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State/Territory Name: Wisconsin

State Plan Amendment (SPA) #: 26-0001

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 65106



Medicaid and CHIP Operations Group

May 4, 2026

Amanda Dreyer
Medicaid Director
Wisconsin Department of Health Services
Division of Medicaid Services
201 E. Washington Ave, Room 8300
Madison, WI 53703

Re: Wisconsin State Plan Amendment (SPA) – 26-0001

Dear Director Dreyer:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 26-0001. 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 and 435.832. This letter informs you that Wisconsin's Medicaid SPA TN 26-0001 was approved on May 4, 2026, with an effective date of January 1, 2026.

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 via email at Mai.Le-Yuen@cms.hhs.gov.

Sincerely,

Nicole McKnight
Acting Director, Division of Program Operations

Enclosures

cc: Alexandra Merfeld, DHS

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

1. TRANSMITTAL NUMBER

2 6 — 0 0 0 1

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

1/1/2026

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 26 \$ 0
b. FFY 27 \$ 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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)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 (25-0006)

9. SUBJECT OF AMENDMENT

Making annual cost of living adjustment updates based on SSI Benefit Amount.

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
FBE9145844474F3

11. SIGNATURE OF STATE AGENCY OFFICIAL

15. RETURN TO

12. TYPED NAME
Amanda Dreyer

13. TITLE
Medicaid Director

14. DATE SUBMITTED
3/27/2026

FOR CMS USE ONLY

16. DATE RECEIVED
March 27, 2026

17. DATE APPROVED
May 4, 2026

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL
January 1, 2026

19. SIGNATURE OF APPROVING OFFICIAL

20. TYPED NAME OF APPROVING OFFICIAL

21. TITLE OF APPROVING OFFICIAL

22. 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>\$1,173.77.</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.