administrator

23. REMARKS:

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 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): children who would meet the AFDC requirements if work-related child care costs were 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

F. For all aged, blind and disabled eligibility groups covered under sections

1902(a)(10)(A)(ii)(I), (II), (III), (IV), (IX), (XI), (XII), (XIII) and (XIV), 1902(a)(10)(C)(i)(III) and QMB, SMB and QI under section 1905(p):

Disregard up to \$1,500 in an irrevocable burial trust that is provided by family or friends of an applicant or recipient, in addition to the \$3,000 already disregarded under SSI rules.