

## **Table of Contents**

**State/Territory Name: Wisconsin**

**State Plan Amendment (SPA) #: 24-0014**

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

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November 4, 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) - 24-0014

Dear Director Hanna:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 24-0014. This amendment proposes increase the personal needs allowance from \$45 to \$55 per individual and from \$90 to \$110 per couple.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations at 435.725(c)(1). This letter informs you that Wisconsin Medicaid SPA TN 24-0014 was approved on November 4, 2024, with an effective date of July 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](mailto:Mai.Le-Yuen@cms.hhs.gov).

Sincerely,

James G. Scott, Director  
Division of Program Operations

Enclosures

cc: Alexandra Merfield, DHS

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

1. TRANSMITTAL NUMBER

2 4 — 0 0 1 4

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

July 1, 2024

5. FEDERAL STATUTE/REGULATION CITATION

1902(q)(1)/42 CFR § 435.725(c)(1)

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 2024 \$ 382,962

b. FFY 2025 \$ 1,515,663

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 2.6-A page 4a

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  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

Attachment 2.6-A page 4a (01-007)

9. SUBJECT OF AMENDMENT

As part of the 2023 - 25 Biennial Budget (2023 Wisconsin Act 19), the personal needs allowance was increased from \$45 to \$55 effective July 1, 2024. This SPA increases the personal needs allowance in accordance with that legislation.

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:

Signed by:

Nathan Bollhorst

FDE9145644474F3...

11. SIGNATURE OF STATE AGENCY OFFICIAL

12. TYPED NAME

William Hanna

13. TITLE

Medicaid Director

14. DATE SUBMITTED

9/27/2024

15. RETURN TO

Allie Merfeld  
State Plan Amendment Coordinator  
Department of Health Services  
Division of Medicaid Services  
1 W. Wilson St.  
P.O. Box 309  
Madison, WI 53701-0309

**FOR CMS USE ONLY**

16. DATE RECEIVED

September 27, 2024

17. DATE APPROVED

November 4, 2024

**PLAN APPROVED - ONE COPY ATTACHED**

18. EFFECTIVE DATE OF APPROVED MATERIAL

July 1, 2024

19. SIGNATURE OF APPROVING OFFICIAL

20. TYPED NAME OF APPROVING OFFICIAL

James G. Scott

21. TITLE OF APPROVING OFFICIAL

Director, Division of Program Operations

22. REMARKS

State: Wisconsin

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Citation	Condition or Requirement
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1924 of the Act  
435.725  
435.733  
435.832

2. The following monthly amounts for personal needs are deducted from total monthly income in the application of an institutionalized individual's or couple's income to the cost of institutionalized care:

Personal Needs Allowance (PNA) of not less than \$30 for individuals and \$60 for couples for all institutionalized persons.

- a. Aged, blind, disabled:

Individuals	\$ <u>55</u>
Couples	\$ <u>110</u>

For the following persons with greater need:

Supplement 12 to Attachment 2.6-A describes the greater need; describes the basis or formula for determining the deductible amount when a specific amount is not listed above; lists the criteria to be met; and , where appropriate, identifies the organizational unit which determines that a criterion is met.

- b. AFDC related:

Children	\$ <u>55</u>
Adults	\$ <u>55</u>

For the following persons with greater need:

Supplement 12 to Attachment 2.6-A describes the greater need; describes the basis or formula for determining the deductible amount when a specific amount is not listed above; lists the criteria to be met; and , where appropriate, identifies the organizational unit which determines that a criterion is met.

- c. Individual under age 21 covered in the plan as specified in Item B.7. of Attachment 2.2-A.  
\$ 55