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**State/Territory: Wisconsin**

**State Plan Amendment (SPA)#: 20-0002**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form
- 3) Approved SPA Page

**DEPARTMENT OF HEALTH & HUMAN SERVICES**  
Centers for Medicare & Medicaid Services  
601 East 12th Street, Suite 355  
Kansas City, Missouri 64106-2898



Medicaid and CHIP Operations Group

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May 11, 2020

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

ATTN: Laura Brauer, SPA Coordinator

RE: Transmittal Number (TN) 20-0002

Dear Mr. Jones:

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

- SPA TN 20-0002: - Cost of Living Adjustments for Eligibility Requirements
- Effective Date: January 1, 2020
  - Approval date: April 30, 2020

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,

James G. Scott, Director  
Division of Program Operations

Enclosure

cc: Laura Brauer, DHS



State: Wisconsin

Citation	Condition or Requirement
_____	Amount for maintenance of home is: _____
<u>√</u>	Amount for maintenance of home is the actual maintenance costs not to exceed <u>\$962.77</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.
_____	Amount for maintenance of home is not deductible when countable income is determined under § 1924(d) (1) of the Act.