

**DHS Note: See MMDL forms S14, S25, S28, S30, S32, S50, S52, S53,
S54, S55, S57, and S59 for current information.**

Revision: HCFA-PM-91-4 (BPD)
AUGUST 1991

ATTACHMENT 2.2-A
Page 1
OMB NO.: 0938-

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Wisconsin

GROUPS COVERED AND AGENCIES RESPONSIBLE FOR ELIGIBILITY DETERMINATION

Agency*	Citation(s)	Groups Covered
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The following groups are covered under this plan.

A. Mandatory Coverage - Categorically Needy and Other Required Special Groups

42 CFR 435.110 1. Recipients of AFDC

The approved State AFDC plan includes:

Families with an unemployed parent. There is no limit placed on the number of months of eligibility per s.407(b)(2)(B)(iii) of the Social Security Act.

Pregnant women with no other eligible children.

AFDC children age 18 who are full-time students in a secondary school or in the equivalent level of vocational or technical training.

The standards for AFDC payments are listed in Supplement 1 of ATTACHMENT 2.6-A.

42 CFR 435.115 2. Deemed Recipients of AFDC

a. Individuals denied a title IV-A cash payment solely because the amount would be less than \$10.

* Agency that determines eligibility for coverage.

TN No. 91-0030
Supersedes
TN No. 86-0031

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ATTACHMENT 2.2-A
Page 2
OMB NO.: 0938-

State: Wisconsin

Agency*	Citation(s)	Groups Covered
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A. Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)

2. Deemed Recipients of AFDC.

- | | |
|---|--|
| 1902(a)(10)(A)(i)(I)
of the Act | b. Effective October 1, 1990, participants in a work supplementation program under title IV-A and any child or relative of such individual (or other individual living in the same household as such individuals) who would be eligible for AFDC if there were no work supplementation program, in accordance with section 482(e)(6) of the Act. |
| 402(a)(22)(A)
of the Act | c. Individuals whose AFDC payments are reduced to zero by reason of recovery of overpayment of AFDC funds. |
| 406(h) and
1902(a)(10)(A)
(i)(I) of the Act | d. An assistance unit deemed to be receiving AFDC for a period of four calendar months because the family becomes ineligible for AFDC as a result of collection or increased collection of support and meets the requirements of section 406(h) of the Act. |
| 1902(a) of
the Act | e. Individuals deemed to be receiving AFDC who meet the requirements of section 473(b)(1) or (2) for whom an adoption assistance agreement is in effect or foster care maintenance payments are being made under title IV-E of the Act. |

*Agency that determines eligibility for coverage.

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S57, and S59 for current information.**

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ATTACHMENT 2.2-A
Page 2a
OMB NO.: 0938-

State: Wisconsin

Agency*	Citation(s)	Groups Covered
	A.	<u>Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)</u>
407(b), 1902 (a)(10)(A)(i) and 1905(m)(l) of the Act Wisconsin places no limit on the number of months of AFDC-U eligibility.		3. Qualified Family Members Effective October 1, 1990, qualified family members who would be eligible to receive AFDC under section 407 of the Act because the principal wage earner is unemployed. <u> </u> Qualified family members are not included because cash assistance payments may be made to families with unemployed parents for 12 months per calendar year.
1902(a)(52) and 1925 of the Act This is part of Wisconsin's Welfare Reform Initiative under an approved waiver.		4. Families terminated from AFDC solely because of earnings, hours of employment, or loss of earned income disregards entitled up to twelve months of extended benefits in accordance with section 1925 of the Act. (This provision expires on September 30, 1998.)

* Agency that determines eligibility for coverage.

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ATTACHMENT 2.2-A
Page 3
OMB NO.: 0938-

State: Wisconsin

Agency*	Citation(s)	Groups Covered
		A. <u>Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)</u>
42 CFR 435.113		5. Individuals who are ineligible for AFDC solely because of eligibility requirements that are specifically prohibited under Medicaid. Included are: <ul style="list-style-type: none">a. Families denied AFDC solely because of income and resources deemed to be available from--<ul style="list-style-type: none">(1) Stepparents who are not legally liable for support of stepchildren under a State law of general applicability;(2) Grandparents;(3) Legal guardians; and(4) Individual alien sponsors (who are not spouses of the individual or the individual's parent);b. Families denied AFDC solely because of the involuntary inclusion of siblings who have income and resources of their own in the filing unit.c. Families denied AFDC because the family transferred a resource without receiving adequate compensation.

*Agency that determines eligibility for coverage.

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ATTACHMENT 2.2-A
Page 3a
OMB NO.: 0938-

State: Wisconsin

Agency*	Citation(s)	Groups Covered
		A. <u>Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)</u>
	42 CFR 435.114	6. Individuals who would be eligible for AFDC except for the increase in OASDI benefits under Pub. L. 92-336 (July 1, 1972), who were entitled to OASDI in August 1972, and who were receiving cash assistance in August 1972. <input checked="" type="checkbox"/> Includes persons who would have been eligible for cash assistance but had not applied in August 1972 (this group was included in this State's August 1972 plan). <input checked="" type="checkbox"/> Includes persons who would have been eligible for cash assistance in August 1972 if not in a medical institution or intermediate care facility (this group was included in this State's August 1972 plan). <input type="checkbox"/> Not applicable with respect to intermediate care facilities; State did or does not cover this service.
1902(a)(10) (A)(i)(III) and 1905(n) of the Act		7. Qualified Pregnant Women and Children. a. A pregnant woman whose pregnancy has been medically verified who-- (1) Would be eligible for an AFDC cash payment (or who would be eligible if the State had an AFDC-unemployed parents program) ^{per PM 3-92} if the child had been born and was living with her;

*Agency that determines eligibility for coverage.

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Wisconsin

COVERAGE AND CONDITIONS OF ELIGIBILITY

Citation(s)	Groups Covered
	A. <u>Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)</u>
	7. a. (2) Is a member of a family that would be eligible for aid to families with dependent children of unemployed parents if the State had an AFDC-unemployed parents program; or
	(3) Would be eligible for an AFDC cash payment on the basis of the income and resource requirements of the State's approved AFDC plan.
	b. Children born after September 30, 1983 who are under age 19 and who would be eligible for an AFDC cash payment on the basis of the income and resource requirements of the State's approved AFDC plan.
	<u>X</u> Children born after <u>September 30, 1972</u> (specify optional earlier date) who are under age 19 and who would be eligible for an AFDC cash payment on the basis of the income and resource requirements of the State's approved AFDC plan.

*Crossed out
per telephone
conversation
with Jean
Hall, Region V
HCFA*

1902(a)(10)(A)
(i)(III) and
1905(n) of the
Act

TN No. 92-0015

Supersedes

TN No. 91-0030

Approval Date

7/29/92

Effective Date

4/1/92

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Wisconsin

COVERAGE AND CONDITIONS OF ELIGIBILITY

Citation(s)	Groups Covered
	A. <u>Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)</u>
1902(a)(10)(A)(i)(IV) and 1902(1)(1)(A) and (B) of the Act	8. Pregnant women and infants under 1 year of age with family incomes up to 133 percent of the Federal poverty level who are described in section 1902(a)(10)(A)(i)(IV) and 1902(1)(1)(A) and (B) of the Act. The income level for this group is specified in <u>Supplement 1 to ATTACHMENT 2.6-A.</u> — The State uses a percentage greater than 133 but not more than 185 percent of the Federal poverty level, as established in its State plan, State legislation, or State appropriations as of December 19, 1989.
1902(a)(10)(A)(i)(VI) 1902(1)(1)(C) of the Act	9. Children:
1902(a)(10)(A)(i)(VII) and 1902(1)(1)(D) of the Act	a. who have attained 1 year of age but have and not attained 6 years of age, with family incomes at or below 133 percent of the Federal poverty levels. b. born after September 30, 1983, who have attained 6 years of age but have not attained 19 years of age, with family incomes at or below 100 percent of the Federal poverty levels. <u>Income levels for these groups are specified in Supplement 1 to ATTACHMENT 2.6A.</u>

Agency*	Citation(s)	Groups Covered
		A. <u>Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)</u>
	1902(1)(1)(D) 1902(1)(2)(C) (P.L. 101-508)	11. The following individuals whose income level (established at 100% of the Federal poverty line) specified in Supplement to <u>ATTACHMENT 2.6-A</u> for a family of the same size including the child and who meet the resource standard specified in Supplement to <u>ATTACHMENT 2.6-A</u> . (a) Children born after September 30, 1983, who have attained 6 years of age but have not attained 19 years of age. Children covered under items above who are receiving inpatient services on the date they reach the maximum age for coverage under the approved plan will continue to be eligible for inpatient services until the end of the stay for which the inpatient services are furnished.

* Agency that determines eligibility for coverage.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Wisconsin

COVERAGE AND CONDITIONS OF ELIGIBILITY

Citation(s)	Groups Covered
	A. <u>Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)</u>
1902(a)(10) (A)(i)(V) and 1905(m) of the Act	10. Individuals other than qualified pregnant women and children under item A.7, above who are members of a family that would be receiving AFDC under section 407 of the Act if the State had not exercised the option under section 407(b)(2)(B)(i) of the Act to limit the number of months for which a family may receive AFDC.
1902(e)(5) of the Act	11. a. A woman who, while pregnant, was eligible for, applied for, and receives Medicaid under the approved State plan on the day her pregnancy ends. The woman continues to be eligible, as though she were pregnant, for all pregnancy-related and postpartum medical assistance under the plan for a 60-day period (beginning on the last day of her pregnancy) and for any remaining days in the month in which the 60th day falls.
1902(e)(6) of the Act	b. A pregnant woman who would otherwise lose eligibility because of an increase in income (of the family in which she is a member) during the pregnancy or the postpartum period which extends through the end of the month in which the 60-day period (beginning on the last day of pregnancy) ends.

*Per
CRSL
3-92*

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Wisconsin

COVERAGE AND CONDITIONS OF ELIGIBILITY

Citation(s) Groups Covered

A. Mandatory Coverage - Categorically Needy and Other
Required Special Groups (Continued)

1902(e)(4)
of the Act

12. A child born to a woman who is eligible for and receiving Medicaid as categorically needy on the date of the child's birth. The child is deemed eligible for one year from birth as long as the mother remains eligible or would remain eligible if still pregnant and the child remains in the same household as the mother.

42 CFR 435.120

13. Aged, Blind and Disabled Individuals Receiving Cash Assistance

x a. Individuals receiving SSI.

This includes beneficiaries' eligible spouses and persons receiving SSI benefits pending a final determination of blindness or disability or pending disposal of excess resources under an agreement with the Social Security Administration; and beginning January 1, 1981 persons receiving SSI under section 1619(a) of the Act or considered to be receiving SSI under section 1619(b) of the Act.

x Aged
x Blind
x Disabled

TN No. 92-0015

Supersedes

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State: Wisconsin

Agency* Citation(s) Groups Covered

A. Mandatory Coverage - Categorically Needy and Other
Required Special Groups (Continued)

435.121

1619(b)(1)
of the Act

13. b. Individuals who meet more restrictive requirements for Medicaid than the SSI requirements. (This includes persons who qualify for benefits under section 1619(a) of the Act or who meet the requirements for SSI status under section 1619(b)(1) of the Act and who met the State's more restrictive requirements for Medicaid in the month before the month they qualified for SSI under section 1619(a) or met the requirements under section 1619(b)(1) of the Act. Medicaid eligibility for these individuals continues as long as they continue to meet the 1619(a) eligibility standard or the requirements of section 1619(b) of the Act.)

— Aged
— Blind
— Disabled

The more restrictive categorical eligibility criteria are described below:

(Financial criteria are described in ATTACHMENT 2.6-A).

*Agency that determines eligibility for coverage.

TN No. 91-0030
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State: Wisconsin

Agency*	Citation(s)	Groups Covered
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A. Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)

1902(a)
(10)(A)
(i)(II)
and 1905
(q) of
the Act

14. Qualified severely impaired blind and disabled individuals under age 65, who--
- a. For the month preceding the first month of eligibility under the requirements of section 1905(q)(2) of the Act, received SSI, a State supplemental payment under section 1616 of the Act or under section 212 of P.L. 93-66 or benefits under section 1619(a) of the Act and were eligible for Medicaid; or
 - b. For the month of June 1987, were considered to be receiving SSI under section 1619(b) of the Act and were eligible for Medicaid. These individuals must--
 - (1) Continue to meet the criteria for blindness or have the disabling physical or mental impairment under which the individual was found to be disabled;
 - (2) Except for earnings, continue to meet all nondisability-related requirements for eligibility for SSI benefits;
 - (3) Have unearned income in amounts that would not cause them to be ineligible for a payment under section 1611(b) of the Act;

*Agency that determines eligibility for coverage.

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State: Wisconsin

Agency*	Citation(s)	Groups Covered
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A. Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)

- (4) Be seriously inhibited by the lack of Medicaid coverage in their ability to continue to work or obtain employment; and
 - (5) Have earnings that are not sufficient to provide for himself or herself a reasonable equivalent of the Medicaid, SSI (including any Federally administered SSP), or public funded attendant care services that would be available if he or she did have such earnings.
- Not applicable with respect to individuals receiving only SSP because the State either does not make SSP payments or does not provide Medicaid to SSP-only recipients.

*Agency that determines eligibility for coverage.

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State: Wisconsin

Agency*	Citation(s)	Groups Covered
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A. Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)

1619(b)(3)
of the Act

The State applies more restrictive eligibility requirements for Medicaid than under SSI and under 42 CFR 435.121. Individuals who qualify for benefits under section 1619(a) of the Act or individuals described above who meet the eligibility requirements for SSI benefits under section 1619(b)(1) of the Act and who met the State's more restrictive requirements in the month before the month they qualified for SSI under section 1619(a) or met the requirements of section 1619(b)(1) of the Act are covered. Eligibility for these individuals continues as long as they continue to qualify for benefits under section 1619(a) of the Act or meet the SSI requirements under section 1619(b)(1) of the Act.

*Agency that determines eligibility for coverage.

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State: Wisconsin

Agency* Citation(s) Groups Covered

A. Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)

1634(c) of
the Act

15. Except in States that apply more restrictive eligibility requirements for Medicaid than under SSI, blind or disabled individuals who--
- a. Are at least 18 years of age;
 - b. Lose SSI eligibility because they become entitled to OASDI child's benefits under section 202(d) of the Act or an increase in these benefits based on their disability. Medicaid eligibility for these individuals continues for as long as they would be eligible for SSI, absent their OASDI eligibility.
 - c. The State applies more restrictive eligibility requirements than those under SSI, and part or all of the amount of the OASDI benefit that caused SSI/SSP ineligibility and subsequent increases are deducted when determining the amount of countable income for categorically needy eligibility.
 - d. The State applies more restrictive requirements than those under SSI, and none of the OASDI benefit is deducted in determining the amount of countable income for categorically needy eligibility.

42 CFR 435.122

16. Except in States that apply more restrictive eligibility requirements for Medicaid than under SSI, individuals who are ineligible for SSI or optional State supplements (if the agency provides Medicaid under §435.230), because of requirements that do not apply under title XIX of the Act.

42 CFR 435.130

17. Individuals receiving mandatory State supplements.

*Agency that determines eligibility for coverage.

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State: Wisconsin

Agency*	Citation(s)	Groups Covered
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A. Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)

42 CFR 435.131 18. Individuals who in December 1973 were eligible for Medicaid as an essential spouse and who have continued, as spouse, to live with and be essential to the well-being of a recipient of cash assistance. The recipient with whom the essential spouse is living continues to meet the December 1973 eligibility requirements of the State's approved plan for OAA, AB, APTD, or AABD and the spouse continues to meet the December 1973 requirements for having his or her needs included in computing the cash payment.

In December 1973, Medicaid coverage of the essential spouse was limited to the following group(s):

Aged Blind Disabled

Not applicable. In December 1973, the essential spouse was not eligible for Medicaid.

*Agency that determines eligibility for coverage.

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State: Wisconsin

Agency*	Citation(s)	Groups Covered
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A. Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)

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| 42 CFR 435.132 | 19. | Institutionalized individuals who were eligible for Medicaid in December 1973 as inpatients of title XIX medical institutions or residents of title XIX intermediate care facilities, if, for each consecutive month after December 1973, they--

a. Continue to meet the December 1973 Medicaid State plan eligibility requirements; and

b. Remain institutionalized; and

c. Continue to need institutional care. |
| 42 CFR 435.133 | 20. | Blind and disabled individuals who--

a. Meet all current requirements for Medicaid eligibility except the blindness or disability criteria; and

b. Were eligible for Medicaid in December 1973 as blind or disabled; and

c. For each consecutive month after December 1973 continue to meet December 1973 eligibility criteria. |

*Agency that determines eligibility for coverage.

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State: Wisconsin

Agency*	Citation(s)	Groups Covered
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A. Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)

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| 42 CFR 435.134 | 21. | Individuals who would be SSI/SSP eligible except for the increase in OASDI benefits under Pub. L. 92-336 (July 1, 1972), who were entitled to OASDI in August 1972, and who were receiving cash assistance in August 1972. |
| | <input checked="" type="checkbox"/> | Includes persons who would have been eligible for cash assistance but had not applied in August 1972 (this group was included in this State's August 1972 plan). |
| | <input checked="" type="checkbox"/> | Includes persons who would have been eligible for cash assistance in August 1972 if not in a medical institution or intermediate care facility (this group was included in this State's August 1972 plan). |
| | <input type="checkbox"/> | Not applicable with respect to intermediate care facilities; the State did or does not cover this service. |

*Agency that determines eligibility for coverage.

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State: Wisconsin

Agency*	Citation(s)	Groups Covered
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A. Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)

42 CFR 435.135

22. Individuals who --

- a. Are receiving OASDI and were receiving SSI/SSP but became ineligible for SSI/SSP after April 1977; and
- b. Would still be eligible for SSI or SSP if cost-of-living increases in OASDI paid under section 215(1) of the Act received after the last month for which the individual was eligible for and received SSI/SSP and OASDI, concurrently, were deducted from income.

Not applicable with respect to individuals receiving only SSP because the State either does not make such payments or does not provide Medicaid to SSP-only recipients.

Not applicable because the State applies more restrictive eligibility requirements than those under SSI.

The State applies more restrictive eligibility requirements than those under SSI and the amount of increase that caused SSI/SSP ineligibility and subsequent increases are deducted when determining the amount of countable income for categorically needy eligibility.

*Agency that determines eligibility for coverage.

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State: Wisconsin

Agency* Citation(s) Groups Covered

A. Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)

1634 of the Act

23. Disabled widows and widowers who would be eligible for SSI or SSP except for the increase in their OASDI benefits as a result of the elimination of the reduction factor required by section 134 of Pub. L. 98-21 and who are deemed, for purposes of title XIX, to be SSI beneficiaries or SSP beneficiaries for individuals who would be eligible for SSP only, under section 1634(b) of the Act.

Not applicable with respect to individuals receiving only SSP because the State either does not make these payments or does not provide Medicaid to SSP-only recipients.

The State applies more restrictive eligibility standards than those under SSI and considers these individuals to have income equalling the SSI Federal benefit rate, or the SSP benefit rate for individuals who would be eligible for SSP only, when determining countable income for Medicaid categorically needy eligibility.

*Agency that determines eligibility for coverage.

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State/Territory: Wisconsin

Agency* Citation(s) Groups Covered

1634(d) of the
Act

A. Mandatory Coverage - Categorically Needy and Other
Required Special Groups (Continued)

24. Disabled widows, disabled widowers, and disabled unmarried divorced spouses who had been married to the insured individual for a period of at least ten years before the divorce became effective, who have attained the age of 50, who are receiving title II payments, and who because of the receipt of title II income lost eligibility for SSI or SSP which they received in the month prior to the month in which they began to receive title II payments, who would be eligible for SSI or SSP if the amount of the title II benefit were not counted as income, and who are not entitled to Medicare Part A.

— The State applies more restrictive eligibility requirements for its blind or disabled than those of the SSI program.

— In determining eligibility as categorically needy, the State disregards the amount of the title II benefits identified in § 1634(d)(1)(A) in determining the income of the individual, but does not disregard any more of this income than would reduce the individual's income to the SSI income standard.

— In determining eligibility as categorically needy, the State disregards only part of the amount of the benefits identified in §1634(d)(1)(A) in determining the income of the individual, which amount would not reduce the individual's income below the SSI income standard. The amount of these benefits to disregarded is specified in Supplement 4 to Attachment 2.6-A.

— In determining eligibility as categorically needy, the State chooses not to deduct any of the benefit identified in § 1634(d)(1)(A) in determining the income of the individual.

*Agency that determines eligibility for coverage.

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TN No. 91-0030

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State: Wisconsin

Agency	Citation(s)	Groups Covered
	A.	<u>Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)</u>
1902(a)(10)(E)(i) and 1905(p) of the Act	25.	Qualified 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 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.	Qualified disabled and working individuals-- a. Who are entitled to hospital insurance benefits under Medicare Part A under section 1818A of the Act; b. 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.)

* Agency that determines eligibility for coverage.

State: Wisconsin

Agency	Citation(s)	Groups Covered
1902(a)(10)(E)(iii) and 1905(p)(3)(A)(ii) of the Act	A. <u>Mandatory Coverage - Categorically Needy and Other Required Special Groups</u> (Continued)	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.)
		27.a. Qualifying 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.
1902(a)(10)(E)(iv) and 1905(p)(3)(A)(ii) and 1860D-14(a)(3)(D) of the Act		

DHS Note: See MMDL forms S14, S30, S32, S50, S51, S52, S53, S54, S55, S57, and S59 and MACPRO forms Individuals Eligible for but not Receiving Cash Assistance and Individuals Eligible for Cash Except for Institutionalization for current information.

Revision: HCFA-PM-91-4 (BPD)
AUGUST 1991

ATTACHMENT 2.2-A
Page 9c
OMB No.: 0938-

State: Wisconsin

Agency*	Citation(s)	Groups Covered
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B. Optional Groups Other Than the Medically Needy

42 CFR 435.210 1902(a) (10)(A)(ii) and 1905(a) of the Act	<input checked="" type="checkbox"/>	1. Individuals described below who meet the income and resource requirements of AFDC, SSI, or an optional State supplement as specified in 42 CFR 435.230, but who do not receive cash assistance.
--	-------------------------------------	--

The plan covers all individuals as described above.

The plan covers only the following group or groups of individuals:

- Aged
- Blind
- Disabled
- Caretaker relatives
- Pregnant women

42 CFR 435.211	<input checked="" type="checkbox"/>	2. Individuals who would be eligible for AFDC, SSI or an optional State supplement as specified in 42 CFR 435.230, if they were not in a medical institution.
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*Agency that determines eligibility for coverage.

TN No. 91-0030
Supersedes
TN No. 86-0031

Approval Date 12/19/91

Effective Date 10/1/91

HCFA ID: 7983E

Revision: HCFA-PM-91-10 (BPD)
 DECEMBER 1991
 State: Wisconsin

Attachment 2.2-A
 Page 10

Agency*	Citation(s)	Groups Covered
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B. Optional Groups Other Than the Medically Needy

(Continued)

42 CFR 435.212 &
 1902(e)(2) of the
 Act, P.L. 99-272
 (section 9517) P.L.
 101-508(section
 4732)

3. The State deems as eligible those individuals who became otherwise ineligible for Medicaid while enrolled in an HMO qualified under Title XIII of the Public Health Service Act, or a managed care organization (MCO), or a primary care case management (PCCM) program, but who have been enrolled in the entity for less than the minimum enrollment period listed below. Coverage under this section is limited to MCO or PCCM services and family planning services described in section 1905(a)(4)(C) of the Act.

The State elects not to guarantee eligibility.

The State elects to guarantee eligibility.
 The minimum enrollment period is _____ months
 (not to exceed six).

The State measures the minimum enrollment period from:

The date beginning the period of enrollment in the MCO or PCCM, without any intervening disenrollment, regardless of Medicaid eligibility.

The date beginning the period of enrollment in the MCO or PCCM as a Medicaid patient (including periods when payment is made under this section), without any intervening disenrollment.

The date beginning the last period of enrollment in the MCO or PCCM as a Medicaid patient (not including periods when payment is made under this section) without any intervening disenrollment or periods of enrollment as a privately paying patient. (A new minimum enrollment period begins each time the individual becomes Medicaid eligible other than under this section).

*Agency that determines eligibility for coverage.

State: Wisconsin

Agency*	Citation(s)	Groups Covered
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B. Optional Groups Other Than Medically Needy
(continued)

1932(a)(4) of Act

The Medicaid Agency may elect to restrict the disenrollment of Medicaid enrollees of MCOs, PIHPs, PAHPs, and PCCMs in accordance with the regulations at 42 CFR 438.56.

This requirement applies unless a recipient can demonstrate good cause for disenrolling or if he/she moves out of the entity's service area or becomes ineligible.

___ Disenrollment rights are restricted for a period of ___ months (not to exceed 12 months).

During the first three months of each enrollment period the recipient may disenroll without cause. The State will provide notification, at least once per year, to recipients enrolled with such organization of their right to and restrictions of terminating such enrollment.

___ No restrictions upon disenrollment rights.

1903(m)(2)(H),
1902(a)(52) of
the Act
P.L. 101-508
42 CFR 438.56(g)

In the case of individuals who have become ineligible for Medicaid for the brief period described in section 1903(m)(2)(H) and who were enrolled with an

MCO, PIHP, PAHP, or PCCM when they became ineligible, the Medicaid agency may elect to reenroll those individuals in the same entity if that entity still has a contract.

___ The agency elects to reenroll the above individuals who are eligible in a month but in the succeeding two months become eligible, into the same entity in which they were enrolled at the time eligibility was lost.

___ The agency elects not to reenroll above individuals into the same entity in which they were previously enrolled.

* Agency that determines eligibility for coverage.

DHS Note: See MACPRO form Individuals Receiving Home and Community-Based Waiver Services under Institutional Rules for current information.

State/Territory: Wisconsin

Citation(s)	Groups Covered
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B. Optional Groups Other Than the Medically Needy
(continued)

42 CFR 435.217

- 4. A group or groups of individuals who would be eligible for Medicaid under the plan if they were in a NF or an ICF/MR, who but for the provision of home and community-based services under a waiver granted under 42 CFR Part 441, Subpart G would require institutionalization, and who will receive home and community-based services under the waiver. The group or groups covered are listed in the waiver request. This option is effective on the effective date of the State's section 1915(c) waiver under which this group(s) is covered. In the event an existing 1915(c) waiver is amended to cover this group(s), this option is effective on the effective date of the amendment.

- PACE participants.

State: Wisconsin

Agency* Citation(s) Groups Covered

B. Optional Groups Other Than the Medically Needy
(Continued)

1902(a)(10)
(A)(ii)(VII)
of the Act

5. Individuals who would be eligible for Medicaid under the plan if they were in a medical institution, who are terminally ill, and who receive hospice care in accordance with a voluntary election described in section 1905(o) of the Act.

The State covers all individuals as described above.

The State covers only the following group or groups of individuals:

- Aged
- Blind
- Disabled
- Individuals under the age of--
 - 21
 - 20
 - 19
 - 18
- Caretaker relatives
- Pregnant women

*Agency that determines eligibility for coverage.

TN No. 91-0030 Approval Date 12/9/91 Effective Date 10/1/91
Supersedes
TN No. 88-0020 HCFA ID: 7983E

DHS Note: See MMDL forms S14, S30, S32, S50, S52, S53, S54, S55, S57, and S59 for current information.

Revision: HCFA-PM-91-4 (BPD)
AUGUST 1991
State: Wisconsin

ATTACHMENT 2.2-A
Page 12
OMB NO.: 0938-

Agency* Citation(s) Groups Covered

B. Optional Groups Other Than the Medically Needy
(Continued)

42 CFR 435.220 6. Individuals who would be eligible for AFDC if their work-related child care costs were paid from earnings rather than by a State agency as a service expenditure. The State's AFDC plan deducts work-related child care costs from income to determine the amount of AFDC.

The State covers all individuals as described above.

1902(a)(10)(A)(ii) and 1905(a) of the Act The State covers only the following group or groups of individuals:

- Individuals under the age of--
 - 21
 - 20
 - 19
 - 18
- Caretaker relatives
- Pregnant women

42 CFR 435.2
1902(a)(10)(A)(i) and
1905(a)(i) of
the Act

7. a. All individuals who are not described in section 1902(a)(10)(A)(i) of the Act, who meet the income and resource requirements of the AFDC State plan, and who are ^{under} 21 years of age or younger as indicated below.

- 20
- 19
- 18

Per AM 3-92

TN No. 91-0030
Supersedes
TN No. 86-0031

Approval Date 12/9/91

Effective Date 10/1/91

HCFA ID: 7983E

**DHS Note: See MMDL forms S14, S30, S32, S50, S52, S53, S54, S55,
S57, and S59 for current information.**

Revision: HCFA-PM-91-4 (BPD)
AUGUST 1991

ATTACHMENT 2.2-A
Page 13
OMB NO.: 0938-

State: Wisconsin

Agency*	Citation(s)	Groups Covered
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B. Optional Groups Other Than the Medically Needy
(Continued)

42 CFR 435.222

b. Reasonable classifications of individuals described in (a) above, as follows:

- (1) Individuals for whom public agencies are assuming full or partial financial responsibility and who are:
 - (a) In foster homes (and are under the age of _____).
 - (b) In private institutions (and are under the age of _____).
 - (c) In addition to the group under b.(1)(a) and (b), individuals placed in foster homes or private institutions by private, nonprofit agencies (and are under the age of _____).
- (2) Individuals in adoptions subsidized in full or part by a public agency (who are under the age of _____).
- (3) Individuals in NFs (who are under the age of 21). NF services are provided under this plan.
- (4) In addition to the group under (b)(3), individuals in ICFs/MR (who are under the age of 21).

TN No. 91-0030
Supersedes
TN No. 86-0031

Approval Date 12/9/91

Effective Date 10/1/91

HCFA ID: 7983E

DHS Note: See MMDL forms S14, S30, S32, S50, S52, S53, S54, S55, S57, and S59 for current information.

Revision: HCFA-PM-91-4 (BPD)
AUGUST 1991

ATTACHMENT 2.2-A
Page 13a
OMB NO.: 0938-

State: Wisconsin

Agency*	Citation(s)	Groups Covered
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B. Optional Groups Other Than the Medically Needy
(Continued)

- X (5) Individuals receiving active treatment as inpatients in psychiatric facilities or programs (who are under the age of 21). Inpatient psychiatric services for individuals under age 21 are provided under this plan.

- X (6) Other defined groups (and ages), as specified in Supplement 1 of ATTACHMENT 2.2-A.

TN No. 91-0030
Supersedes
TN No. 86-0031

Approval Date 12/9/91

Effective Date 10/1/91

HCFA ID: 7983E

**DHS Note: See MMDL forms S14, S30, S32, S50, S52, S53, S54, S55,
S57, and S59 for current information.**

Revision: HCFA-PM-91-4
AUGUST 1991

(BPD)

ATTACHMENT 2.2-A
Page 14
OMB NO.: 0938-

State: Wisconsin

Agency*	Citation(s)	Groups Covered
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B. Optional Groups Other Than the Medically Needy
(Continued)

1902(a)(10)
(A)(ii)(VIII)
of the Act

8. A child for whom there is in effect a State adoption assistance agreement (other than under title IV-E of the Act), who, as determined by the State adoption agency, cannot be placed for adoption without medical assistance because the child has special needs for medical or rehabilitative care, and who before execution of the agreement--

- a. Was eligible for Medicaid under the State's approved Medicaid plan; or
- b. Would have been eligible for Medicaid if the standards and methodologies of the title IV-E foster care program were applied rather than the AFDC standards and methodologies.

The State covers individuals under the age of--

<input checked="" type="checkbox"/>	21
<input type="checkbox"/>	20
<input type="checkbox"/>	19
<input type="checkbox"/>	18

TN No. 91-0030

Supersedes

TN No. 86-0031

Approval Date

12/9/91

Effective Date

10/1/91

HCFA ID: 7983E

**DHS Note: See MMDL forms S14, S30, S32, S50, S52, S53, S54, S55,
S57, and S59 for current information.**

Revision: HCFA-PM-91-4 (BPD)
August 1991

Attachment 2.2-A
Page 14a
OMB No.: 0938-

State: WISCONSIN

Agency	Citation(s)	Groups Covered
		B. <u>Optional Groups Other Than the Medically Needy</u> (continued)
42 CFR 435.223	<input checked="" type="checkbox"/>	9. Individuals described below who would be eligible for AFDC if coverage under the State's AFDC plan were as broad as allowed under Title IV-A: ___ Individuals under the age of-- ___ 21 ___ 20 ___ 19 ___ 18 <u>X</u> Caretaker relatives ___ Pregnant women

As specified in 42 CFR 435.201 and 435.223, Wisconsin covers as categorically needy those individuals who are caretaker relatives of children under age 18 who meet the income and resource limits of Title IV-A, including those households where the child has been temporarily removed from the home by a court order and the child welfare agency has established a plan for family reunification. When the parent applies and is eligible on this basis, the children who have been removed by a court order will be considered members of the natural or adoptive parent's household and will not be considered members of any other household for Medicaid eligibility purposes, so long as the parent cooperates with the family reunification effort as defined by the child welfare agency.

TN No. 98-003
Supersedes
TN No. 91-0030

Approval Date 10/23/98

Effective Date 1-1-98
HCFA ID: 7983E

CH07094.AM/SP

**DHS Note: See MACPro form Optional State Supplement
Beneficiaries for current information.**

Revision: HCFA-PM-91-4 (BPD)
AUGUST 1991

ATTACHMENT 2.2-A
Page 15
OMB NO.: 0938-

State: Wisconsin

Agency*	Citation(s)	Groups Covered
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B. Optional Groups Other Than the Medically Needy
(Continued)

42 CFR 435.230 10. States using SSI criteria with agreements under sections 1616 and 1634 of the Act.

The following groups of individuals who receive only a State supplementary payment (but no SSI payment) under an approved optional State supplementary payment program that meets the following conditions. The supplement is--

- a. Based on need and paid in cash on a regular basis.
- b. Equal to the difference between the individual's countable income and the income standard used to determine eligibility for the supplement.
- c. Available to all individuals in the State.
- d. Paid to one or more of the classifications of individuals listed below, who would be eligible for SSI except for the level of their income.
 - (1) All aged individuals.
 - (2) All blind individuals.
 - (3) All disabled individuals.

TN No. 91-0030
Supersedes
TN No. 86-0031

Approval Date 12/9/91

Effective Date 10/1/91

HCFA ID: 7983E

**DHS Note: See MACPro form Optional State Supplement
Beneficiaries for current information.**

Revision: HCFA-PM-91-4 (BPD)
AUGUST 1991

ATTACHMENT 2.2-A
Page 16
OMB NO.: 0938-

State: Wisconsin

Agency*	Citation(s)	Groups Covered
---------	-------------	----------------

B. Optional Groups Other Than the Medically Needy
(Continued)

- | | | |
|----------------|-------------|---|
| 42 CFR 435.230 | <u>X</u> | (4) Aged individuals in domiciliary facilities or other group living arrangements as defined under SSI. |
| | <u>X</u> | (5) Blind individuals in domiciliary facilities or other group living arrangements as defined under SSI. |
| | <u>X</u> | (6) Disabled individuals in domiciliary facilities or other group living arrangements as defined under SSI. |
| | <u>X</u> | (7) Individuals receiving a Federally administered optional State supplement that meets the conditions specified in 42 CFR 435.230. |
| | <u>X</u> | (8) Individuals receiving a State administered optional State supplement that meets the conditions specified in 42 CFR 435.230. |
| | <u> </u> | (9) Individuals in additional classifications approved by the Secretary as follows: |

TN No. 91-0030
Supersedes
TN No. 86-0031

Approval Date 12-9-91

Effective Date 10/1/91

HCFA ID: 7983E

**DHS Note: See MACPro form Optional State Supplement
Beneficiaries for current information.**

Revision: HCFA-PM-91-4 (BPD)
AUGUST 1991

ATTACHMENT 2.2-A
Page 16a
OMB NO.: 0938-

State: Wisconsin

Agency*	Citation(s)	Groups Covered
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B. Optional Groups Other Than the Medically Needy
(Continued)

The supplement varies in income standard by political subdivisions according to cost-of-living differences.

Yes.

No.

The standards for optional State supplementary payments are listed in Supplement 6 of ATTACHMENT 2.6-A.

TN No. 91-0030

Supersedes

TN No. 86-0031

Approval Date 12-9-91

Effective Date 10/1/91

HCFA ID: 7983E

State: Wisconsin

Agency* Citation(s) Groups Covered

B. Optional Groups Other Than the Medically Needy
(Continued)

~~42 CFR 435.120~~
435.121
1902(a)(10)
(A)(11)(XI)
of the Act

42 CFR 435.230

11. Section 1902(f) States and SSI criteria States without agreements under section 1616 or 1634 of the Act.

The following groups of individuals who receive a State supplementary payment under an approved optional State supplementary payment program that meets the following conditions. The supplement is--

- a. Based on need and paid in cash on a regular basis.
- b. Equal to the difference between the individual's countable income and the income standard used to determine eligibility for the supplement.
- c. Available to all individuals in each classification and available on a Statewide basis.
- d. Paid to one or more of the classifications of individuals listed below:
 - ___ (1) All aged individuals.
 - ___ (2) All blind individuals.
 - ___ (3) All disabled individuals.

TN No. 91-0030

Supersedes

TN No. _____

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12-9-91

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10/1/91

HCFA ID: 7983E

Revision: HCFA-PM-91-4 (BPD)
AUGUST 1991
State: Wisconsin

ATTACHMENT 2.2-A
Page 18
OMB NO.: 0938-

Agency*	Citation(s)	Groups Covered
---------	-------------	----------------

B. Optional Groups Other Than the Medically Needy
(Continued)

- ___ (4) Aged individuals in domiciliary facilities or other group living arrangements as defined under SSI.
- ___ (5) Blind individuals in domiciliary facilities or other group living arrangements as defined under SSI.
- ___ (6) Disabled individuals in domiciliary facilities or other group living arrangements as defined under SSI.
- ___ (7) Individuals receiving federally administered optional State supplement that meets the conditions specified in 42 CFR 435.230.
- ___ (8) Individuals receiving a State administered optional State supplement that meets the conditions specified in 42 CFR 435.230.
- ___ (9) Individuals in additional classifications approved by the Secretary as follows:

TN No. 91-0030

Supersedes _____

Approval Date 12/9/91

Effective Date 10/1/91

TN No. _____

HCFA ID: 7983E

Revision: HCFA-PM-91-4 (BPD)
AUGUST 1991

ATTACHMENT 2.2-A
Page 18a
OMB NO.: 0938-

State: Wisconsin

Agency*	Citation(s)	Groups Covered
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B. Optional Groups Other Than the Medically Needy
(Continued)

The supplement varies in income standard by political subdivisions according to cost-of-living differences.

Yes

No

The standards for optional State supplementary payments are listed in Supplement 6 of ATTACHMENT 2.6-A.

TN No. 91-0030

Supersedes _____

Approval Date 12/9/91

Effective Date 10/1/91

TN No. _____

HCFA ID: 7983E

DHS Note: See MACPRO form Individuals in Institutions Eligible for Special Income Level for current information.

Revision: HCFA-PM-91-4 (BPD)
AUGUST 1991

ATTACHMENT 2.2-A
Page 19
OMB No.: 0938-

State: Wisconsin

Agency*	Citation(s)	Groups Covered
---------	-------------	----------------

B. Optional Groups Other Than the Medically Needy
(Continued)

42 CFR 435.231
1902(a)(10)
(A)(ii)(V)
of the Act

12. Individuals who are in institutions for at least 30 consecutive days and who are eligible under a special income level. Eligibility begins on the first day of the 30-day period. These individuals meet the income standards specified in Supplement 1 to ATTACHMENT 2.6-A.

The State covers all individuals as described above.

The State covers only the following group or groups of individuals:

1902(a)(10)(A)
(ii) and 1905(a)
of the Act

- Aged
- Blind
- Disabled
- Individuals under the age of--
 - 21
 - 20
 - 19
 - 18
- Caretaker relatives
- Pregnant women

TN No. 91-0030

Supersedes

TN No. 87-0011

Approval Date 12/9/91

Effective Date 10/1/91

HCFA ID: 7983E

State/Territory: Wisconsin

Citations

Groups Covered

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

1902 (e) (3) of the Act.

13. Certain disabled children age 18 or under who are living at home, who would be eligible for Medicaid under the plan if they were in a medical institution, and for whom the State has made a determination as required under section 1902(e)(3)(B) of the Act.

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

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

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

**DHS Note: See MMDL forms S14, S30, S32, S50, S52, S53, S54, S55,
S57, and S59 for current information.**

Revision: HCFA-PM-91- 4 (BPD)
AUGUST 1991

ATTACHMENT 2.2-A
Page 21
OMB NO.: 0938-

State: Wisconsin

Agency*	Citation(s)	Groups Covered
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B. Optional Groups Other Than the Medically Needy
(Continued)

1902(a) (10)(A) (ii)(IX) and 1902(1)(1) (D) of the Act	<input checked="" type="checkbox"/>	15.	The following individuals who are not mandatory categorically needy, who have income that does not exceed the income level (established at an amount up to 100 percent of the Federal poverty level) specified in <u>Supplement 1 of ATTACHMENT 2.6-A</u> for a family of the same size.
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Children who are born after September 30, 1983 and who have attained 6 years of age but have not attained--

7 years of age; or

8 years of age.

TN No. 91-0030
Supersedes
TN No. 87-0011

Approval Date 12/9/91

Effective Date 10/1/91

HCFA ID: 7983E

State: Wisconsin

Agency*	Citation(s)	Groups Covered
---------	-------------	----------------

B. Optional Groups Other Than the Medically Needy
(Continued)

1902(a)
(ii)(X)
and 1902(m)
(1) and (3)
of the Act

16. Individuals--

- a. Who are 65 years of age or older or are disabled, as determined under section 1614(a)(3) of the Act. Both aged and disabled individuals are covered under this eligibility group.
- b. Whose income does not exceed the income level (established at an amount up to 100 percent of the Federal income poverty level) specified in Supplement 1 to ATTACHMENT 2.6-A for a family of the same size; and
- c. Whose resources do not exceed the maximum amount allowed under SSI; under the State's more restrictive financial criteria; or under the State's medically needy program as specified in ATTACHMENT 2.6-A.

TN No. 91-0030

Supersedes

TN No. 87-0011

Approval Date 12/9/91

Effective Date 10/1/91

HCFA ID: 7983E

**DHS Note: See MMDL forms S14, S28, S30, S32, S50, S52, S53,
S54, S55, S57, and S59 for current information.**

Revision: HCFA-PM-92 -1 (MB)
FEBRUARY 1992

ATTACHMENT 2.2-A
Page 23

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Wisconsin

COVERAGE AND CONDITIONS OF ELIGIBILITY

Citation(s)	Groups Covered
1902(a)(47) and 1920 of the Act	<p>B. <u>Optional Groups Other Than the Medically Needy</u> (Continued)</p> <p><u>X</u> 17. Pregnant women who are determined by a "qualified provider" (as defined in §1920(b)(2) of the Act) based on preliminary information, to meet the highest applicable income criteria specified in this plan under <u>ATTACHMENT 2.6-A</u> and are therefore determined to be presumptively eligible during a presumptive eligibility period in accordance with §1920 of the Act.</p>

TN No. 92-0019
Supersedes
TN No. 91-0030

Approval Date 7/29/92 Effective Date 7/1/92

State/Territory: WISCONSIN

Citation

Groups Covered

B. Optional Groups Other Than the Medically Needy
(Continued)

1906 of the
Act

18. Individuals required to enroll in
cost-effective employer-based group health
plans remain eligible for a minimum
enrollment period of 1 months.

1902(a)(10)(F)
and 1902(u)(1)
of the Act

19. Individuals entitled to elect COBRA
continuation coverage and whose
income as determined under Section
1612 of the Act for purposes of the
SSI program, is no more than 100 percent
of the Federal poverty level, whose
resources are no more than twice the SSI
resource limit for an individual, and for
whom the State determines that the cost
of COBRA premiums is likely to be less
than the Medicaid expenditures for an
equivalent set of services. See
Supplement 11 to Attachment 2.6-A.

TN No. 92-0023
Supercedes
TN No. NEW

Approval Date 3/18/93

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HCFA ID: 7982E

State: Wisconsin

Citations	Groups Covered
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B. Optional Groups Other Than the Medically Needy (Continued)

1902(a)(10)(A)
(ii)(XIV) of the Act

20. Optional Targeted Low Income Children who:
- a. are not eligible for Medicaid under any other optional or mandatory eligibility group or eligible as medically needy (without spenddown liability).
 - b. would not be eligible for Medicaid under the policies in the State's Medicaid plan as in effect on April 15, 1997 (other than because of the age expansion provided for in 1902(l)(2)(D)).
 - c. are not covered under a group health plan or other group health insurance (as such terms are defined in 2791 of the Public Health Service Act coverage) other than under a health insurance program in operation before July 1, 1997 offered by a State which receives no federal funds for the program.
 - d. have family income at or below:

150 percent of the Federal poverty level for the size family involved, as revised annually in the Federal Register, or

A percentage of the Federal poverty level which is in excess of the "Medicaid applicable income level" (as defined in 2110(b)(4) of the Act) but by no more than 50 percentage points.

The State covers:

All children described above who are under age 19 with family income at or below 150 percent of the Federal poverty level.

Revision:

ATTACHMENT 2.2-A

PAGE 23c

OMB NO.:

State/Territory: Wisconsin

Citation

Groups Covered

B. Optional Groups Other Than the Medically Needy
(Continued)

1902(a)(10)(A)
(ii)(XIII) of the Act

[X] 21. Disabled individuals whose net family income is below 250 per cent of the Federal poverty level for a family of the size involved and who, except for earned income, meet all criteria for receiving benefits under the SSI program. See page 12c of Attachment 2.6-A.

TN No. 99-005

Supersedes

TN No. New

Approval Date 9/2/99

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HCFA ID:

CH03179.AM/SP

STATE: Wisconsin

ELIGIBILITY CONDITIONS AND REQUIREMENTS

Citation

Group Covered

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

1902(a)(10)(A)(ii)(XVIII)
of the Act

X

22. Women who:

- a. have been screened for breast or cervical cancer under the Centers for Disease Control and Prevention Breast and Cervical Cancer Early Detection Program established under title XV of the Public Health Service Act in accordance with the requirements of section 1504 of that Act and need treatment for breast or cervical cancer, including a pre-cancerous condition of the breast or cervix;
- b. are not otherwise covered under creditable coverage, as defined in section 2701 (c) of the Public Health Service Act;
- c. are not eligible for Medicaid under any mandatory categorically needy eligibility group; and
- d. have not attained age 65.

1920B of the Act

X

23. Women who are determined by a "qualified entity" [as defined in 1920B(b)] based on preliminary information, to be a woman described in 1902(aa) of the Act related to certain breast and cervical cancer patients.

The presumptive period begins on the day that the determination is made. The period ends on the date that the State makes a determination with respect to the woman's eligibility for Medicaid, or if the woman does not apply for Medicaid (or a Medicaid application was not made on her behalf) by the last day of the month following the month in which the determination of presumptive eligibility was made, the presumptive period ends on that last day.

TN No. 02-002
Supersedes
TN No. New

Approval Date: APR 16 2002 Effective Date: 01/01/02

DHS Note: See MMDL forms S14, S30, S32, S50, S52, S53, S54, S55, S57, and S59 for current information.

ATTACHMENT 2.2-A
PAGE 23e

STATE: Wisconsin

ELIGIBILITY CONDITIONS AND REQUIREMENTS

Citation	Group Covered
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B. Optional Coverage Other Than the Medically Needy (Continued)

1920A of the Act

X 24.

Presumptive Eligibility for Children

Children under age 19 who are determined by a qualified entity (as defined in 1920A(b)(3)(A)) based on preliminary information, to meet the highest applicable income criteria specified in this plan.

The presumptive period begins on the day that the determination is made. If an application for Medicaid is filed on the child's behalf by the last day of the month following the month in which the determination of presumptive eligibility was made, the presumptive period ends on the day that the state agency makes a determination of eligibility based on that application. If an application is not filed on the child's behalf by the last day of the month following the month the determination of presumptive eligibility was made, the presumptive period ends on that last day.

TN No. 07-007
Supersedes
TN No. New

Approval Date: NOV 27 2007 Effective Date: 01/01/2008

STATE: Wisconsin

ELIGIBILITY CONDITIONS AND REQUIREMENTS

Citation	Group Covered
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B. Optional Coverage Other Than the Medically Needy (Continued)

1902(a)(10)(A)(ii)(XVII) 25. All individuals under age 21 who, on their 18th birthday, were §1905(w)(1) of the Act in foster care under the responsibility of the state.

a. Reasonable classifications of individuals described above, as follows:

1) Individuals under the age of:

19

20

2) Individuals to whom foster care maintenance payments or independent living services were furnished under a program funded under part E of title IV before the date the individuals attained 18 years of age.

3) Other (please describe):
Individuals born on or after January 1, 1990.

b. Financial requirements

1) Income test

There is no income test for this group.

The income test for this group is _____

2) Resource test

There is no resource test for this group.

The resource test for this group is _____

NOTE: If there is an income or resource test, then the standards and methodologies used cannot be more restrictive than those used for the State's low-income families with children eligible under section 1931 of the Act as specified in Supplement 12 of Attachment 2.6-A.

STATE: Wisconsin

ELIGIBILITY CONDITIONS AND REQUIREMENTS

Citation	Groups Covered
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B. Optional Groups Other Than the Medically Needy (Continued)

1902(a)(10)(A)(ii)(XXI)
and 1902(ii) of the Act

X 26. Individuals who are not pregnant and whose income does not exceed the State established income standard of 300% of the Federal Poverty Level. This amount does not exceed the highest income limit for pregnant women in this State Plan which is 300% of the Federal Poverty Level.

 a. In determining eligibility for this group, the State considers only the income of the applicant or recipient.

X b. In determining eligibility for this group, the State will apply the income disregards listed on page 4 of Supplement 8A to Attachment 2.6A.

Note: Services are limited to family planning services and family planning-related services as described in section 4.c.(ii) of Attachment 3.1-A.

1920C of the Act

X 27. Presumptive Eligibility for Family Planning:

The State provides a period of presumptive eligibility for family planning services to individuals determined by a qualified entity, based on preliminary information from the individual, described in the group the State has elected to make eligible under the above option. The period of presumptive eligibility ends on the earlier of the date a formal determination of Medicaid eligibility is made under 1902(a)(10)(A)(ii)(XXI), or, when no application has been filed, the last day of the month following the month during which the qualified entity determines the individual presumptively eligible.

X a. In addition to family planning services, the State covers family planning-related services to such individuals during the period of presumptive eligibility.

State: Wisconsin

Agency* Citation(s) Groups Covered

- rev pm 3-92*
C. Optional Coverage of the Medically Needy
- 42 CFR 435.301 This plan includes the medically needy.
 No.
 Yes. This plan covers:
- 1902(e) of the Act
- 1902(a)(10)
(C)(ii)(I)
of the Act
1. Pregnant women who, except for income and/or resources, would be eligible as categorically needy under title XIX of the Act.
 2. Women who, while pregnant, were eligible for and have applied for Medicaid and receive Medicaid as medically needy under the approved State plan on the date the pregnancy ends. These women continue to be eligible, as though they were pregnant, for all pregnancy-related and postpartum services under the plan for a 60-day period, beginning with the date the pregnancy ends, and any remaining days in the month in which the 60th day falls.
 3. Individuals under age 18 who, but for income and/or resources, would be eligible under section 1902(a)(10)(A)(i) of the Act.

TN No. 91-0030
Supersedes
TN No. 87-0022
87-0024

Approval Date

12/9/91

Effective Date 10/1/91

HCFA ID: 7983E

**DHS Note: See MMDL forms S14, S30, S32, S50, S52, S53, S54, S55,
S57, and S59 for current information.**

Revision: HCFA-PM-91-4 (BPD)
AUGUST 1991

ATTACHMENT 2.2-A
Page 25
OMB NO.: 0938-

State: Wisconsin

Agency*	Citation(s)	Groups Covered
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C. Optional Coverage of Medically Needy (Continued)

1902(e)(4) of
the Act

4. Newborn children born on or after
October 1, 1984 to a woman who is eligible
as medically needy and is receiving
Medicaid on the date of the child's birth. The child
is deemed to have applied and been found eligible for
Medicaid on the date of birth and remains eligible
for one year so long as the woman remains eligible
and the child is a member of the woman's household.

42 CFR 435.308

5. a. Financially eligible individuals who are not
described in section C.3. above and who are
under the age of--
 21
 20
 19
 18 or under age 19 who are full-time
students in a secondary school or in the
equivalent level of vocational or
technical training

b. Reasonable classifications of financially
eligible individuals under the ages of 21, 20,
19, or 18 as specified below:

(1) Individuals for whom public agencies are
assuming full or partial financial
responsibility and who are:

(a) In foster homes (and are under the age
of 19).

(b) In private institutions (and are under
the age of).

TN No. 91-0030

Supersedes

TN No. 87-0024

Approval Date 12-9-91

Effective Date 10/1/91

HCFA ID: 7983E

State: Wisconsin

Agency*	Citation(s)	Groups Covered
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C. Optional Coverage of Medically Needy (Continued)

- (c) In addition to the group under b.(1)(a) and (b), individuals placed in foster homes or private institutions by private, nonprofit agencies (and are under the age of _____).
- (2) Individuals in adoptions subsidized in full or part by a public agency (who are under the age of _____).
- (3) Individuals in NFs (who are under the age of 21). NF services are provided under this plan.
- (4) In addition to the group under (b)(3), individuals in ICFs/MR (who are under the age of 21).
- (5) Individuals receiving active treatment as inpatients in psychiatric facilities or programs (who are under the age of 21). Inpatient psychiatric services for individuals under age 21 are provided under this plan.
- (6) Other defined groups (and ages), as specified in Supplement 1 of ATTACHMENT 2.2-A.

TN No. 91-0030

Supersedes

TN No. 87-0024

Approval Date 12/9/91

Effective Date 10/1/91

HCFA ID: 7983E

Revision: HCFA-PM-91-4 (BPD)
AUGUST 1991

ATTACHMENT 2.2-A
Page 26
OMB NO.: 0938-

State: Wisconsin

Agency*	Citation(s)	Groups Covered
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C. Optional Coverage of Medically Needy (Continued)

- | | | |
|-------------------------------|-------------------------------------|---|
| 42 CFR 435.310 | <input type="checkbox"/> | 6. Caretaker relatives. |
| 42 CFR 435.320
and 435.330 | <input checked="" type="checkbox"/> | 7. Aged individuals. |
| 42 CFR 435.322
and 435.330 | <input checked="" type="checkbox"/> | 8. Blind individuals. |
| 42 CFR 435.324
and 435.330 | <input checked="" type="checkbox"/> | 9. Disabled individuals. |
| 42 CFR 435.326 | <input type="checkbox"/> | 10. Individuals who would be ineligible if they were not enrolled in an HMO. Categorically needy individuals are covered under 42 CFR 435.212 and the same rules apply to medically needy individuals. |
| 435.340 | | 11. Blind and disabled individuals who:
a. Meet all current requirements for Medicaid eligibility except the blindness or disability criteria;
b. Were eligible as medically needy in December 1973 as blind or disabled; and
c. For each consecutive month after December 1973 continue to meet the December 1973 eligibility criteria. |

TN No. 91-0030

Supersedes

TN No. 87-0024

Approval Date 12/9/91

Effective Date 10/1/91

HCFA ID: 7983E

Revision: HCFA-PM-91-8 (BPD)

October 1991

ATTACHMENT 2.2-A

Page 26a

OMB NO.: 0938-

State: WISCONSIN

Citation(s)

Groups Covered

C. Optional Coverage of Medically Needy
(Continued)

1906 of the
Act

12. Individuals required to enroll in
cost effective employer-based group
health plans remain eligible for a minimum
enrollment period of 1 months.

TN No. 92-0023

Supersedes

TN No. NEW

Approval Date 3/18/93

Effective Date 7-1-92