## **Table of Contents**

**State/Territory Name: Wisconsin** 

State Plan Amendment (SPA) #: 24-0003

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS Form 179
- 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

June 7, 2024

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

Re: Wisconsin State Plan Amendment (SPA) 24-0003

Dear Director Hanna:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 24-0003 This amendment proposes modify the maximum amount allowed for the maintenance of a home of institutionalized beneficiaries to reflect the Social Security Adjustment (COLA).

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations 42 Code of Federal Regulation (CFR) 435.725(d) and 435.832(d). This letter informs you that Wisconsin Medicaid SPA TN 24-0003 was approved on June 7, 2024, with an effective date of January 1, 2024.

Enclosed are copies of Form CMS-179 and approved SPA pages to be incorporated into the Wisconsin State Plan.

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: Cheryl Jactzak-Glenn

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES  TO: CENTER DIRECTOR CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES  5. FEDERAL STATUTE/REGULATION CITATION Section 1902(a)(10)(A)(ii) of the Social Security Act / 42 CFR 435.725(d) and 435.832(d)  7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 2.6-A page 5a	1. TRANSMITTAL NUMBER  2 4 0 0 0 3 W I  3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL  SECURITY ACT XIX XXI  4. PROPOSED EFFECTIVE DATE  1/1/24  6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)  a FFY 2024 \$ 0 b. FFY 2025 \$ 0  8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  OR ATTACHMENT (If Applicable)  Attachment 2.6-A page 5a (TN WI-23-0007)	
9. SUBJECT OF AMENDMENT  Modify the maximum amount allowed for the maintenance of a hor Cost of Living Adjustment (COLA).	me 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	O OTHER, AS SPECIFIED:	
11. SIGNATURE OF STATE AGENCY OFFICIAL  12. TYPED NAME	15. RETURN TO	
13. TITLE		
14. DATE SUBMITTED		
FOR CMS U	Tree-field account are called 1	
	17. DATE APPROVED	
March 29, 2024  PLAN APPROVED - ON	June 7, 2024	
•	9 SIGN'ATURE OF ARROVING OFFICIAL	
18. EFFECTIVE DATE OF APPROVED MATERIAL	TOVING OFFICIAL	
January 1, 2024		
20. TYPED NAME OF APPROVING OFFICIAL	21. TITLE OF APPROVING OFFICIAL	
James G. Scott	Director, Division of Program Operations	
22. REMARKS		

	State:	Wisconsin
Citation		Condition or Requirement
		Amount for maintenance of home is:
	V	Amount for maintenance of home is the actual maintenance costs not to exceed \$1,122.77.
		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.