

## **Table of Contents**

**State/Territory Name: WI**

**State Plan Amendment (SPA) #: 25-0006**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) Summary Form (with 179-like data)
- 3) Approved SPA Pages

**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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April 25, 2025

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

Re: Wisconsin State Plan Amendment (SPA) – 25-0006

Dear Director Hanna:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 25-0006. This amendment proposes to modify the maximum amount allowed for the maintenance of a home of institutionalized beneficiaries to reflect the Social Security Cost-of-Living 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's Medicaid SPA TN 25-0006 was approved on April 25, 2025, effective January 1, 2025.

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,

Ruth A. Hughes  
On Behalf of Courtney Miller, MCOG Director

Enclosures

cc: Allie Merfeld, DHS

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

1. TRANSMITTAL NUMBER

2 5 — 0 0 0 6

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

1/1/2025

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 25 \$ 0

b. FFY 26 \$ 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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  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)

Attachment 2.6-A, Page 5a

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:

11. SIGNATURE OF STATE AGENCY OFFICIAL

12. TYPED NAME

Bill Hanna

13. TITLE

Medicaid Director

14. DATE SUBMITTED

3/28/2025

15. RETURN TO

Allie Merfeld

State Plan Coordinator

Division of Medicaid Services

1 W. Wilson St.

Madison, WI 53701-0309

**FOR CMS USE ONLY**

16. DATE RECEIVED

March 28, 2025

17. DATE APPROVED

April 25, 2025

**PLAN APPROVED - ONE COPY ATTACHED**

18. EFFECTIVE DATE OF APPROVED MATERIAL

January 1, 2025

19. SIGNATURE OF APPROVING OFFICIAL

20. TYPED NAME OF APPROVING OFFICIAL

Ruth A. Hughes

21. TITLE OF APPROVING OFFICIAL

On Behalf of Courtney Miller, MCOG Director

22. REMARKS

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 <u>\$1,146.77.</u>
<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.