

Table of Contents

State/Territory Name: Wisconsin

State Plan Amendment (SPA) #: 23-0007

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 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

April 21, 2023

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

Re: Wisconsin State Plan Amendment (SPA) 23-0007

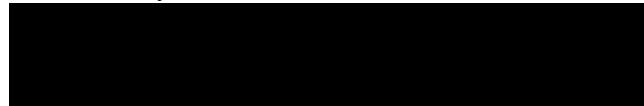
Dear Ms. Kuhn:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 23-0007. This amendment adjusts the home maintenance allowance for the elderly, blind and disabled population based on the cost of living adjustment (COLA) for year 2023.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations at 42 Code of Federal Regulation (CFR) 435.725 and 435.832. This letter is to inform you that Wisconsin Medicaid SPA 23-0007 was approved on April 21, 2023, with an effective date of January 1, 2023.

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

cc: Bailey Dvorak. WI DHS

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER

2 3 — 0 0 0 7

2. STATE

WI

3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL
SECURITY ACT



XIX



XXI

TO: CENTER DIRECTOR
CENTERS FOR MEDICAID & CHIP SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

01/01/23

5. FEDERAL STATUTE/REGULATION CITATION

Sections 1902(a)(10)(A)(ii) of the Act 42 CFR 435.725 and 435.832

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 2023 \$ 0

b. FFY 2024 \$ 0

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 2.6-A, Page 5a

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION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

Same

Supersedes 22-0008

9. SUBJECT OF AMENDMENT

Modify the maximum amount allowed for the maintenance of a home of institutionalized beneficiaries to reflect the Social Security

10. 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:

DocuSigned by:

Nathan Bollhorst

FBF9145644474F3

11. SIGNATURE OF STATE AGENCY OFFICIAL

[Redacted Signature]

12. TYPED NAME

Jamie Kuhn

13. TITLE

Medicaid Director

14. DATE SUBMITTED

03/31/23

15. RETURN TO

Bailey Dvorak
State Plan Amendment Coordinator
Department of Health Services
1 W. Wilson St.
P.O. Box 309
Madison, WI 53701-0309

FOR CMS USE ONLY

16. DATE RECEIVED

3/29/2023

17. DATE APPROVED

April 21, 2023

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL

1/1/2023

19. SIGNATURE OF APPROVING OFFICIAL

[Redacted Signature]

20. TYPED NAME OF APPROVING OFFICIAL

James G. Scott

21. TITLE OF APPROVING OFFICIAL

Director, Division of Program Operations

22. REMARKS

Box 14: There is a discrepancy with the submission date and received date.

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 \$1,093.77.
<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.