

## **Table of Contents**

**State/Territory Name: Wisconsin**

**State Plan Amendment (SPA) #: 17-0004**

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

Department of Health & Human Services  
Centers for Medicare & Medicaid Services  
233 North Michigan Avenue, Suite 600  
Chicago, Illinois 60601-5519



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May 22, 2017

Michael Heifetz, Medicaid Director  
Division of Medicaid Services  
Department of Health Services  
1 West Wilson Street, Room 350  
Madison, WI 53702

ATTN: Al Matano, SPA Coordinator

RE: Transmittal Number (TN) 17-0004

Dear Mr. Heifetz:

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

Social Security Cost of Living Adjustment

Effective Date: January 1, 2017

Approval date: May 19, 2017

If you have any questions, please have a member of your staff contact Mai Le-Yuen at (312) 353-2853 or by email at [mai.le-yuen@cms.hhs.gov](mailto:mai.le-yuen@cms.hhs.gov).

Sincerely,

/s/

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

Enclosure

# TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL

**FOR: HEALTH CARE FINANCING ADMINISTRATION**

1. TRANSMITTAL NUMBER:  
17-0004

2. STATE  
Wisconsin

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

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

4. PROPOSED EFFECTIVE DATE  
01/01/2017

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 2017 ..... \$0K  
b. FFY 2018 ..... \$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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  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:

Michael G. Heifetz

14. TITLE:

State Medicaid Director

15. DATE SUBMITTED:

March 30, 2017

16. RETURN TO:

Michael G. Heifetz  
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 30, 2017

18. DATE APPROVED:

May 19, 2017

PLAN APPROVED – ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

January 1, 2017

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>\$914.77</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. \$573.78  
(+ actual shelter up to \$245.00)
2. \$867.38  
(+ actual shelter up to \$367.67)

SUPPLEMENT 6 TO  
ATTACHMENT 2.6-A

State: Wisconsin

Standards for Optional State Supplementary Payments

Payment Category	Administered By				Income Level		Income Disregards Employed
		Gross			Net		
(Reasonable Classification)	Federal	State	Person	Couple	Person	Couple	
Aged	X		\$1,500.00		\$818.78		
Blind	X		\$1,500.00		\$818.78		
Disabled	X		\$1,500.00		\$818.78		
Aged and Aged Spouse	X			\$3,000.00		\$1,235.05	
Disabled and Disabled Spouse	X			\$3,000.00		\$1,235.05	
Aged and Blind Spouse	X			\$3,000.00		\$1,235.05	
Aged and Disabled Spouse	X			\$3,000.00		\$1,235.05	
Blind and Disabled Spouse	X			\$3,000.00		\$1,235.05	