Attachment 2.6-A

WISCONSIN SSI PAYMENT LEVELS Effective January 1, 1995

	Α	B .	С	D	Е
Category of Eligible Individuals	Own Household	Another's Household	Ineligible Spouse in Own Household	Ineligible Spouse in Another's Household	Non- medical Group Care
Aged	458.00 83.78	305.34 83.78	458.00 130.43	305.34 135.05	458.00 179.77
Blind	458.00 83.78	305.34 83.78	458.00 130.43	305.34 135.05	458.00 179.77
Disabled	458.00 83.78	305.34 83.78	458.00 130.43	305.34 135.05	458.00 179.77
Aged and Aged Spouse	687.00 132.05	458.00 132.05			6 87 .00 477.41
Blind and Blind Spouse	687.00 132.05	458.00 132.05			687.00 477.41
Disabled and Disabled Spouse	687.00 132.05	458.00 132.05			6 87 .00 477.41
Aged and Blind Spouse	6 87 .00 1 32 .05	458.00 132.05			687.00 477.41
Aged and Disabled Spouse	687.00 132.05	458.00 132.05			6 87 .00 47 7 .41
Blind and Disabled Spouse	687.00 132.05	458.00 132.05			687.00 477.41

Upper amount = Federal SSI amount Lower amount = State supplement payment

Juni Chron

Gerald Whitburn Secretary Wisconsin Department of Health and Social Services

TN: 95-005 Supersedes TN: 94-012

Paul D. Barnes Regional Commissioner Social Security Administration

Approved 4/24/95 Effective Date 1/1/95

DHS Note: See MMDL forms \$14, \$28, \$30, \$32, \$50, \$52, \$53,

S54, S55, S57, and S59 for current information. Revision: HCFA-PM-92 -1 (MB)

FEBRUARY 1992

ATTACHMENT 2.6-A Page 1

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: <u>Wisconsin</u>

ELIGIBILITY CONDITIONS AND REQUIREMENTS

Citation(s)

Condition or Requirement

A. General Conditions of Eligibility

Each individual covered under the plan:

42 CFR Part 435, Subpart G

42 CFR Part 435, Subpart F

1902(1) of the Act

Holler

1902(m) of the Act

1. Is financially eligible (using the methods and standards described in Parts B and C of this Attachment) to receive services.

- 2. Meets the applicable non-financial eligibility conditions.
- a. For the categorically needy:
 - Except as specified under items A.2.a.(ii) and (iii) below, for AFDC-related individuals, meets the non-financial eligibility conditions of the AFDC program.
 - (ii) For SSI-related individuals, meets the non-financial criteria of the SSI program or more restrictive SSI-related categorically needy criteria.
 - (iii) For financially eligible pregnant women, infants or children covered under sections 1902(a)(10)(A)(i)(IV), 1902(a)(10)(A)(i)(VI), 1902(a)(10)(A)(i)(VII), and 1902(a)(10)(A)(ii)(IX) of the Act, meets the non-financial criteria of section 1902(1) of the Act.
 - (iv) For financially eligible aged and disabled individuals covered under section 1902(a)(10)(A)(ii)(X) of the Act, meets the non-financial criteria of section 1902(m) of the Act.

TN No. 92-0015 Supersedes Approval Date $\frac{7}{29}$ Effective Date $\frac{4}{1}$ Approval Date $\frac{4}{1}$

Attachment 2.6-A Page 1a

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT State: <u>Wisconsin</u>

Citation	Condition or Requirement		
	 b. For the medically needy, meets the non- financial eligibility conditions of 42 CFR Part 435. 		
1905(p) of the the Act	 c. For financially eligible qualified Medicare beneficiaries covered under section 1902(a)(10)(E)(i) of the Act, meets the non-financial criteria of section 1905(p) of the Act. 		
1905(s) of the the Act	 d. For financially eligible qualified disabled and working individuals covered under section 1902(a)(10)(E)(ii) of the Act, meets the non-financial criteria of section 1905(s). 		

TN No. 09-023 Supersedes New

Approval date: MAR 0 9 2010

Effective date: 10/01/2009

DHS Note: See MMDL form S89 for current information.

ATTACHMENT 2.6-A Page 2

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT State: ________Wisconsin

Citation(s)	Condition or Requirement			
42 CFR 435.406	3. Is residing in the United States and			
	a. Is a citizen or national of the United States.			
	 b. Is a qualified alien (QA) as defined in section 431 of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA) as amended, and the QA's eligibility is required by section 402(b) of PRWORA as amended, and is not prohibited by section 40 of PRWORA as amended. 			
	c. Is a qualified alien subject to the 5-year bar as described in section 403 of PRWORA, so that eligibility is limited to treatment of an emergency medical condition as defined in section 401 of PRWORA.			
	d. Is a non-qualified alien, so that eligibility is limited to treatment of an emergency medical condition as defined in section 401 of PRWORA.			
	e. Is a qualified alien (QA) whose eligibility is authorized under section 402(b) of PRWORA as amended, and is not prohibited by section 403 of PRWORA as amended.			
	X State covers all authorized QAs. State does not cover authorized QAs.			
	f. State elects Children's Health Insurance Program Reauthorization Act (CHIPRA) option to provide full Medicaid coverage to otherwise eligible pregnant women or children as specified below who are aliens lawfully residing in the United States, including the following:			

TN No: 09-023 Supersedes TN No. 91-0031 Approval Date: MAR 0 9 2010

Effective Date: October 1, 2009

DHS Note: See MMDL form S89 for current information.

ATTACHMENT 2.6-A Page 2a

 A "qualified alien" otherwise subject to the 5-year waiting period per sect 403 of the Personal Responsibility and Work Opportunity Reconciliation
of 1996.
(2) A citizen of a Compact of Free Association State (i.e., Federated States of Micronesia, Republic of the Marshall Islands, and the Republic of Palau) who has been admitted to the U.S. as a non-immigrant and is permitted by the Department of Homeland Security to reside permanently or indefinite in the U.S.
(3) An individual described in 8 CFR section 103.12(a)(4) who does not have permanent residence in the country of their nationality and is in a status the permits the individual to remain in the U.S. for an indefinite period of tim pending adjustment of status. These individuals include all of the following
(a) An individual currently in temporary resident status as an amnesty beneficiary pursuant to section 210 or 245A of the Immigration and Nationality Act (INA).
(b) An individual currently under temporary protected status pursuant to section 244 of the INA.
(c) A family unity beneficiary pursuant to section 301 of Public Law 101 649 as amended by, as well as pursuant to, section 1504 of Public La 106-554.
(d) An individual currently under deferred enforced departure pursuant to decision made by the President.
(e) An individual who is the spouse or child of a U.S. citizen whose visa petition has been approved and who has a pending application for adjustment of status.

TN No: 09-023 Supersedes New Approval Date MAR 0 9 2010

Effective Date: October 1, 2009

DHS Note: See MMDL form S89 for current information.

ATTACHMENT 2.6-A Page 2b

Citation(s)	Condition or Requirement
	 (4) An individual in non-immigrant classifications under the INA who is permitted to remain in the U.S. for an indefinite period, including all of th following as specified in section 101(a)(15) of the INA:
	(a) A parent or child of an individual with special immigrant status under section 101(a)(27) of the INA, as permitted under section 101(a)(15)(of the INA.
	(b) A fiancé of a citizen, as permitted under section 101(a)(15)(K) of the INA.
	(c) A religious worker under section 101(a)(15)(R).
	(d) An individual assisting the Department of Justice in a criminal investigation, as permitted under section 101(a)(15)(S) of the INA.
	(e) A battered alien under section 101(a)(15)(U) (see also section 431 as amended by PRWORA).
	(f) An individual with a petition pending for 3 years or more, as permitte under section 101(a)(15)(V) of the INA.
	<u>X</u> Elected for pregnant women.
	\underline{X} Elected for children under age <u>21</u> .
	g. The State provides assurance that for an individual whom it enrolls in Medicaid under the CHIPRA section 214 option, it has verified, at the tim of the individual's initial eligibility determination and at the time of the eligibility redetermination, that the individual continues to be lawfully residing in the United States. The State must first attempt to verify this st using information provided at the time of initial application. If the State cannot do so from the information readily available, it must require the individual to provide documentation or further evidence to verify satisfac immigration status in the same manner as it would for anyone else claimi satisfactory immigration status under section 1137(d) of the Act.

TN No: 09-023 Supersedes New

Approval Date: MAR 0 9 2010

Effective Date: October 1, 2009

DHS Note: See MMDL form S88 for current information.

ATTACHMENT 2.6-A Page 3

<u> 1995</u>

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT State: ______ Wisconsin

Citation(s)	 Condition or Requirement		
42 CFR 435.403 1902(b) of the Act	Is a resident of the State, rega individual maintains the resid at a fixed address.	rdless of whether or not the lence permanently or maintains	
	State has interstate resider States.	ncy agreement with the followir	
	Alabama 4/27/87	Mississippi 4/11/82	
	Arkansas 5/21/82	New Mexico 4/6/82	
	California 4/21/82	North Dakota 4/13/82	
	Florida 4/14/82	Ohio 4/23/82	
	Georgia 4/19/82	Pennsylvania 5/20/82	
	Idaho 5/20/82	South Carolina 4/27/82	
	Kansas 7/12/82	South Dakota 4/6/82	
	Kentucky 5/14/82	Texas 4/28/82	
	Maryland 7/27/82	Virginia 6/29/82	
	Minnesota 12/14/82	West Virginia 4/20/82	
	State has open agreement	(s).	
	Not applicable; no resider	icy requirement.	
	State has interstate compa assistance with the follow	-	
	Arizona 11/2/92	Mississippi 5/31/89	
	Arkansas 7/7/86	Missouri 7/7/86	
	Colorado 7/7/86	Nebraska 7/7/86	
	Delaware 7/7/86	Nevada 9/3/87	
	Georgia 1/21/88	New Hampshire 7/7/86	
	Hawaii 12/23/87	New Mexico 7/10/86	
	Kansas 7/7/86	Oklahoma 7/10/86	
	 Kentucky 7/15/86	Rhode Island 9/13/89	
	Maine 7/7/86	Utah 7/7/86	
	Massachusetts 2/12/88	Virginia 10/24/91	
	Minnesota 7/7/86	West Virginia 11/19/86	

TN No. 09-023 Supersedes TN No. 98-004 MAR 0 9 2010

Approval date: _____

Effective date: 10/01/2009

INTERSTATE COMPACT ON ADOPTION AND MEDICAL ASSISTANCE

Signature Page

Pursuant to the authority conferred upon me by the laws of my state, the undersigned hereby enters into the Interstate Compact on Adoption and Medical Assistance on behalf of the State of <u>ARIZONA</u>, and signifies that the agency which the undersigned represents has the authority to perform the actions required by the Compact and to provide or cause to be provided the services and benefits required by the Compact in the manner and to the extent necessary for compliance therewith.

Executed this	day ofNovember	<u>, 19</u>
on behalf of the State of	ARIZONA	bv:

ma

Signature

Signature

Manager, Field Support

Title Administration for Children, Youth and Families Department of Economic Security Title

Agency

Agency

Revision:	HCFA-PM-91-4 AUGUST 1991	(BPD)	ATTACHMENT 2.6-A Page 3a OMB No.: 0938-	
	State:	Wisconsin		
	· ·	· · · · · · · · · · · · · · · · · · ·		
Citati	.on	Condition or Requirement		
435.1008	5. a	institutions do not in intermediate care fac community residences t	public institution. Public nclude medical institutions, ilities, or publicly operated that serve no more than 16 child care institutions.	
42 CFR 435 1905(a) of Act		for mental diseases ex	r age 65 in an institution kcept as an inpatient under ve treatment in an accredited or program.	
		under age 22 in	with respect to individuals psychiatric facilities or services are not provided under	
433.145 435.604 1912 of th Act	a f c a i p a t	or medical care from any coperate in obtaining su nd to cooperate in ident nformation to assist in arty. The assignment of pplicant or recipient is	support and to payments y third party, to ach support and payments, sifying and providing pursuing any liable third frights obtained from an s effective only for services edicaid. The requirements of 42	
		Ŋ Assignment of right law.	s is automatic because of State	
42 CFR 435	h		on of eligibility, to furnish account number (or numbers, if number).	

TN NO. <u>JI-0031</u> Supersedes	Approval	Date	2-3-92	Effective Date	10/1/91
TN NO. NEW			1/29/92	HCFA ID: 7985E	

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

Revision:	HCFA-1	PM-91-
	AUGUST	1991

PM-91-4 (BPD)

ATTACHMENT 2.5-A Page 3b OMB No.: 0938-

State: <u>Wisconsin</u>

Citation Condition or Requirement 8. Is not required to apply for AFDC benefits under 1902(C)(2)title IV-A as a condition of applying for, or receiving, Medicaid if the individual is a pregnant woman, infant, or child that the State elects to cover under sections 1902(a)(10)(A)(1)(IV) and 1902(a)(10)(A)(ii)(IX) of the Act. 1902(e)(10)(A) 9. Is not required, as an individual child or pregnant woman; to meet requirements under section 402(a)(43) and (B) of the of the Act to be in certain living arrangements. Act (Prior to terminating AFDC individuals who do not meet such requirements under a State's AFDC plan, the agency determines if they are otherwise eligible under the State's Medicaid plan.)

91-0031 TN NO. Approval Date 🕏 10/1/91 Supersedes Effective Date _ TN NO. <u>NEW</u> HCFA ID: 7985E

Revision: HCFA-PM-91-8 (MB) October 1991 ATTACHMENT 2.6-A Page 3c OMB No.: 0938-

State/Territory: WISC

WISCONSIN

Citation

054000

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Condition or Requirement

1906 of the Act 10. Is required to apply for enrollment in an employerbased cost-effective group health plan, if such plan is available to the individual. Enrollment is a condition of eligibility except for the individual who is unable to enroll on his/her own behalf (failure of a parent to enroll a child does not affect a child's eligibility).

TN NO. 92-0023 Supersedes Approval Date <u>3/18/93</u> Effective Date <u>7-1-92</u> TN NO. <u>NEW</u> HCFA ID: 7985E

Revision:

TN No. <u>97-002</u>

HCFA-PM-97-2 December 1997

ATTACHMENT 2.6-A Page 4 OMB No.:0938-0673

"这一堂城",谢 的 点。

State: _________

Citation	Condition or Requirement			
В.	Posteligibility Treatment of Institutionalized Individuals' Incomes			
	 The following items are not considered in the posteligibility process: 			
1902(0) of the Act	 a. SSI and SSP benefits paid under §1611(e)(1)(E) and (G) of the Act to individuals who receive care in a hospital, nursing home, SNF, or ICF. 			
Bondi v Sullivan (SSI)	 b. Austrian Reparation Payments (pension (reparation) payments made under §500 - 506 of the Austrian General Social Insurance Act). Applies only if State follows SSI program rules with respect to the payments. 			
1902(r)(1) of the Act	c. German Reparations Payments (reparation payments made by the Federal Republic of Germany).			
105/206 of P. L. 100-383	d. Japanese and Aleutian Restitution Payments.			
1. (a) of P.L. 103-286	e. Netherlands Reparation Payments based on Nazi, but not Japanese, persecution (during World War II).			
10405 oř P.L. 101-239	f. Payments from the Agent Orange Settlement Fund or any other fund established pursuant to the settlement in the In re Agent Orange product liability litigation, M.D.L. No. 381 (E.D.N.Y.)			
6(h)(2) of P.L. 101-426	g. Radiation Exposure Compensation.			
12005 of P. L. 103-66	 h. VA pensions limited to \$90 per month under 38 U.S.C. 5503. 			
TN No. <u>98-00</u> Supersedes	Approval Date 6/18/98 Effective Date 1/1/98			

HCFA-PM-97-2 Revision ATTACHMENT 2.6-A December 1997 Page 4a 0MB No. 0938-0673 State: Wisconsin Citation Condition or Requirement The following monthly amounts for personal needs are 1924 of the Act 2. 435.725 deducted from total monthly income in the application 435.733 of an institutionalized individual's or couple's income 435.832 to the cost of institutionalized care: Personal Needs Allowance (PNA) of not less than \$30 for individuals and \$60 for couples for all institutionalized persons. a. Aged, blind, disabled: Individuals \$ 55 \$ <u>110</u> Couples For the following persons with greater need: Supplement 12 to Attachment 2.6-A describes the greater need; describes the basis or formula for determining the deductible amount when a specific amount is not listed above; lists the criteria to be met; and , where appropriate, identifies the organizational unit which determines that a criterion is met. b. AFDC related: \$ <u>55</u> Children \$ 5<u>5</u> Adults For the following persons with greater need: Supplement 12 to <u>Attachment 2.6-A</u> describes the greater need; describes the basis or formula for determining the deductible amount when a specific amount is not listed above; lists the criteria to be met; and, where appropriate, identifies the organizational unit which determines that a criterion is met. c. Individual under age 21 covered in the plan as specified in Item B.7. of Attachment 2.2-A. \$ <u>55</u>

Approval Date: <u>11/4/2024</u>

Effective Date: <u>7/1/2024</u>

HCFA-PM-97-2 December 1997 Revision:

ATTACHMENT 2.6-A Page 4b OMB No.:0938-0673

Effective Date <u>1/1/98</u>

State: <u>Wisconsin</u>

(Constant) (Constant)

Citation	Condition or Requirement
	For the following persons with greater need:
	Supplement 12 to <u>Attachment 2.6-A</u> describes the greater need; describes the basis or formula for determining the deductible amount when a specific amount is not listed above; lists the criteria to be met; and, where appropriate, identifies the organizational unit which determines that a criterion is met.
924 of the Act	3. In addition to the amounts under item 2., the following monthl amounts are deducted from the remaining income of a institutionalized individual with a community spouse:
·	a. The monthly income allowance for the community spouse calculated using the formula in $\$1924(d)(2)$, is the amount b which the maintenance needs standard exceeds the communit spouse's income. The maintenance needs standard cannot excee the maximum prescribed in $\$1924(d)(3)(C)$. The maintenance needs standard consists of a poverty level component plus a excess shelter allowance.
	The poverty level component is calculated using the applicable percentage (set out §1924(d)(3)(B) of the Act) of the official poverty level.
	<u>x</u> The poverty level component is calculated using a percentage greater than the applicable percentage, equal to 200° % of the official poverty level (still subject to maximum maintenance needs standard).
	The maintenance needs standard for all community spouses is set at the maximum permitted by §1924(d)(3)(C).
	Except that, when applicable, the State will set the communit spouse's monthly income allowance at the amount by whic exceptional maintenance needs, established at a fair hearing, excee the community spouse's income, or at the amount of any court ordered support.

Approval Date 6/18/98

TN No.<u>New</u>

TN No. <u>98-002</u> Supersedes

Revision:

HCFA-PM-97-2 December 1997 ATTACHMENT 2.6-A Page 4c OMB No.:0938-0673

State: Wisconsin Condition or Requirement Citation In determining any excess shelter allowance, utility expenses are calculated using: $X_{\rm the standard utility allowance under$ §5(e) of the Food Stamp Act of 1977; or the actual unreimbursable amount of the community spouse's utility expenses less any portion of such amount included in condominium or cooperative charges. b. The monthly income allowance for other dependent family members living with the community spouse is: one-third of the amount by which the poverty level component (calculated under $\S1924(d)(3)(A)(i)$ of the Act, using the applicable percentage specified in $\S1924$ (d)(3)(B)) exceeds the dependent family member's monthly income. a greater amounted calculated as follows: The following definition is used in lieu of the definition provided by the Secretary to determine the dependency of family members under $\S1924$ (d)(1): c. Amounts for health care expenses described below that are incurred by and for the institutionalized individual and are not subject to payments by a third party: (i) Medicaid, Medicare, and other health insurance premiums, deductibles, or coinsurance charges, or copayments. (ii) Necessary medical or remedial care recognized under State law but not covered under the State plan. (Reasonable limits on amounts are described in Supplement 3 to ATTACHMENT 2.6-A.)

TN No. 98-002 Supersedes

Approval Date 6/18/98

Effective Date 1/1/98

TN No. New

Revision: HCFA-PM-97-2 December 1997

ATTACHMENT 2.6-A Page 5 OMB No.:0938-0673

State: <u> </u>	isconsin
Citation	Condition or Requirement
435.725 435.733 435.832	4. In addition to any amounts deductible under the items above, the following monthly amounts are deducted from the remaining monthly income of an institutionalized individual or an institutionalized couple:
	a. An amount for the maintenance needs of each member of a family living in the institutionalized individual's home with no community spouse living in the home. The amount must be based on a reasonable assessment of need but must not exceed the higher of the:
	 AFDC level: or Medically needy level:
	(Check one)
,	AFDC levels in Supplement 1 Medically needy level in Supplement 1 Other: \$
· ·	b. Amounts for health care expenses described below that have not been deducted under 3.c. above (i.e., for an institutionalized individual with a community spouse), are incurred by and for the institutionalized individual or institutionalized couple, and are not subject to the payment by a third party:
	(I) Medicaid. Medicare, and other health insurance premiums. deductibles, or coinsurance charges, or copayments.
	 (ii) Necessary medical or remedial care recognized under State law but not covered under the State plan. (Reasonable limits on amount are described in Supplement 3 to <u>ATTACHMENT 2.6-A.)</u>
435.725 435.733 435.832	5. At the option of the State, as specified below, the following is deducted from any remaining monthly income of an institutionalized individual or an institutionalized couple:
	A monthly amount for the maintenance of the home of the individual or couple for not longer than 6 months if a physician has certified that the individual, or one member of the institutionalized couple, is likely to return to the home within that period:
	No.
	$\underline{\chi}$ Yes (the applicable amount is shown on page 5a.)

Approvai Date 6/18/98

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TN N	09	8-002
Super TN N	0N	ew

Effective Date 1/1/98

State: <u>Wisconsin</u>

Citation	Condition or Requirement
	Amount for maintenance of home is:
	Amount for maintenance of home is the actual maintenance costs not to exceed $\$1,122.77$.
	Amount for maintenance of home is deductible when countable income is determined under § 1924(d)(1) of the A only if the individuals' home and the community spouse's home are different.
	Amount for maintenance of home is not deductible when countable income is determined under § 1924(d)(1) of the A

1		HCFA-PM-92	- 1	(MB)	ATTACHMENT 2.6-A Page 6
	2, S50, S52, ^S	TATE PLAN UN		TITLE XIX OF THE SOCIAL SECURITY	ACT
\$53, \$54, \$55		State:	W	lsconsin	:
S59 and MAC Non-MAGI N		ELIC	GIBIL	ITY CONDITIONS AND REQUIREMENTS	
for current information	Citatio			Condition or Requirement	
,	42 CFR 43		c.	Financial Eligibility	
				For individuals who are AFDC or income and resource levels and determining countable income an AFDC and SSI program apply, un for more restrictive levels and SSI recipients under section 15 more liberal methods under sec Act, as specified below.	methods for nd resources of the less the plan provides d methods than SSI for 902(f) of the Act, or
				For individuals who are not AF a non-section 1902(f) State an to be cash assistance recipien eligibility requirements speci apply.	d those who are deemed ts, the financial
்டபட்கிற்ற				Supplement 1 to ATTACHMENT 2.6 levels for mandatory and optio groups of individuals, includi incomes related to the Federal level-pregnant women and infæ under sections 1902(a)(10)(Å)(1902(a)(10)(Å)(i)(VI), 1902(a) 1902(a)(10)(Å)(ii)(IX) of the disabled individuals covered u 1902(a)(10)(Å)(ii)(X) of the A groups of qualified Medicare b under section 1902(a)(10)(E)(i	<pre>mal categorically need ng individuals with income poverty ints or children covere i)(IV), (10)(A)(i)(VII), and Act and aged and inder section Actand for mandatory peneficiaries covered</pre>
	1902(the A	z)(1) of ct _		<u>Supplement 14 to ATTACHMENT 2</u> , levels for mandatory and optic groups of individuals, include incomes related to the Federal pregnant women and infants or sections 1902(a)(10)(A)(i)(IV) 1902(a)(10)(A)(i)(VII), and 19 the Act and aged and disabled under section 1902(a)(10)(A)(i 1902(a)(10)(A)(ii)(XII) of the	onal categorically need ing individuals with income poverty level- children covered under (, 1902(a)(10)(A)(i)(VI) 902(a)(10)(A)(ii)(IX)of individuals covered ii)(X) and
				groups of qualified Medicare H under section 1902(a)(10)(E)(:	peneficiaries covered

TN NO.	95-031			1.1.1.2			
Superse		Approval	Date	11/21/95	Bffective	Date	<u>7-29-95</u>
TN NO.	<u>92-0015</u>						

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

ATTACHMENT 2.6-A Page 6a OMB No.: 0938-

State: <u>Wisconsin</u>

Citation	Condition or Requirement
127	<u>Supplement 2 to ATTACHMENT 2.6-A</u> specifies the resource levels for mandatory and optional categorically needy poverty level related groups, and for medically needy groups.
	<u>Supplement 7 to ATTACHMENT 2.6-A</u> specifies the income levels for categorically needy aged, blind and disable persons who are covered under requirements more restri than SSI.
	<u>Supplement 4 to ATTACHMENT 2.6-A</u> specifies the method: determining income eligibility used by States that hav more restrictive methods than SSI, permitted under sec 1902(f) of the Act.
	<u>Supplement 5 to ATTACHMENT 2.6-A</u> specifies the methods determining resource eligibility used by States that 1 more restrictive methods than SSI, permitted under sec 1902(f) of the Act.
L	<u>Supplement 8a to ATTACHMENT 2.6-A</u> specifies the methodetermining income eligibility used by States that ar liberal than the methods of the cash assistance programitted under section $1902(r)(2)$ of the Act.
<u>7</u> 27	<u>Supplement 8b to ATTACHMENT 2.6-A</u> specifies the methodetermining resource eligibility used by States that more liberal than the methods of the cash assistance programs, permitted under section $1902(r)(2)$ of the A
-	<u>Supplement 14 to ATTACHMENT 2.6-A</u> specifies income leused by states for determining eligibility of Tubercu infected individuals whose eligibility is determined section §1902(z)(1) of the Act.

TN No. 95-031 Supersedes TN No. 91-0031	Approval	 11/21/95	Effective Date	-

DHS Note: See MMDL forms S10, S14, S30, S32, S50, S52, S53, S 54, S55, S57, and S59 and MACPro form Non-MAGI Methodologies for current information. Revision: HCFA-PM-92-1 (MB) FEBRUARY 1992 Page 7

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: <u>Wisconsin</u>

ELIGIBILITY CONDITIONS AND REQUIREMENTS

Citation(s)

Condition or Requirement

1902(r)(2) of the Act 1. Methods of Determining Income

a. AFDC-related individuals (except for poverty level related pregnant women, infants, and children).

- (1) In determining countable income for AFDC-related individuals, the following methods are used:
 - (a) The methods under the State's approved AFDC plan only; or
 - <u>x</u> (b) The methods under the State's approved AFDC plan and/or any more liberal methods described in Supplement 8a to ATTACHMENT 2.6-A.
- (2) In determining relative financial responsibility, the agency considers only the income of spouses living in the same household as available to spouses and the income of parents as available to children living with parents until the children become 21.
- (3) Agency continues to treat women eligible under the provisions of sections 1902(a)(10) of the Act as eligible, without regard to any changes in income of the family of which she is a member, for the 60-day period after her pregnancy ends and any remaining days in the month in which the 60th day falls.

IN No. 92-0015		aladan		
Supersedes	Approval Date	7/29/92	Effective Date	4/1/92
IN NO. 91-0031			•	

STRACTOR

1902(e)(6) the Act DHS Note: See MACPro form Non-MAGI Methodologies for current information.

Revision: HCFA-PM-92 -1 (MB) FEBRUARY 1992 ATTACHMENT 2.6-A Page 7a

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: <u>Wisconsin</u>

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ELIGIBILITY CONDITIONS AND REQUIREMENTS

Citation(s)

Condition or Requirement

42 CFR 435.721 435.831, and 1902(m)(1)(B)(m)(4) and 1902(r)(2) of the Act Aged individuals. In determining countable income for aged individuals, including aged individuals with incomes up to the Federal poverty level described in section 1902(m)(1) of the Act, the following methods are used:

The methods of the SSI program only.

x The methods of the SSI program and/or any more liberal methods described in <u>Supplement</u> 8a to ATTACHMENT 2.6-A.

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TN No. 92-0015		nl, la
Supersedes	Approval Date	129192
TN No. <u>91-0031</u>		

Revision:	HCFA-PM-91-4 AUGUST 1991	(BPD)	ATTACHMENT 2.5-A Page 8 OMB No.: 0938-
	State:	Wisconsin	
Citati	on	Condit	cion or Requirement
		supplement rec: than SSI, appl 1902(f) of the to ATTACHMENT 2	s other than optional State lpients, more restrictive methods led under the provisions of section Act, as specified in <u>Supplement 4</u> 2.5-A; and any more liberal methods upplement 8a to ATTACHMENT 2.5-A.
	2		al couples, the methods specified [611(e)(5) of the Act.
÷	2	\$435.230, incom	tate supplement recipients under ne methods more liberal than SSI, as applement 4 to ATTACHMENT 2.6-A.
	L	section 1902(f)	ate supplement recipients in States and SSI criteria States h 1616 or 1634 agreements
		SSI metho	ods only.
		SSI metho than SSI ATTACHMEN	ods and/or any more liberal methods described in <u>Supplement 8a to</u> FT 2.6-A.
		than SSI. described <u>2.6-A</u> and	Nore restrictive and/or more liberal More restrictive methods are I in <u>Supplement 4 to ATTACHMENT</u> I more liberal methods are described ement 8a to ATTACHMENT 2.5-A.
		the agency cons	relative financial responsibility, iders only the income of spouses ame household as available to
			· · ·
upersedes		oval Date 2342	Effective Date 10/1/91
N NO. <u>51</u>	-0012	1/29/92	- HCFA ID: 7985E

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DHS Note: See MACPro form Non-MAGI Methodologies for current information.

Revision:	HCFA-PM-91-4 AUGUST 1991	(BPD)	ATTACHMENT 2.6-A Page 9 OMB No.: 0938-
	State:	<u>Wisconsin</u>	
Citat	ion	Condition of	r Requirement
435.831 1902(m)(1))(B),	 <u>Blind individuals</u>. In a income for blind individ methods are used: 	
(m)(4), an 1902(r)(2) the Act		The methods of the	e SSI program only.
			r any more liberal methods lement 8a to ATTACHMENT_
		supplement recipie methods than SSI, of section 1902(f) Supplement 4 to AM	ther than optional State ents, more restrictive applied under the provision:) of the Act, as specified in <u>TTACHMENT 2.6-A</u> , and any more escribed in <u>Supplement 8a to</u>
			couples, the methods ection 1611(e)(5) of the Act
		\$435.230, income m	e supplement recipients unde: nethods more liberal than SS upplement 4 to ATTACHMENT
		section 1902(f) St	e supplement recipients in tates and SSI criteria States 516 or 1634 agreements
		SSI methods onl	ly.
			d/or any more liberal methods ibed in <u>Supplement 8a to</u> <u>-A</u> .
		liberal than SS are described i <u>2.6-A</u> and more	estrictive and/ or more SI. More restrictive methods In <u>Supplement 4 to ATTACHMEN</u> liberal methods are describe <u>Ba to ATTACHMENT 2.6-A</u> .
N NO. <u>91</u> upersedes N No. <u>S</u> C	Appro	oval Date <u>2-3-92</u> 1/29/92	Effective Date 10/1/91 HCFA ID: 7985E

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Revision:	HCFA-PM- AUGUST 19		(BPI	D) ATTACHMENT 2.6-A Page 10 OMB No.: 0938-
	State:	Wisc	<u>consin</u>	
Citat.	lon			Condition or Requirement
			consid same h of par	cermining relative responsibility, the agency lers only the income of spouses living in the nousehold as available to spouses and the incom rents as available to children living with as until the children become 21.
42 CFR 435 and 435.83 1902(m)(1) (m)(4), ar 1902(r)(2) the Act	31 (B), nd	ď.	counta indivi with i level	<u>ed individuals</u> . In determining ble income of disabled duals, including individuals ncomes up to the Federal poverty described in section 1902(m) of t the following methods are used:
				The methods of the SSI program.
			<u>_X</u>	SSI methods and/or any more liberal methods described in <u>Supplement 8a to ATTACHMENT</u> <u>2.6-A</u> .
				For institutional couples: the methods specified under section 1611(e)(5) of the Act.
			<u> </u>	For optional State supplement recipients under \$435.230: income methods more liberal than SSI, as specified in <u>Supplement 4 to ATTACHMEN</u> 2.6-A.
			<u> </u>	For individuals other than optional State supplement recipients (except aged and disable individuals described in section 1903(m)(1) of the Act): more restrictive methods than SSI, applied under the provisions of section 1902(f of the Act, as specified in <u>Supplement 4 to</u> <u>ATTACHMENT 2.6-A</u> ; and any more liberal methods described in <u>Supplement 8a to ATTACHMENT 2.6-A</u>

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TN No. <u>91-0031</u> Supersedes	Approval	Date 2-3-92	Effective Date <u>10/1/91</u>
TN NO. <u>87-0023</u>		1/29/92	HCFA ID: 7985E

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DHS Note: See MACPro form Non-MAGI Methodologies for current information.

Revision: HCFA-PM-91-4

(BPD) AUGUST 1991

ATTACHMENT 2.6-A Page 11 OMB No.: 0938-

	State:	Wisconsin
Citation	1	Condition or Requirement
		For optional State supplement recipients in section 1902(f) States and SSI criteria States without section 1616 or 1634 agreements
		SSI methods only.
		SSI methods and/or any more liberal methods than SSI described in <u>Supplement 8a to</u> <u>ATTACHMENT 2.5-A</u> .
		Methods more restrictive and/or more liberal than SSI, except for aged and disabled individuals described in section 1902(m)(1) of the Act. More restrictive methods are described in <u>Supplement 4 to ATTACHMENT</u> <u>2.6-A</u> and more liberal methods are specified in <u>Supplement 8a to ATTACHMENT 2.6-A</u> .
		In determining relative financial responsibility, the agency considers only the income of spouses living in the same household as available to spouses and the

income of parents as available to children living with parents until the children become 21.

TN No. 91-0031 Approval Date 2-3-92 Effective Date 10/1/91 Supersedes TN NO. 81-0012 1/29/92 HCFA ID: 7985E

DHS Note: See MMDL forms S10, S14, S30, S32, S50, S52, S53, S54, S55, S57, and S59 for current information.

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

ATTACHMENT 2.6-A Page 11a

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Wisconsin

e.

Approval Date

ELIGIBILITY CONDITIONS AND REQUIREMENTS

Citation(s)

Condition or Requirement

1902(1)(3)(E) and 1902(r)(2) of the Act

TN NO.92-0015

TN No. 91-0031

Supersédes

Poverty level pregnant women, infants, and children. For pregnant women and infants or children covered under the provisions of sections 1902(a)(10)(A)(i)(IV), (VI), and (VII), and 1902(a)(10)(A)(ii)(IX) of the Act--

- (1) The following methods are used in determining countable income:
- ____ The methods of the State's approved AFDC plan.
- The methods of the approved title IV-E plan.
- x The methods of the approved AFDC State plan and/or any more liberal methods described in Supplement 8a to ATTACHMENT 2.6-A.
- The methods of the approved title IV-E plan and/or any more liberal methods described in Supplement 8a to ATTACHMENT 2.6-A.

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Date <u>4/1/92</u>

DHS Note: See MMDL forms S14, S30, S32, S50, S52, S53, S54, S55, S57, and S59 and MACPro form Non-MAGI Methodologies for current information.

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

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ATTACHMENT 2.6-A Page 12

State:	Wisconsin	
E	LIGIBILITY CONDI	TIONS AND REQUIREMENTS
Citation(s)	Conditio	on or Requirement
	(2)	In determining relative financial responsibility, the agency considers only the income of spouses living in the same household as available to spouses and the income of parents as available to children living with parents until the children become 21.
02(e)(6) of e_Act	(3)	The agency continues to treat women eligible under the provisions of sections 1902(a)(10) of the Act as eligible, without regard to any changes in income of the family of which she is a member, for the 60-day period after her pregnancy ends and any remaining days in the month in which the 60th day falls.
05(p)(1), 02(m)(4), d 1902(r)(2) of e Act	dete Medi 1902	ified Medicare beneficiaries. In rmining countable income for qualified care beneficiaries covered under section (a)(10)(E)(i) of the Act, the following ods are used:
		The methods of the SSI program only.
	<u></u>	SSI methods and/or any more liberal methods than SSI described in <u>Supplement 8a to</u> ATTACHMENT 2.6-A.
		For institutional couples, the methods specified under section 1611(e)(5) of the Act.
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DHS Note: See MACPro form Non-MAGI Methodologies for current information.

Revision:	HCFA-PM-93-2 MARCH 1993	(MB)		ATTACHMENT 2.6-A Page 12a
		State: _	Wi	sconsin
Citation				Condition or Requirement
			attribu insura counte with J receiv follow Feder	Individual receives a title II benefit, any amounts itable to the most recent increase in the monthly nce benefit as a result of a title II COLA is not ed as income during a "transition period" beginning anuary, when the title II benefit for December is ed, and ending with the last day of the month ing the month of publication of the revised annual al poverty level.
			follow	are not effective until the first day of the month ing the end of the transition period.
				dividuals not receiving title II income, the revised y levels are effective no later than the date of ation.
1905(s) of the	e Act	g.	(1)	Qualified disabled and working individuals.
				In determining countable income for qualified disabled and working individuals covered under $1902(a)(10)(E)(ii)$ of the Act, the methods of the SSI program are used.
1905(p) of th	e Act		(2)	Specified low-income Medicare beneficiaries.
				In determining countable income for specified low-income Medicare beneficiaries covered under 1902(a)(10)(E)(iii) of the Act, the same method as in f. is used.
				А

TN No. <u>93-010</u> Supersedes TN No. <u>92-0015</u> 4

Approval Date <u>429193</u>

Effective Date <u>1/1/93</u>

DHS Note: See MMDL form S10 and MACPro form Non-MAGI Methodologies for

current information.

Revision: HCFA-PM-91-8 October 1991

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ATTACHMENT 2.6-A Page 12b OMB No.:

	Wisconsin OMB No.:	ate/Territory:	
	Condition or Requirement		Citation
reatment of I program. s are ment 2.6-A. s specified medical care are shall ining	BRA Continuation Beneficiaries termining countable income for COBRA nuation beneficiaries, the following gards are applied: The disregards of the SSI program; The agency uses methodologies for the income more restrictive than the SSI These more restrictive methodologies described in Supplement 4 to Attachn For COBRA continuation beneficiaries at 1902(u)(4), costs incurred from to or for any other type of remedial can not be taken into account in determinicome, except as provided in section 1612(b)(4)(B)(ii).	In de conti disre	1902(u) of the Ac

NOT APPLICABLE

TN No. <u>91-0040</u> Supersedes NEW	Approval Date <u>3-6-92</u>	Effective Date 10/1/91
TN No		RCFA 10+ 75858

ATTACHMENT 2.6-A Page 12c OMB No.:

State/Territory: Wisconsin

Citation		Condition or Requirement
1902(a)(10)(A) (i) (ii)(XIII) of the Act		Working Disabled Who Buy In to Medicaid In determining countable income and resources for working disabled individuals who buy in to Medicaid, the following methodologies are applied:
		The methodologies of the SSI program. The agency uses methodologies for treatment of income and resources more restrictive than the SSI program. These more restrictive methodologies are described in Supplement 4 to Attachment 2.6-A.
		X The agency uses more liberal income and/or resource methodologies than the SSI program. More liberal methodologies are described in Supplement 8a to Attachment 2.6-A. More liberal resource methodologies are described in Supplement 8b to Attachment 2.6-A.
		X The agency requires individuals to pay premiums or other cost-sharing charges. The premiums or other cost-sharing charges, and how they are applied, are described below.

TN No. 99-005 Supersedes TN No. New

CH03179.AM/SP

Revision:

Approval Date 9/2/99

Effective Date 1/1/2000 HCFA ID:

ATTACHMENT 2.6-A Page 12d OMB No.:

State/Territory: Wisconsin

Premium structure under this section:

Individuals eligible for Medicaid under this section will be subject to the following premium structure.

A. Monthly premium: A monthly premium will be calculated based on the sum of the premium for earned income and the premium for unearned income. Premium amounts will be set within ranges to avoid burdensome administrative changes for small changes in earnings. The calculation of the earned and unearned income premiums are described below.

Earned Income: The premium for earned income will be 3.0 - 3.5% of earned income.

Unearned Income: 100% of total unearned income minus allowed deductions.

Deductions:

- 1. A maintenance allowance established which will not be less than the sum of \$20, the federal supplemental security income payment level determined under 42 USC 1382 (b) and the state supplemental payment determined under s. 49.77 (2m) Wisconsin statutes.
- 2. Medical and remedial expenses.
- 3. Impairment-related work expenses.

Deductions in excess of the individual's total unearned income will be subtracted from the gross monthly earned income before applying the earned income premium calculation.

TN No. 99-015 Supersedes TN No. 99-005

Approval Date 12/9/99

Effective Date 3/15/2000 HCFA ID:

Revision:

ATTACHMENT 2.6-A Page 12e OMB No.:

State/Territory: Wisconsin

B. Additional Provisions:

- 1. Monthly premiums on earnings and unearned income calculated to be below \$10.00 may be waived for all persons for administrative cost-efficiency.
- 2. For individuals under age 18 the deeming of parental income and assets will apply when determining entry premiums and monthly premiums.
- 3. Monthly premiums based on earned income will not be assessed upon individuals with a total gross income (both earned and unearned) less than 150% of the FPL.
- Any allowed deductions in excess of unearned income will be deducted from earned income for calculation of the monthly premium.
- 5. The department may waive all or part of the premium for an applicant based on application of uniform, objective criteria which result in a department finding that: undue hardship would result which is injurious to the program's intent, cost-effectiveness of the program would be reduced, or the public interest would not be served.

A finding by the department of any of the following, for example, would qualify for a hardship waiver:

- The individual would in all likelihood need to quit paid employment above the SSI Substantial Gainful Activity Level in order to obtain the health and long-term care services needed to live.
- The individual is receiving publicly funded long-term care services in Wisconsin under s. 49.45, s. 46.27, s. 46.277, s. 46.278 ¹ of Wisconsin statutes whose monthly premium under this section would be significantly higher compared to obligations for post-eligibility treatment of income at the time of application.

1 s. 49.45 refers to the Medicaid program, s. 46.27, s. 46.277, s. 46.278 refers to the home and community-based waivers

TN No. 99-015 Supersedes TN No. 99-005

Approval Date 12/9/99

Effective Date 3/15/2000 HCFA ID:

Revision:	HCFA-PM-91- AUGUST 1991	4 (BPD)	ATTACHMENT 2.5-A Page 13 OMB No.: 0938-
	State:	Wisconsin	
Citatio	on .	Condit	lon or Requirement
1902(k) of Act		amount from the trust individual who estable established the trust; trustee(s) is permitte the individual. This individual, whether or made. This provision initial trust decree esolely for the benefit	
		described above determines that	not count the funds in a trust as in any instance where the State it would work an undue hardship. <u>ATTACHMENT 2.6-A</u> specifies what ndue hardship.
1902(a)(10) of the Act		family size. Supplement 1 to ATTACH all covered medically	MENT 2.6-A specifies the MNILs for needy groups. If the agency ve levels under section 1902(f) of so indicates.

	Approval Date	2-3-92	Effective Date <u>10/1/91</u>
TN NO. NEW		1/29/92	HCFA ID: 7985E

This page has been superseded by MACPro Section "Handling Excess Income (Spenddown)."

TN No. 19-0011 Supersedes TN No. 91-0031

Approval Date 12/13/19

Effective Date 9/1/2019

Citation	Condition or Requirement		
	a. Medically Needy (Continued)		
1903(f)(2) of the Act	 (3) This section has been superseded by MACPro Section "Handling Excess Income (Spenddown)." 		
	(4) This section has been superseded by MACPro Section "Handling Excess Income (Spenddown)."		
	(5) Subject to 42 C.F.R. 435.602 and the provisions in Supplement 8a to Attachment 2.6-A of the State plan, the state will use MAGI-based income methodologies for purposes of determining medically needy eligibility for the following categories of individuals:		
	X Pregnant women X Children Parents and caretaker relatives		

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

ATTACHMENT 2.6-A Page 15 OMB No.: 0938-

State: Wisconsin

AUGUST 1991

Citation	Condition or Requirement
42 CFR	b. <u>Categorically Needy - Section 1902 (f) States</u>
435.732	The agency applies the following policy under the provisions of section 1902(f) of the Act. The following amounts are deducted from income to determine the individual's countable income:
	(1) Any SSI benefit received.
	(2) Any State supplement received that is within the scope of an agreement described in sections 1616 or 1634 of the Act, or a State supplement within the scope of section 1902(a)(10)(A)(ii)(XI) of the Act.
	(3) Increases in OASDI that are deducted under \$\$435.134 and 435.135 for individuals specified in that section, in the manner elected by the State under that section.
	(4) Other deductions from income described in this plan at <u>Attachment 2.6-A</u> , <u>Supplement 4</u> .
	(5) Incurred expenses for necessary medical and remedial services recognized under State law.
1902(a)(17) of the Act, P.L. 100-203	Incurred expenses that are subject to payment by a third party are not deducted unless the expenses are subject to payment by a third party that is a publicly funded program (other than Medicaid) of a State or local government.

TN No. <u>91-0031</u> Supersedes TN No. <u>87-0013</u> Approval Date 2-3-92 Effective Date <u>10/1/91</u> 1/29/92-HCFA ID: 7985E

Revision: HCFA-PM-91-8 (MB) October 1991

ATTACHMENT 2.6-A Page 15a OMB No.

State/Territory: ____Wisconsin

Citation

Condition or Requirement

4.b. <u>Categorically Needy - Section 1902(f) States</u> Continued

1903(f)(2) of the Act

TN No. 91-0040

Supersedes TN No. <u>NEW</u> (6) Spenddown payments made to the State by the individual.

NOTE: FFP will be reduced to the extent a State is paid a spenddown payment by the individual.

Approval Date 3-6-92

Effective Date 10/1/91

HCFA ID: 7985E/

DHS Note:	See MACPro f	orm Non-MAGl	Methodologies	for current information.

Revision:	HCFA-PM-91-4	(BPD)	ATTACHMENT 2.5-A
	AUGUST 1991		Page 16
			OMB No.: 0938-
	Stator	Wisconsin	

Condition or Requirement
5. Methods for Determining Resources
a. <u>AFDC-related individuals (except for poverty level</u> related pregnant women, infants, and children).
 (1) In determining countable resources for AFDC-related individuals, the following methods are used:
(a) The methods under the State's approved AFDC plan; and
\sqrt{X} (b) The methods under the State's approved AFDC plan and/or any more liberal methods described in <u>Supplement 8b to ATTACHMENT</u> 2.6-A.
(2) In determining relative financial responsibility, the agency considers only the resources of spouses living in the same household as available to spouses and the resources of parents as available to children living with parents until the children become 21.

TN No. <u>91-0031</u> Supersedes TN No. 81-0012	Approval	Date	2-3-92	Effective Date	10/1/91
IN NO. <u>51 00(</u>			1/09/92-	HCFA ID: 7985E	

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Revision: HCFA-PM-91-4

(BPD)

ATTACHMENT 2.6-A Page 16a OMB No.: 0938-

State: <u>Wisconsin</u>

AUGUST 1991

Citation

Condition or Requirement

5. Methods for Determining Resources

1902(a)(10)(A), 1902(a)(10)(C), 1902(m)(1)(B) and (C), and 1902(r) of the Act b. <u>Aged individuals</u>. For aged individuals covered under section 1902(a)(10)(A)(ii)(X) of the Act, the agency used the following methods for treatment of resources:

____ The methods of the SSI program.

- X SSI methods and/or any more liberal methods described in <u>Supplement 8b to ATTACHMENT</u> 2.6-A.
 - Methods that are more restrictive (except for individuals described in section 1902(m)(1) of the Act) and/or more liberal than those of the SSI program. <u>Supplement 5 to ATTACHMENT 2.6-A</u> describes the more restrictive methods and <u>Supplement 8b to ATTACHMENT 2.6-A</u> specifies the more liberal methods.

Supersedes Approv	al Date 2-3-92	Effective Date <u>10/1/91</u>
TN NO. NEW	1/29/92	HCFA ID: 7985E

Revision: HCFA-PM-91-4 (BPD) AUCUST 1991 ATTACHMENT 2.6-A Page 17 OMB No.: 0938-

State: <u>Wisconsin</u>

Citation	Condition or Requirement
	In determining relative financial responsibility, the agency considers only the resources of spouses living in the same household as available to spouses.
1902(a)(10)(A), 1902(a)(10)(C), 1902(m)(1)(B), and 1902(r) of the	c. <u>Blind individuals</u> . For blind individuals the agency uses the following methods for treatment of resources:
Act	The methods of the SSI program.
	X SSI methods and/or any more liberal methods described in <u>Supplement 8b to</u>
	Methods that are more restrictive and/or more liberal than those of the SSI program. <u>Supplement 5 to ATTACHMENT 2.6-A</u> describe the more restrictive methods and <u>Supplement 8b to</u> <u>ATTACHMENT 2.6-A</u> specify the more liberal methods.
	In determining relative financial responsibility, the agency considers only the resources of spouses living in the same household as available to spouses and the

resources of parents as available to children living with parents until the children become 21.

TN No. 91-0031 Supersedes Approval Date 2-3-92 Effective Date 10/1/91 TN No. 61-0014 HCFA ID: 7985E

DHS Note: See MMDL forms \$14, \$30, \$32, \$50, \$52, \$53, \$54, \$55,

Revision:		nd S59 for current information. (BPD)	ATTACHMENT 2.6-A Page 18 OMB No.: 0938-
	State:	Wisconsin	
Citati	.on	Condition or Re	equirement
1902(a)(10)(A), 1902(a)(10)(C), 1902(m)(1)(B) and (C), and 1902(r)(2) of the Act		 Disabled individuals, including individuals covered under section 1902(a)(10)(A)(11)(X) of the Act. The agency uses the following methods for the treatment of resources: The methods of the SSI program. X SSI methods and/or any more liberal methods described in <u>Supplement 8a to ATTACHMENT 2.6-A</u> Methods that are more restrictive (except for individuals described in section 1902(m)(1) of the Act) and/or more liberal that those under the SSI program. More restrictive methods are described in <u>Supplement 5 to ATTACHMENT 2.6-A</u> 	
		In determining relative fin agency considers only the r in the same household as av resources of parents as ava with parents until the chil	nancial responsibility, the resources of spouses living vailable to spouses and the uilable to children living
1902(1)(3) and 1902(r of the Act)(2)	Poverty level prequant wome sections 1902(a)(10)(A)(i)(1902(a)(10)(A)(ii)(IX)(A) o	IV) and
		The agency uses the followi the treatment of resources.	
		The methods of the SS	I program only.
			I program and/or any more tibed in <u>Supplement 5a or</u> <u>CHMENT 2.6-A</u> .

TN No. $91-0031$ Supersedes TN No. $7-0012$	Approval Date	2-3-92	Effective Date 10/1/91		
TN NO. <u>51-0013</u>		1/29/92	HCFA ID: 7985E		

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Revision:	HCFA-PM-91-4 AUGUST 1991		for current information. PD) ATTACHMENT 2.6-A Page 19 OMB No.: 0938-
	State:	Wisc	
Citatio	on		Condition or Requirement
			Methods that are more liberal than those o SSI. The more liberal methods are specifi <u>Supplement 5a or Supplement 8b to ATTACHME</u> 2.6-A.
		<u>X</u>	Not applicable. The agency does not consi resources in determining eligibility.
		ageno in ti reso	etermining relative financial responsibility cy considers only the resources of spouses l he same household as available to spouses an urces of parents as available to children li parents until the children become 21.
1902(1)(3) 1902(r)(2) the Act	and i of		rty level infants covered under section $(a)(10)(A)(1)(IV)$ of the Act.
the Act			agency uses the following methods for treatment of resources:
·			The methods of the State's approved AFDC plan.
1902(1)(3)(of the Act	C)		Methods more liberal than those in the State's approved AFDC plan (but not more restrictive), in accordance with section 1902(1)(3)(C) of the Act, as specified in <u>Supplement 5a of ATTACHMENT 2.6-A</u> .
1902(r)(2) of the Act			Methods more liberal than those in the State's approved AFDC plan (but not more restrictive), as described in <u>Supplement 5</u> <u>Supplement 8b to ATTACHMENT 2.6-A</u> .
			Not applicable. The agency does not consi

TN NO. $91-0031$ Supersedes TN NO. $$7-0012$	Approval Date	2-3-92	Effective Date _	10/1/91
in no. <u>bi cons</u>		1/29/92	HCFA ID: 7985E	

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DHS Note: See MMDL forms \$14, \$30, \$32, \$50, \$52, \$53, \$54, \$55,

S57, and S59 for current information.

(MB)

Revision: HCFA-PM-92-1 FEBRUARY 1992

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ATTACHMENT 2.6-A Page 19a

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: <u>Wisconsin</u>

ELIGIBILITY CONDITIONS AND REQUIREMENTS

Citation(s)		Condition or Requirement	
1902(1)(3) and 1902(r)(2) of the Act	g.	1. Poverty level children covered under section 1902(a)(10)(A)(i)(VI) of the Act.	
CHE ACC		The agency uses the following methods for the treatment of resources:	
•		The methods of the State's approved AFDC plan.	
1902(1)(3)(C) of the Act		Methods more liberal than those in the State's approved AFDC plan (but not more restrictive), in accordance with section 1902(1)(3)(C) of the Act, as specified in <u>Supplement 5a of ATTACHMENT</u> 2.6-A.	1
1902(r)(2) of the Act		Methods more liberal than those in the State's approved AFDC plan (but not more restrictive), as described in Supplement 8b to ATTACHMENT 2.6-A.	
		<u>x</u> Not applicable. The agency does not consider resources in determining eligibility.	
		In determining relative financial responsibility, the agency considers onl the resources of spouses living in the s household as available to spouses and th resources of parents as available to children living with parents until the children become 21.	same

TN No. <u>92-0015</u> Supersedes Approval Date $\frac{7/29/9}{9}$ Effective Date $\frac{4/1/92}{1}$

DHS Note: See MMDL forms \$14, \$30, \$32, \$50, \$52, \$53, \$54, \$55,

S57, and S59 for current information.

Revision: HCFA-PM-92-1 FEBRUARY 1992

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ATTACHMENT 2.6-A Page 19b

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Wisconsin

(MB)

ELIGIBILITY CONDITIONS AND REQUIREMENTS

Citation(s)	Cc	ondition or Requirement
1902(1)(3) and 1902(r)(2) of the Act	g. 2.	Poverty level children under section 1902(a)(10)(A)(i)(VII) The agency uses the following methods for the treatment of resources:
•		The methods of the State's approved AFDC plan.
1902(1)(3)(C) the Act		Methods more liberal than those in the State's approved AFDC plan (but not more restrictive) as specified in <u>Supplement</u> 5a of ATTACHMENT 2.6-A.
1902(r)(2) of the Act		Methods more liberal than those in the State's approved AFDC plan (but not more restrictive), as described in <u>Supplement</u> 8a to ATTACHMENT 2.6-A.
		X Not applicable. The agency does not consider resources in determining eligibility.
•		In determining relative responsibility, the agency considers only the resources of spouses living in the same household as available to spouses and the resources of parents as available to children living with parents until the children become 21.

TN No. <u>92-00/5</u> Supersedes Approval Date <u>12992</u> Effective Date <u>4/1/92</u> TN No. <u>New</u> DHS Note: See MACPro form Children Under Age 19 with a Disability for current information.

	HCFA-PM-91-8 October 1991 State/Terr	() 	consin	ATTACHMENT Page 20 OMB No.:	2.6-A
Citatio	on		Condition or Red	quirement	anna - Canada a chuir a chuir an chuir
1905(p)(1) (C) and (D) 1902(r)(2) the Act	and	section 190 the followi	ed Medicare benef 2(a)(10)(E)(i) of ng methods for tr ods of the SSI pr	the Act the eatment of re	agency uses
	-	The meth meth methods	ods of the SSI pr as described in <u>S</u> <u>NT 2.6-A</u> .	ogram and/or	
1905(s) of Act	the i	covered und the Act, th	ed disabled and w er section 1902(a e agency uses SSI atment of resourc)(10)(E)(ii) program meth	of
1902(u) of Act	the j		ontinuation benef ng methods for tr		
			ods of the SSI pr trictive methods of the Act as des nt 2.6-A.	applied under	

12 232000

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TN No. <u>91-0040</u> Supersedes	Approval Date <u>3-6-92</u>	Effective Date
TN No: <u>91-0031</u>		
	, -	HCFA ID: 7985E

Revision:	нсга-рм-93 Мау 1993	-5	.(MB) ATTACHMENT 2.6-A . Page 20a
	State:	Wi	iscon	sin
Citation			Cond	dition or Requirement
1902(a)(10)(E)(iii) of the Act			k.	Specified low-income Medicare beneficiaries covered under section 1902(a)(10)(E)(iii) of the Act
				The agency uses the same method as in 5.h. of Attachment $2.6-A$.
		6.	Res	ource Standard - Categorically Needy
			a.	1902(f) States (except as specified under items 6.c. and d. below) for aged, blind and disabled individuals:
	,			Same as SSI resource standards.
				More restrictive.
				The resource standards for other individuals are the same as those in the related cash assistance program.
			b.	Non-1902(f) States (except as specified under items 6.c. and d. below)
				The resource standards are the same as those in the related cash assistance program.
				Supplement 8 to ATTACHMENT 2.6-A specifies for 1902(f) States the categorically needy resource levels for all covered categorically needy

Supplement 8 to ATTACHMENT 2.6-A specifies for 1902(f) States the categorically needy resource levels for all covered categorically needy groups.

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TN No. 93-021 Supersedes Approval Date $\frac{8/2/93}{12}$ Effective Date $\frac{4/1/93}{12}$

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State:	LAN UNDER TITLE XIX OF THE SOCIA <u>Wisconsin</u> IGIBILITY CONDITIONS AND REQUIRE	
Citation(s)	Condition or Requirement	· · · · · · · · · · · · · · · · · · ·
1902(1)(3)(A), (B) and (C) of the Act	of the Act, the agend standard. Yes. <u>Supplement</u> specifies the st women, is no mor standard under t	visions of section and 1902(a)(10)(A)(ii)(IX by applies a resource <u>2 to ATTACHMENT 2.6-A</u> candard which, for pregnant re restrictive than the the SSI program; and for
	infants is no mo standard applied AFDC plan.	ore restrictive than the l in the State's approved
· · · · ·	X No. The agency standard to the	does not apply a resource se individuals.
1902(1)(3)(A) and (C) of the Act	d. For children covered of section 1902(a)(10 the agency applies a)(A)(i)(VI) of the Act,
	specifies the st	t 2 to ATTACHMENT 2.6-A tandard which is no more h the standard applied in t d AFDC plan.
• .	X No. The agency standard to the	does not apply a resource

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Approval Date

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Effective Date

4/1/92

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TN No. <u>92-0015</u> Supersedes TN No. <u>91-0031</u> Revision: HCFA-PM-91-4

(BPD)

ATTACHMENT 2.6-A Page 21a

	AUGUST 1991 State: _	Wisconsi	<u>n</u>	Page 21a OMB No.:	0938-
Citatio	n		Condition	or Requirement	
1902(m)(1)(and (m)(2)(of the Act		section 1 under sec	902(m)(1) of '	individuals descrithe Act who are control of the act who are control of the act of the a	overed
		<u>X</u> Same	e as SSI reso	irce standards.	
		which star	ch are higher	cally needy resound than the SSI reso State covers the	ource
		<u>Supplement</u> resource	t <u>2 to ATTACH</u> levels for the	<u>4ENT 2.6-A</u> specifi ese individuals.	ies the
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TN NO. <u>91-0</u> Supersedes TN No. <u>N</u> E	<u>م</u>	proval Date 🔒	1/29/92	Effective Date HCFA ID: 7985E	10/1/91
				•	

Attachment 2.6-A Page 22

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

TN # 10-004 Supersedes TN # 93-021

Approval Date JUN 2 8 2010

Effective Date: 01/01/2010

Revision: HCFA-PM-91-8 (MB) October 1991

ATTACHMENT 2.6-A Page 22a OMB No.:

State/Territory: Wisconsin

Citation		Condition or Requirement
1902(u) of the Act	9.1	For COBRA continuation beneficiaries, the resource standard is:
		Twice the SSI resource standard for an individual.
	**************************************	More restrictive standard as applied under section 1902(f) of the Act as described in Supplement 8 to Attachment 2.6-A.

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NOT APPLICABLE

TN No. <u>91-0040</u> Supersedes	Approval Date 3/6/92	Effective Date _	10/1/91
TN NO. NEW		HCFA ID: 7985E	

Attachment 2.6-A Page 23

		State:	Wisconsin
Citation		Cond	lition or Requirement
	C.	Financia	I Eligibility (Continued)
1902(u) of the Act		10. Exce	ess Resources
		a.	Categorically Needy, Qualified Medicare Beneficiaries, Qualified Disabled and Working Individuals, Specified Low- Income Medicare Beneficiaries, and Qualifying Individuals
			Any excess resources make the individual ineligible.
		b.	Categorically Needy Only
			X This State has a section 1634 agreement with SSI. Receipt of SSI is provided for individuals while disposing of excess resources.
		C.	Medically Needy
			Any excess resources make the individual ineligible.

TN # 10-004 Supersedes TN # 93-021

Effective Date: 01/01/2010

Revision:	HCFA-PM-91-4 AUGUST 1991	(BPD)		,	ATTACHMEN Page 24		
	State:	Wiscon	sin		UMB NO.:	OMB No.: 0938-	
Citati	on		Condi	tion or	Requirement	•	
42 CFR 435.914	11.	Effecti	ve Date of	Eligib	ility	,	
	a.	Groups	Other Than	Qualif	ied Medicare Be	neficiaries	
		(1) F	or the pro	spective	e period.		
		f		ndividua	ole for the ful als are eligibl		
				blind, related	disabled.		
		d	uring the s	month fo	ole only for th or which the fo ne eligibility	llowing	
				blind, related	disabled.		
		(2) F	or the ret	roactive	e period.		
		t 1	he date of	applica	ole for three m ation if the fo have been eligi	llowing	
		-		blind, related.	disabled.		
		o a h	f the third pplication	d month if the ligible	ble beginning to before the dat following indi- at any time du blied	e of viduals woul	
		-	$\frac{X}{X}$ Aged, $\frac{X}{X}$ AFDC-1	blind, celated.	disabled.		
TN No. <u>91</u> - Supersedes TN No.	-0031 Approv	val Date	,		ffective Date _	10/1/91	
	-0012		1/29/9	2 H	ICFA ID: 7985E		

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	Revision: HCFA-PM-92-1 (MB) FEBRUARY 1992	ATTACHMENT 2.6-A Page 25
	STATE PLAN UNDER TITLE XI	OF THE SOCIAL SECURITY ACT
	State: <u><u> </u></u>	
**	ELIGIBILITY CONDITION	IS AND REOUIREMENTS
		pr Requirement
		· · · · · · · · · · · · · · · · · · ·
	1920(b)(1) of (3) the Act	For a presumptive eligibility for pregnant women only.
		Coverage is available for ambulatory prenatal care for the period that begins on the day a qualified provider determines that a woman meets any of the income eligibility levels specified in <u>ATTACHMENT 2.6-A</u> of this approved plan. If the woman files an application for Medicaid by the last day of the month following the month in which the qualified provider made the determination of presumptive eligibility, the period ends on the day that the State agency makes the determination of eligibility based on that application. If the woman does not file an application for Medicaid by the last day of the month following the month in which the qualified provider made the determination, the period ends on that last day.
ระราคม	1905(a) of the de Act Ac in to se	r qualified Medicare beneficiaries fined in section 1905(p)(1) of the t coverage is available beginning with e first day of the month after the month which the individual is first determined be a qualified Medicare beneficiary under ction 1905(p)(1). The eligibility termination is valid for
	_X	12 months
	· · · _	6 months
		months (no less than 6 months and no more than 12 months)
	•	· · · · ·
		·
	,	

TN No. <u>92-0019</u> Supersedes TN No. <u>91-0031</u> Approval Date <u>7-27-92</u> Effective Date <u>7/1/92</u>

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Revision: HCFA-PM-95-01 March 1995

ATTACHMENT 2.6-A Page 26

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State	Wisconsin
Citation	Condition or Requirement
1902(a)(18) and 1902(f) of the Act	 Pre-OBRA 93 Transfers of Resources - Categorically and Medically Needy, Qualified Medicare Beneficiaries, and Qualified Disabled and Working Individuals
	The agency complies with the provisions of section 1917 of the Act with respect to the transfer of resources.
	Disposal of resources at less than fair market value affects eligibility for certain services as detailed in <u>Supplement 9 to ATTACHMENT 2.6-A</u> .
1917(c)	13. Transfer of Assets – All eligibility groups
	The agency complies with the provisions of section 1917(c) of the Act, as enacted by OBRA 93, with regard to the transfer of assets.
	Disposal of assets at less than fair market value affects eligibility for certain services as detailed in <u>Supplement 9(a) to ATTACHMENT 2.6-A</u> , except in instances where the agency determines that the transfer rules would work an undue hardship.
1917(d)	14. Treatment of Trusts - All eligibility groups
	The agency complies with the provisions of section 1917(d) of the Act, as amended by OBRA 93, with regard to trusts.
	The agency uses more restrictive methodologies under section 1902(f) of the Act, and applies those methodologies in dealing with trusts;
	The agency meets the requirements in section 1917(d)(4)(B) of the Act for use of <u>Miller</u> trusts.
	The agency does not count the funds in a trust in any instance where the agency determines that the transfer would work an undue hardship, as described in <u>Supplement 10 to ATTACHMENT 2.6-A</u> .

TN No.<u>12-016</u> Supersedes TN No.<u>95-012</u>

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Approval Date: <u>12/21/12</u>

Effective Date: <u>07/01/2012</u>

ATTACHMENT 2.6-A Page 26a

State: Wisconsin Citation Condition or Requirement 1924 of the Act 13. The agency complies with the provisions of § 1924 with respect to income and resource eligibility and posteligibility determinations for individuals who are expected to be institutionalized for at least 30 consecutive days and who have a spouse living in the community. When applying the formula used to determine the amount of resources in initial eligibility determinations, the State standard for community spouses is: the maximum standard permitted by law; the minimum standard permitted by law; or a standard that is an amount 1 between the minimum and the maximum. The maximum is \$90,660.

Approval Date 05/01/03 Effective Date 01/01/03

TN No. 03-002 Supersedes TN No. 02-001