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State/Territory Name: WI

State Plan Amendment (SPA) #: 15-0003

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages

June 4, 2015

Kevin E. Moore, Administrator
Division of Health Care Access and Accountability
Wisconsin Department of Health Services
1 West Wilson Street
P. O. Box 309
Madison, Wisconsin 53701-0309

Dear Mr. Moore:

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

Transmittal #15-0003 --Cost of Living Adjustment for Eligibility
 --Effective Jan. 1, 2015

If you have any additional questions, please have a member of your staff contact Charles Friedrich at (608) 441-5344 or Charles.Friedrich@cms.hhs.gov.

Sincerely,

/s/

Ruth A. Hughes.
Associate Regional Administrator
Division of Medicaid & Children's Health Operations

Enclosure

cc: Al Matano, Wisconsin Department of Health Services

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

FOR: HEALTH CARE FINANCING ADMINISTRATION

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

1. TRANSMITTAL NUMBER:
15-003

2. STATE
Wisconsin

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

4. PROPOSED EFFECTIVE DATE
01/01/2015

5. TYPE OF PLAN MATERIAL (*Check One*):

☐ NEW STATE PLAN

☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN

☒ AMENDMENT

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

6. FEDERAL STATUTE/REGULATION CITATION:

Sections 1902(a)(10)(A)(ii) SSA
42 CFR 435.725 and 435.832

7. FEDERAL BUDGET IMPACT:

a. FFY 2015 \$0K

b. FFY 2016 \$0K

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 2.6-A, Page 5a
Attachment 2.6-A, Supplement 1, Page 4a
Attachment 2.6-A, Supplement 6, Page 1.

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION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

Same

Same

Same

10. SUBJECT OF AMENDMENT:

Cost of living adjustments for eligibility requirements.

11. GOVERNOR'S REVIEW (*Check One*):

☒ GOVERNOR'S OFFICE REPORTED NO COMMENT

☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☐ OTHER, AS SPECIFIED:

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:

Kevin Moore

14. TITLE:

State Medicaid Director

15. DATE SUBMITTED:

March 25, 2015

16. RETURN TO:

Kevin Moore

State Medicaid Director

Division of Health Care Access and Accountability

1 W. Wilson St.

P.O. Box 309

Madison, WI 53701-0309

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

March 25, 2015

18. DATE APPROVED:

June 4, 2015

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

January 1, 2015

20. SIGNATURE OF REGIONAL OFFICIAL:

/s/

21. TYPED NAME:

Ruth A. Hughes

22. TITLE:

Associate Regional Administrator

23. REMARKS:

State: Wisconsin

Citation	Condition or Requirement
<u> </u>	Amount for maintenance of home is: <u> </u>
<u> ✓ </u>	Amount for maintenance of home is the actual maintenance costs not to exceed <u>\$912.77</u> .
<u> </u>	Amount for maintenance of home is deductible when countable income is determined under § 1924(d)(1) of the Act only if the individuals' home and the community spouse's home are different.
<u> </u>	Amount for maintenance of home is not deductible when countable income is determined under § 1924(d)(1) of the Act.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Wisconsin

B. OPTIONAL CATEGORICALLY NEEDY GROUPS WITH INCOMES RELATED TO THE
SUPPLEMENTAL SECURITY INCOME (SSI) FEDERAL BENEFIT RATE

1. SSI-Related Groups Other Than Poverty Level Aged and Disabled Individuals:

1. \$572.45
(+ actual shelter up to \$244.33)
2. \$865.38
(+ actual shelter up to \$366.67)

SUPPLEMENT 6 TO
ATTACHMENT 2.6-A

State: Wisconsin

Standards for Optional State Supplementary Payments

Payment Category	Administered By			Income Level		Income Disregards Employed
	Federal	State	Person	Couple	Person	
(Reasonable Classification)	Gross			Net		
				Couple	Person	
Aged	X		\$1,500.00		\$816.78	
Blind	X		\$1,500.00		\$816.78	
Disabled	X		\$1,500.00		\$816.78	
Aged and Aged Spouse	X			\$3,000.00		\$1,232.05
Disabled and Disabled Spouse	X			\$3,000.00		\$1,232.05
Aged and Blind Spouse	X			\$3,000.00		\$1,232.05
Aged and Disabled Spouse	X			\$3,000.00		\$1,232.05
Blind and Disabled Spouse	X			\$3,000.00		\$1,232.05

TN No. 15-003
Supersedes
TN No. 14-007

Approval Date: 6/4/15

Effective Date: 01/01/2015