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State/Territory Name: Wisconsin

State Plan Amendment (SPA) #: 22-0008

This file contains the following documents in the order listed:

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

DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services
601 E. 12th St., Room 355
Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

May 20, 2022

Lisa Olson, Medicaid Director
Division of Medicaid Services
Wisconsin Department of Health Services
1 W. Wilson St.
Madison, Wisconsin 53701

Re: Wisconsin State Plan Amendment (SPA) 22-0008

Dear Ms. Olson:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 22-0008. This amendment adjusts the allowable home maintenance amount for institutionalized beneficiaries based on the 5.9% cost of living adjustment (COLA) for year 2022 effective January 1, 2022.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations 42 CFR 435.725 and 435.832. This letter is to inform you that Wisconsin Medicaid SPA 22-0008 was approved on May 20, 2022, with an effective date of January 1, 2022.

If you have any questions, please contact Mai Le-Yuen at 312.353.2853 or via email at mai.le-yuen@cms.hhs.gov.

Sincerely,



James G. Scott, Director
Division of Program Operations

Enclosures

cc: Baily Dvorak, DHS

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

1. TRANSMITTAL NUMBER:
WI-22-0008

2. STATE
Wisconsin

FOR: HEALTH CARE FINANCING ADMINISTRATION

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
01/01/2022

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) of the Act
42 CFR 435.725 and 435.832**

7. FEDERAL BUDGET IMPACT:

a. FFY 2022 \$0K
b. FFY 2023 \$0K

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 2.6-A, Page 5a.

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION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

Same

10. SUBJECT OF AMENDMENT:

**Modify the maximum amount allowed for the maintenance of a home of institutionalized beneficiaries to
reflect the Social Security Cost of Living Adjustment (COLA)**

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:

16. RETURN TO:

**Autumn Knudtson
Interim State Plan Amendment Coordinator
Division of Medicaid Services
1 W. Wilson St.
P.O. Box 309
Madison, WI 53701-0309**

NAME:

Lisa Olson

14. TITLE:

State Medicaid Director

15. DATE SUBMITTED:

03/30/2022

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

March 30, 2022

18. DATE APPROVED:

May 20, 2022

PLAN APPROVED – ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

January 1, 2022

20. SIGNATURE:

21. TYPED NAME:

James G. Scott

22. TITLE:

Director, Division of Program Operations

23. REMARKS:

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>\$1,020.77.</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.