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State/Territory Name: Wisconsin

State Plan Amendment (SPA) #: 24-0010

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- 3) Approved SPA Pages

WI - Submission Package - WI2024MS00050 - (WI-24-0010) - Eligibility

Summary Reviewable Units Versions Correspondence Log Analyst Notes **Approval Letter** Transaction Logs News Related Actions

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

September 20, 2024

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

Re: Approval of State Plan Amendment WI-24-0010

Dear Director Hanna:

On June 28, 2024, the Centers for Medicare & Medicaid Services (CMS) received Wisconsin State Plan Amendment (SPA) WI-24-0010, in which the state proposed to disregard as resources supplemental benefits provided by Medicare Advantage plans.

We approve Wisconsin State Plan Amendment (SPA) WI-24-0010 with an effective date(s) of March 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, Program Operations
Center for Medicaid & CHIP Services

WI - Submission Package - WI2024MS00050 - (WI-24-0010) - Eligibility

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Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | WI2024MS00050 | WI-24-0010

CMS-10434 OMB 0938-1188

Package Header

Package ID	WI2024MS00050	SPA ID	WI-24-0010
Submission Type	Official	Initial Submission Date	6/28/2024
Approval Date	09/20/2024	Effective Date	N/A
Superseded SPA ID	N/A		

State Information

State/Territory Name: Wisconsin

Medicaid Agency Name: Department of Health Services

Submission Component

- State Plan Amendment
- Medicaid
- CHIP

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | WI2024MS00050 | WI-24-0010

Package Header

Package ID WI2024MS00050
Submission Type Official
Approval Date 09/20/2024
Superseded SPA ID N/A

SPA ID WI-24-0010
Initial Submission Date 6/28/2024
Effective Date N/A

SPA ID and Effective Date

SPA ID WI-24-0010

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
Eligibility Determinations of Individuals Age 65 or Older or Who Have Blindness or a Disability	3/1/2024	WI-18-0005
Mandatory Eligibility Groups	3/1/2024	WI-24-0005
Qualified Medicare Beneficiaries	3/1/2024	WI-24-0005
Specified Low Income Medicare Beneficiaries	3/1/2024	WI-24-0005
Qualifying Individuals	3/1/2024	WI-24-0005
Optional Eligibility Groups	3/1/2024	WI-24-0005
Individuals Eligible for but Not Receiving Cash Assistance	3/1/2024	WI-24-0005
Individuals Eligible for Cash Except for Institutionalization	3/1/2024	WI-20-0017
Individuals in Institutions Eligible under a Special Income Level	3/1/2024	WI-20-0017
Work Incentives	3/1/2024	WI-24-0005
Medically Needy Populations Based on Age, Blindness or Disability	3/1/2024	WI-24-0005

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | WI2024MS00050 | WI-24-0010

Package Header

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Approval Date	09/20/2024	Effective Date	N/A
Superseded SPA ID	N/A		

Executive Summary

Summary Description Including Goals and Objectives To simplify administration, Wisconsin is seeking to totally disregard Medicare Advantage Supplemental Benefits as income and as assets.

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(r)(2)

Supporting documentation of budget impact is uploaded (optional).

Name	Date Created	
CMS 179 Medicaid disregard of DSNP benefits_SIGNED_final	6/28/2024 12:32 PM EDT	

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | WI2024MS00050 | WI-24-0010

Package Header

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Superseded SPA ID	N/A		

Governor's Office Review

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

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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WI - Submission Package - WI2024MS0005O - (WI-24-0010) - Eligibility

Summary Reviewable Units Versions Correspondence Log Analyst Notes Approval Letter Transaction Logs News **Related Actions**

Medicaid State Plan Eligibility

Income/Resource Methodologies

Eligibility Determinations of Individuals Age 65 or Older or Who Have Blindness or a Disability

MEDICAID | Medicaid State Plan | Eligibility | WI2024MS0005O | WI-24-0010

CMS-10434 OMB 0938-1188

Package Header

Package ID	WI2024MS0005O	SPA ID	WI-24-0010
Submission Type	Official	Initial Submission Date	6/28/2024
Approval Date	09/20/2024	Effective Date	<u>3/1/2024</u>
Superseded SPA ID	WI-18-0005		
	System-Derived		

A. Eligibility Determinations of Individuals Who Are Age 65 or Older or Who Have Blindness or a Disability

Eligibility determinations of individuals who are age 65 or older or who have blindness or a disability are based on one of the following:

- 1. SSA Eligibility Determination State (1634 State)

The state has an agreement under section 1634 of the Social Security Act for the Social Security Administration to determine Medicaid eligibility of SSI beneficiaries. For all other individuals who seek Medicaid eligibility on the basis of being age 65 or older or having blindness or a disability, the state requires a separate Medicaid application and determines financial eligibility based on SSI income and resource methodologies.
- 2. State Eligibility Determination (SSI Criteria State)

The state requires all individuals who seek Medicaid eligibility on the basis of being age 65 or older or having blindness or a disability, including SSI beneficiaries, to file a separate Medicaid application, and determines financial eligibility based on SSI income and resource methodologies.
- 3. State Eligibility Determination (209(b) State)

The state requires all individuals who seek Medicaid eligibility on the basis of being age 65 or older or having blindness or a disability, including SSI beneficiaries, to file a separate Medicaid application, and determines financial eligibility using income and resource methodologies more restrictive than SSI.

B. Additional information (optional)

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Mandatory Eligibility Groups

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Medicaid State Plan Eligibility

Eligibility Groups - Mandatory Coverage

Qualified Medicare Beneficiaries

MEDICAID | Medicaid State Plan | Eligibility | WI2024MS00050 | WI-24-0010

Individuals with income equal to or less than 100% of the FPL, who are entitled to Medicare Part A, and who qualify for Medicare cost-sharing.

CMS-10434 OMB 0938-1188

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Superseded SPA ID	WI-24-0005		
	System-Derived		

The state covers the mandatory qualified Medicare beneficiaries group in accordance with the following provisions:

A. Characteristics

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

1. Are entitled to hospital insurance benefits under part A of title XVIII (Medicare Part A), including individuals who have purchased a premium to enroll in Part A.
2. Have income and resources at or below the standard for this group.

Qualified Medicare Beneficiaries

MEDICAID | Medicaid State Plan | Eligibility | WI2024MS0005O | WI-24-0010

Package Header

Package ID WI2024MS0005O
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Approval Date 09/20/2024
Superseded SPA ID WI-24-0005
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SPA ID WI-24-0010
Initial Submission Date 6/28/2024
Effective Date 3/1/2024

B. Financial Methodologies

1. SSI methodologies are used in calculating household income. 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:

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:

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).
Guaranteed Income Programs	Means-tested, "guaranteed income" payments from privately funded,

Name of income type:	Description:
Medicare Advantage Supplemental Benefits	non-profit organizations are excluded. Medicare Advantage Supplemental Benefits are disregarded as income.
Tribal General Welfare Assistance	Tribal General Welfare Assistance (GWA) that is exempt from taxation under Section 139E of the Internal Revenue Code is disregarded.

3. 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.
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.
Independence Accounts	Accounts meeting the criteria described in the reviewable unit for the Work Incentives eligibility group.
Guaranteed Income Programs	Means-tested, "guaranteed income" payments from privately funded, non-profit organizations are disregarded as a resource.
Tribal General Welfare Assistance	Tribal General Welfare Assistance (GWA) that is exempt from taxation under Section 139E of the Internal Revenue Code is disregarded as an asset for 12 months following the month of receipt.
Medicare Advantage Supplemental Benefits	Medicare Advantage Supplemental Benefits are disregarded as a resource.

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.

Qualified Medicare Beneficiaries

MEDICAID | Medicaid State Plan | Eligibility | WI2024MS0005O | WI-24-0010

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	System-Derived		

C. Income Standard Used

The amount of the income standard for this group is 100% FPL.

D. Resource Standard Used

The resource standard is the same used to determine eligibility for the Medicare Part D full-benefit low-income subsidy (LIS) (but without regard to the life insurance policy exclusion applied in LIS resource eligibility determinations). This standard is three times the SSI resource standard, adjusted annually in accordance with the consumer price index.

E. Medical Assistance Provided

Medical assistance is limited to payment of co-insurance and deductibles for Medicare Parts A, B and C and payment for the premiums for Medicare Parts A and B.

Medical assistance begins the first day of the month following the month in which the individual is determined to qualify for this eligibility group.

Qualified Medicare Beneficiaries

MEDICAID | Medicaid State Plan | Eligibility | WI2024MS00050 | WI-24-0010

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F. 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.

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Medicaid State Plan Eligibility

Eligibility Groups - Mandatory Coverage

Specified Low Income Medicare Beneficiaries

MEDICAID | Medicaid State Plan | Eligibility | WI2024MS0005O | WI-24-0010

Individuals with income above 100% and below 120% of the FPL who are entitled to Medicare Part A, who qualify for payment of Medicare Part B premiums.

CMS-10434 OMB 0938-1188

Package Header

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Superseded SPA ID	WI-24-0005		
	System-Derived		

The state covers the mandatory specified low income Medicare beneficiaries group in accordance with the following provisions:

A. Characteristics

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

1. Would qualify as Qualified Medicare Beneficiaries (described in section 1905(p)(1) of the Act), except that their income exceeds the income level for that eligibility group.
2. Have income below the income standard and resources at or below the resource standard for this group.

Specified Low Income Medicare Beneficiaries

MEDICAID | Medicaid State Plan | Eligibility | WI2024MS0005O | WI-24-0010

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B. Financial Methodologies

1. SSI methodologies are used in calculating household income. 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:

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:

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).
Guaranteed Income Programs	Means-tested, "guaranteed income" payments from privately funded,

Name of income type:	Description:
Medicare Advantage Supplemental Benefits	non-profit organizations are excluded. Medicare Advantage Supplemental Benefits are disregarded as income.
Tribal General Welfare Assistance	Tribal General Welfare Assistance (GWA) that is exempt from taxation under Section 139E of the Internal Revenue Code is disregarded.

3. 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.
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Specified methodology for the treatment of resources set aside for burial:

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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.

Specified Low Income Medicare Beneficiaries

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C. Income Standard Used

Family income must be above 100% FPL and below 120% FPL.

D. Resource Standard Used

The resource standard is the same used to determine eligibility for the Medicare Part D full-benefit low-income subsidy (LIS) (but without regard to the life insurance policy exclusion applied in LIS resource eligibility determinations). This standard is three times the SSI resource standard, adjusted annually in accordance with the consumer price index.

E. Medical Assistance Provided

Medical assistance is limited to payment for Medicare Part B premiums.

Specified Low Income Medicare Beneficiaries

MEDICAID | Medicaid State Plan | Eligibility | WI2024MS0005O | WI-24-0010

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Medicaid State Plan Eligibility

Eligibility Groups - Mandatory Coverage

Qualifying Individuals

MEDICAID | Medicaid State Plan | Eligibility | WI2024MS0005O | WI-24-0010

Individuals with income at or above 120% and below 135% of the FPL who are entitled to Medicare Part A, who qualify for payment of Medicare Part B premiums.

CMS-10434 OMB 0938-1188

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The state covers the mandatory qualifying individuals group in accordance with the following provisions:

A. Characteristics

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

1. Would qualify as Qualified Medicare Beneficiaries (described in section 1905(p)(1) of the Act), except that their income exceeds the income level for that eligibility group.
2. Are not otherwise eligible for Medicaid under the state plan.
3. Have income below the income standard and resources at or below the resource standard for this group.

Qualifying Individuals

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B. Financial Methodologies

1. SSI methodologies are used in calculating household income. 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:

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:

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).
Guaranteed Income Programs	Means-tested, "guaranteed income" payments from privately funded,

Name of income type:	Description:
Medicare Advantage Supplemental Benefits	non-profit organizations are excluded. Medicare Advantage Supplemental Benefits are disregarded as income.
Tribal General Welfare Assistance	Tribal General Welfare Assistance (GWA) that is exempt from taxation under Section 139E of the Internal Revenue Code is disregarded.

3. 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.
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.
Independence Accounts	Accounts meeting the criteria described in the reviewable unit for the Work Incentives eligibility group.
Guaranteed Income Programs	Means-tested, "guaranteed income" payments from privately funded, non-profit organizations are disregarded as a resource.
Tribal General Welfare Assistance	Tribal General Welfare Assistance (GWA) that is exempt from taxation under Section 139E of the Internal Revenue Code is disregarded as an asset for 12 months following the month of receipt.
Medicare Advantage Supplemental Benefits	Medicare Advantage Supplemental Benefits are disregarded as a resource.

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.

Qualifying Individuals

MEDICAID | Medicaid State Plan | Eligibility | WI2024MS00050 | WI-24-0010

Package Header

Package ID	WI2024MS00050	SPA ID	WI-24-0010
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C. Income Standard Used

Family income must be at or above 120% FPL and below 135% FPL.

D. Resource Standard Used

The resource standard is the same used to determine eligibility for the Medicare Part D full-benefit low-income subsidy (LIS) (but without regard to the life insurance policy exclusion applied in LIS resource eligibility determinations). This standard is three times the SSI resource standard, adjusted annually in accordance with the consumer price index.

E. Medical Assistance Provided

Medical assistance is limited to payment for Medicare Part B premiums.

Qualifying Individuals

MEDICAID | Medicaid State Plan | Eligibility | WI2024MS0005O | WI-24-0010

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F. 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.

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Medicaid State Plan Eligibility

Optional Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | WI2024MS0005O | WI-24-0010

CMS-10434 OMB 0938-1188

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Superseded SPA ID	WI-24-0005		
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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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Children with Non-IV-E Adoption Assistance		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Independent Foster Care Adolescents		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Optional Targeted Low Income Children		<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Eligible for Family Planning Services		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Individuals with Tuberculosis		<input checked="" 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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	APPROVED
Individuals Eligible for Cash Except for Institutionalization		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	APPROVED
Individuals Receiving Home and Community-Based Waiver Services under Institutional Rules		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	APPROVED
Optional State Supplement Beneficiaries		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	APPROVED
Individuals in Institutions Eligible under a Special Income Level		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	APPROVED
PACE Participants		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Receiving Hospice		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Children under Age 19 with a Disability		<input checked="" 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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	APPROVED
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

Optional Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | WI2024MS00050 | WI-24-0010

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

Optional Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | WI2024MS00050 | WI-24-0010

Package Header

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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

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WI - Submission Package - WI2024MS00050 - (WI-24-0010) - Eligibility

Medicaid State Plan Eligibility

Eligibility Groups - Options for Coverage

Individuals Eligible for but Not Receiving Cash Assistance

MEDICAID | Medicaid State Plan | Eligibility | WI2024MS00050 | WI-24-0010

Individuals who are eligible for but not receiving federal cash assistance or an optional state supplement.

CMS-10434 OMB 0938-1188

Package Header

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The state covers the optional Individuals Eligible for but Not Receiving Cash Assistance eligibility group in accordance with the following provisions:

A. Characteristics

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

1. Meet the eligibility requirements of at least one of the following cash assistance programs:

- a. SSI
- b. Optional State Supplement
- c. AFDC

2. Do not receive cash assistance under these programs.

Individuals Eligible for but Not Receiving Cash Assistance

MEDICAID | Medicaid State Plan | Eligibility | WI2024MS0005O | WI-24-0010

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B. Individuals Covered

1. The state covers all individuals who meet the characteristics described in section A.

- Yes
- No

Individuals Eligible for but Not Receiving Cash Assistance

MEDICAID | Medicaid State Plan | Eligibility | WI2024MS0005O | WI-24-0010

Package Header

Package ID WI2024MS0005O
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Superseded SPA ID WI-24-0005
System-Derived

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C. Financial Methodologies

1. In calculating household income and resources for individuals who are seeking eligibility on the basis of being age 65 or older or having blindness or disability, SSI methodologies are used. Please refer as necessary to Non-MAGI Methodologies, completed by the state.

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

- Yes
 No

The less restrictive income methodologies are:

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:

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).

Name of income type:	Description:
Guaranteed Income Programs	Means-tested, "guaranteed income" payments from privately funded, non-profit organizations are excluded.
Medicare Advantage Supplemental Benefits	Medicare Advantage Supplemental Benefits are disregarded as income.
Tribal General Welfare Assistance	Tribal General Welfare Assistance (GWA) that is exempt from taxation under Section 139E of the Internal Revenue Code is disregarded.

4. 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.
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.
Independence Accounts	Accounts meeting the criteria described in the reviewable unit for the Work Incentives eligibility group.
Guaranteed Income Programs	Means-tested, "guaranteed income" payments from privately funded, non-profit organizations are disregarded as a resource.
Tribal General Welfare Assistance	Tribal General Welfare Assistance (GWA) that is exempt from taxation under Section 139E of the Internal Revenue Code is disregarded as an asset for 12 months following the month of receipt.

Name of disregard:	Description:
Medicare Advantage Supplemental Benefits	Medicare Advantage Supplemental Benefits are disregarded as a resource.

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.

Individuals Eligible for but Not Receiving Cash Assistance

MEDICAID | Medicaid State Plan | Eligibility | WI2024MS0005O | WI-24-0010

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D. Income Standard Used

The income standard used is the standard of the most closely related cash assistance program.

E. Resource Standard Used

The resource standard used is the standard of the most closely related cash assistance program.

Individuals Eligible for but Not Receiving Cash Assistance

MEDICAID | Medicaid State Plan | Eligibility | WI2024MS0005O | WI-24-0010

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F. Additional Information (optional)

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WI - Submission Package - WI2024MS00050 - (WI-24-0010) - Eligibility

Summary Reviewable Units Versions Correspondence Log Analyst Notes Approval Letter Transaction Logs News **Related Actions**

Medicaid State Plan Eligibility

Eligibility Groups - Options for Coverage

Individuals Eligible for Cash Except for Institutionalization

MEDICAID | Medicaid State Plan | Eligibility | WI2024MS00050 | WI-24-0010

Individuals who would be eligible for federal cash assistance or an optional state supplement, except for institutionalization.

CMS-10434 OMB 0938-1188

Package Header

Package ID	WI2024MS00050	SPA ID	WI-24-0010
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Superseded SPA ID	WI-20-0017		
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The state covers the optional Individuals Eligible for Cash Except for Institutionalization eligibility group in accordance with the following provisions:

A. Characteristics

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

- Are in a medical institution.
- Would meet the eligibility requirements for at least one of the following cash assistance programs, but for the lower income standards used to determine eligibility for institutionalized individuals:
 - a. SSI
 - b. Optional State Supplement
 - c. AFDC

Individuals Eligible for Cash Except for Institutionalization

MEDICAID | Medicaid State Plan | Eligibility | WI2024MS0005O | WI-24-0010

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Superseded SPA ID	WI-20-0017		
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B. Individuals Covered

1. The state covers all individuals who meet the characteristics described in section A.

- Yes
- No

Individuals Eligible for Cash Except for Institutionalization

MEDICAID | Medicaid State Plan | Eligibility | WI2024MS00050 | WI-24-0010

Package Header

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C. Financial Methodologies

1. In calculating household income and resources for individuals who are seeking eligibility on the basis of being age 65 or older or having blindness or disability, SSI methodologies are used. Please refer as necessary to Non-MAGI Methodologies, completed by the state.

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

- Yes
- No

The less restrictive income methodologies are:

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:

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.
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.
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Medicare Advantage Supplemental Benefits	Medicare Advantage Supplemental Benefits are disregarded as income.

4. 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.
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.
Independence Accounts	Accounts meeting the criteria described in the reviewable unit for the Work Incentives eligibility group.
Medicare Advantage Supplemental Benefits	Medicare Advantage Supplemental Benefits are disregarded as a resource.

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.

Individuals Eligible for Cash Except for Institutionalization

MEDICAID | Medicaid State Plan | Eligibility | WI2024MS0005O | WI-24-0010

Package Header

Package ID	WI2024MS0005O	SPA ID	WI-24-0010
Submission Type	Official	Initial Submission Date	6/28/2024
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Superseded SPA ID	WI-20-0017		
	System-Derived		

D. Income Standard Used

The income standard used is the standard of the most closely related cash assistance program.

E. Resource Standard Used

The resource standard used is the standard of the most closely related cash assistance program.

Individuals Eligible for Cash Except for Institutionalization

MEDICAID | Medicaid State Plan | Eligibility | WI2024MS0005O | WI-24-0010

Package Header

Package ID	WI2024MS0005O	SPA ID	WI-24-0010
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	System-Derived		

F. 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.

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WI - Submission Package - WI2024MS0005O - (WI-24-0010) - Eligibility

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Medicaid State Plan Eligibility

Eligibility Groups - Options for Coverage

Individuals in Institutions Eligible under a Special Income Level

MEDICAID | Medicaid State Plan | Eligibility | WI2024MS0005O | WI-24-0010

Individuals who are in medical institutions for at least 30 consecutive days who are eligible under a special income level.

CMS-10434 OMB 0938-1188

Package Header

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Superseded SPA ID	WI-20-0017		
	System-Derived		

The state covers Individuals in Institutions Eligible under a Special Income Level in accordance with the following provisions:

A. Characteristics

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

1. Have been in a medical institution for at least 30 consecutive days.
2. Have income at or below a standard described in section D.

Individuals in Institutions Eligible under a Special Income Level

MEDICAID | Medicaid State Plan | Eligibility | WI2024MS0005O | WI-24-0010

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B. Individuals Covered

1. The state covers all individuals who meet the characteristics described in section A.

- Yes
- No

Individuals in Institutions Eligible under a Special Income Level

MEDICAID | Medicaid State Plan | Eligibility | WI2024MS00050 | WI-24-0010

Package Header

Package ID WI2024MS00050
Submission Type Official
Approval Date 09/20/2024
Superseded SPA ID WI-20-0017
System-Derived

SPA ID WI-24-0010
Initial Submission Date 6/28/2024
Effective Date 3/1/2024

C. Financial Methodologies

1. In calculating household income, the methodologies of the most closely related cash assistance program are used, except that disregards are not applied.
2. In calculating household resources, the methodologies of the most closely related cash assistance program are used. Please refer as necessary to Non-MAGI Methodologies, completed by the state.
3. 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.
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.
Independence Accounts	Accounts meeting the criteria described in the reviewable unit for the Work Incentives eligibility group.
Medicare Advantage Supplemental Benefits	Medicare Advantage Supplemental Benefits are disregarded as a resource.

- 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.

Individuals in Institutions Eligible under a Special Income Level

MEDICAID | Medicaid State Plan | Eligibility | WI2024MS0005O | WI-24-0010

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D. Income Standard Used

The income standard for this group is:

- 1. 300% of the SSI Federal Benefit Rate (FBR) for an individual
- 2. Other lower income level

Individuals in Institutions Eligible under a Special Income Level

MEDICAID | Medicaid State Plan | Eligibility | WI2024MS0005O | WI-24-0010

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E.Resource Standard Used

The resource standard for this group is the one used for the most closely-related cash assistance program.

Individuals in Institutions Eligible under a Special Income Level

MEDICAID | Medicaid State Plan | Eligibility | WI2024MS0005O | WI-24-0010

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F.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.

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WI - Submission Package - WI2024MS0005O - (WI-24-0010) - Eligibility

Eligibility Groups - Options for Coverage

Work Incentives

MEDICAID | Medicaid State Plan | Eligibility | WI2024MS0005O | WI-24-0010

Individuals with a disability with income below 250% of the FPL, who would qualify for SSI except for earned income.

CMS-10434 OMB 0938-1188

Package Header

Package ID	WI2024MS0005O	SPA ID	WI-24-0010
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Superseded SPA ID	WI-24-0005		
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The state covers the optional Work Incentives eligibility group in accordance with the following provisions:

A. Characteristics

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

1. Have earned income.
2. Meet the SSI definition of disability, but for earned income.
3. Meet income and resource standards following a two-step process, which includes:
 - a. Step One - A comparison of family net income to 250% FPL; and
 - b. Step Two - A comparison of individual net income and resources to the SSI standards, excluding earned income.

Work Incentives

MEDICAID | Medicaid State Plan | Eligibility | WI2024MS00050 | WI-24-0010

Package Header

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B. Step One Financial Methodologies and Income Test

1. Financial methodologies

a. SSI methodologies are used in calculating family income. 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:

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:

Name of income type:	Description:
Guaranteed Income Programs	Means-tested, "guaranteed income" payments from privately funded, non-profit organizations are excluded.
Medicare Advantage Supplemental Benefits	Medicare Advantage Supplemental Benefits are disregarded as income.
Tribal General Welfare Assistance	Tribal General Welfare Assistance (GWA) that is exempt from taxation under Section 139E of the Internal Revenue Code is disregarded.
Court-ordered Support and Payments	Court-ordered support amounts (child or spousal support) and court-ordered attorney and/or guardian fees are considered unavailable.
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

Name of income type:	Description:
	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).
Excessive Medical and Remedial Expenses	Monthly out-of-pocket medical and remedial expenses incurred by a work incentives applicant or member (or his or her spouse, if living together), if greater than \$500, are completely disregarded.

Specific income changes are disregarded between redeterminations.

Income increases due to the cost of living adjustment received from Social Security are disregarded.

Description: The annual COLA is disregarded until the month following the month in which the new federal poverty levels are published.

2. Income Test

Family net income must be less than 250% FPL. Please refer as necessary to Non-MAGI Methodologies for the definition of family size.

Work Incentives

MEDICAID | Medicaid State Plan | Eligibility | WI2024MS00050 | WI-24-0010

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C. Step Two Financial Methodologies and Income/Resource Test

1. Financial methodologies

a. SSI methodologies are used in calculating income and resources, except that earned income is not counted. 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:

Income from household members is disregarded.

Income of the spouse is disregarded.

Description: All income of the spouse is disregarded when determining whether or not the individual meets the financial eligibility requirements for the SSI program.

The total amount of unearned income is disregarded.

Description of disregard: All of an individual's unearned income shall be disregarded when determining whether or not the individual meets the financial eligibility requirements for the SSI program.

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

- Yes
- No

The less restrictive resource methodologies are:

A dollar amount of resources in excess of the resource standard is disregarded.

The disregard equals: \$13000.00

Resources from household members are disregarded.

Resources of the spouse are disregarded.

Description: All resources of the individual's spouse are disregarded.

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	The state considers persons eligible if their resources are at or below the

Name of disregard:	Description:
resources.	resource standard at any time in the month.
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.
Independence Accounts	<p>A resource disregard shall be given to a working disabled individual eligible for the Work Incentives group, who holds monies in an Independence Account. To be eligible for this resource disregard, the Independence Account is subject to the following provisions:</p> <ol style="list-style-type: none"> 1. Deposits made to an approved Independence Account only while an individual is eligible for Medicaid under the Work Incentives group will be disregarded as a resource. 2. Deposits into the account must not exceed 50% of gross earned income earned by the individual during the 12-month certification period under the Work Incentives group (with deposits exceeding this threshold being disregarded as resources but included in the formula for calculating premiums). 3. These accounts will be held separate from non-exempt resources, in an account for which prior approval has been obtained from the Department, and for which the owner authorizes regular monitoring and/or reporting including deposits, withdrawals, and other information deemed necessary by the Department for the proper administration of this provision. 4. The separateness requirement may be waived in the case of an employer's pension and/or a retirement account. 5. All gains, dividends or interest accruing to: <ol style="list-style-type: none"> a. An Independence Account, b. An employer's retirement fund, or c. An individual's IRA account that has been registered and approved as an Independence Account, which occur after that person's first enrollment in Medicaid under the Work Incentives group, will also be disregarded resources. <p>Funds described above in a qualified Independence Account are disregarded as a resource for applicants or recipients of this Medicaid eligibility category, or their spouses.</p>
Guaranteed Income Programs	Means-tested, "guaranteed income" payments from privately funded, non-profit organizations are disregarded as a resource.

Name of disregard:	Description:
Tribal General Welfare Assistance	Tribal General Welfare Assistance (GWA) that is exempt from taxation under Section 139E of the Internal Revenue Code is disregarded as a resource for 12 months following the month of receipt.
Medicare Advantage Supplemental Benefits	Medicare Advantage Supplemental Benefits are disregarded as a resource.

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.

2. Income Test

For individuals who pass Step One, in Step Two, the individual's unearned income (plus deemed income, if appropriate) must be less than one of the following income standards:

- a. The SSI income standard.
- b. The income standard of the state supplement program.

3. Resource Test

The individual's resources must be less than the SSI resource standard.

Work Incentives

MEDICAID | Medicaid State Plan | Eligibility | WI2024MS0005O | WI-24-0010

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	System-Derived		

D. Premiums and Cost Sharing

Requirements for premiums and cost sharing for this group are found in the premium and cost sharing sections of the state plan.

Work Incentives

MEDICAID | Medicaid State Plan | Eligibility | WI2024MS00050 | WI-24-0010

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E. Additional Information (optional)

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WI - Submission Package - WI2024MS00050 - (WI-24-0010) - Eligibility

Medicaid State Plan Eligibility

Eligibility Groups - Medically Needy

Medically Needy Populations Based on Age, Blindness or Disability

MEDICAID | Medicaid State Plan | Eligibility | WI2024MS00050 | WI-24-0010

Individuals who are age 65 or older or who have blindness or a disability who do not qualify as categorically needy.

CMS-10434 OMB 0938-1188

Package Header

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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 | WI2024MS0005O | WI-24-0010

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	System-Derived		

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

MEDICAID | Medicaid State Plan | Eligibility | WI2024MS0005O | WI-24-0010

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System-Derived	

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 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 100.00%

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:

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.

Name of income type:	Description:
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).
Guaranteed Income Programs	Means-tested, "guaranteed income" payments from privately funded, non-profit organizations are excluded.
Medicare Advantage Supplemental Benefits	Medicare Advantage Supplemental Benefits are disregarded as income.

Name of income type:	Description:
Tribal General Welfare Assistance	Tribal General Welfare Assistance (GWA) that is exempt from taxation under Section 139E of the Internal Revenue Code is disregarded.

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.

Specific income changes are disregarded between redeterminations.

Income increases due to the cost of living adjustment received from Social Security are disregarded.

Description: The annual COLA is disregarded until the month following the month in which the new federal poverty levels are published.

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

Name of disregard:	Description:
	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.
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.
Independence Accounts	Accounts meeting the criteria described in the reviewable unit for the Work Incentives eligibility group.
Guaranteed Income Programs	Means-tested, "guaranteed income" payments from privately funded, non-profit organizations are disregarded as a resource.
Tribal General Welfare Assistance	Tribal General Welfare Assistance (GWA) that is exempt from taxation under Section 139E of the Internal Revenue Code is disregarded as an asset for 12 months following the month of receipt.
Medicare Advantage Supplemental Benefits	Medicare Advantage Supplemental Benefits are disregarded as a resource.

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

Name of methodology:	Description:
	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.

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Approval Date	09/20/2024	Effective Date	3/1/2024
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	System-Derived		

D. Income Standard Used

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

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E. Resource Standard Used

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

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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.

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G. 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.

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