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State/Territory Name: Wisconsin

State Plan Amendment (SPA) #: 26-0010-A

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 Pages

WI - Submission Package - WI2026MS0002O - (WI-26-0010-A) - Eligibility

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Medicaid and CHIP Operations Group
601 E. 12th St., Room 355
Kansas City, MO 65106

Center for Medicaid & CHIP Services

August 05, 2026

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

Re: Approval of State Plan Amendment WI-26-0010-A

Dear Director Dreyer:

On June 26, 2026, the Centers for Medicare & Medicaid Services (CMS) received Wisconsin State Plan Amendment (SPA) WI-26-0010-A, in which the state proposed to update income standards for its optional state supplement program, the beneficiaries of which are eligible for Medicaid under Wisconsin's state plan.

We approve Wisconsin State Plan Amendment (SPA) WI-26-0010-A with an effective date(s) of May 01, 2026.

If you have any questions regarding this amendment, please contact Mai Le-Yuen at mai.le-yuen@cms.hhs.gov.

Sincerely,

Mandy L Strom

Acting Deputy, Division of Program Operations

Center for Medicaid & CHIP Services

WI - Submission Package - WI2026MS0002O - (WI-26-0010-A) - Eligibility

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | WI2026MS0002O | WI-26-0010-A

CMS-10434 OMB 0938-1188

Package Header

Package ID WI2026MS0002O
SPA ID WI-26-0010-A
Submission Type Official
Initial Submission Date 6/26/2026
Approval Date 08/05/2026
Effective Date N/A
Superseded SPA ID N/A

State Information

State/Territory Name: Wisconsin
Medicaid Agency Name: Department of Health Services

Submission Component

- (•) State Plan Amendment
- (•) Medicaid
- ( ) CHIP

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | WI2026MS0002O | WI-26-0010-A

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SPA ID and Effective Date

SPA ID WI-26-0010-A

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
Optional Eligibility Groups	5/1/2026	WI-26-0001-A
Optional State Supplement Beneficiaries	5/1/2026	WI-26-0001-A

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | WI2026MS0002O | WI-26-0010-A

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Package ID WI2026MS0002O

SPA ID WI-26-0010-A

Submission Type Official

Initial Submission Date 6/26/2026

Approval Date 08/05/2026

Effective Date N/A

Superseded SPA ID N/A

Executive Summary

Summary Description Including Goals and Objectives This amendment modifies the income limits of the Optional State Supplement Beneficiaries to reflect a recent SSI state supplement increase.

Federal Budget Impact and Statute/Regulation Citation

Federal Budget Impact

	Federal Fiscal Year	Amount
First	2026	$0
Second	2027	$0

Federal Statute / Regulation Citation

Section 1902(a)(10)(A)(ii)(XI) of the Act/ 42 CFR 435.234

Supporting documentation of budget impact is uploaded (optional).

Name	Date Created	
No items available		

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | WI2026MS0002O | WI-26-0010-A

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Submission Type	Official	**Initial Submission Date**	6/26/2026
Approval Date	08/05/2026	**Effective Date**	N/A
Superseded SPA ID	N/A		

Governor's Office Review

- (•) No comment
- ( ) Comments received
- ( ) No response within 45 days
- ( ) Other

PRA Disclosure Statement: Centers for Medicare & Medicaid Services (CMS) collects this mandatory information in accordance with (42 U.S.C. 1396a) and (42 CFR 430.12); which sets forth the authority for the submittal and collection of state plans and plan amendment information in a format defined by CMS for the purpose of improving the state application and federal review processes, improve federal program management of Medicaid programs and Children's Health Insurance Program, and to standardize Medicaid program data which covers basic requirements, and individualized content that reflects the characteristics of the particular state's program. The information will be used to monitor and analyze performance metrics related to the Medicaid and Children's Health Insurance Program in efforts to boost program integrity efforts, improve performance and accountability across the programs. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1188. The time required to complete this information collection is estimated to range from 1 hour to 80 hours per response (see below), including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

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WI - Submission Package - WI2026MS0002O - (WI-26-0010-A) - Eligibility

Medicaid State Plan Eligibility

Optional Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | WI2026MS0002O | WI-26-0010-A

CMS-10434 OMB 0938-1188

Package Header

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System-Derived

A. Options for Coverage

The state provides Medicaid to specified optional groups of individuals.

(•) Yes ( ) No

The optional eligibility groups covered in the state plan are (elections made in this screen may not be comprehensive during the transition period from the paper-based state plan to MACPro):

Families and Adults

Eligibility Group Name		Covered In State Plan	Include RU In Package	Included in Another Submission Package	Source Type
Optional Coverage of Parents and Other Caretaker Relatives		☐	☐	○	NEW
Reasonable Classifications of Individuals under Age 21		☑	☐	○	CONVERTED
Children with Non-IV-E Adoption Assistance		☑	☐	○	CONVERTED
Independent Foster Care Adolescents		☑	☐	○	CONVERTED
Optional Targeted Low Income Children		☑	☐	○	CONVERTED
Individuals above 133% FPL under Age 65		☐	☐	○	NEW
Individuals Needing Treatment for Breast or Cervical Cancer		☑	☐	○	NEW
Individuals Eligible for Family Planning Services		☑	☐	○	CONVERTED
Individuals with Tuberculosis		☑	☐	○	CONVERTED
Individuals Electing COBRA Continuation Coverage		☐	☐	○	NEW

Aged, Blind and Disabled

Eligibility Group Name		Covered In State Plan	Include RU In Package	Included in Another Submission Package	Source Type
Individuals Eligible for but Not Receiving Cash Assistance		☑	☐	○	APPROVED
Individuals Eligible for Cash Except for Institutionalization		☑	☐	○	APPROVED
Individuals Receiving Home and Community-Based Waiver Services under Institutional Rules		☑	☐	○	APPROVED
Optional State Supplement Beneficiaries		☑	☑	○	APPROVED
Individuals in Institutions Eligible under a Special Income Level		☑	☐	○	APPROVED
PACE Participants		☑	☐	○	NEW
Individuals Receiving Hospice		☑	☐	○	NEW
Children under Age 19 with a Disability		☑	☐	○	APPROVED
Age and Disability-Related Poverty Level		☐	☐	○	NEW
Work Incentives		☑	☐	○	APPROVED
Ticket to Work Basic		☐	☐	○	NEW
Ticket to Work Medical Improvements		☐	☐	○	NEW
Family Opportunity Act Children with a Disability		☐	☐	○	NEW
Individuals Receiving State Plan Home and Community-Based Services		☐	☐	○	NEW
Individuals Receiving State Plan Home and Community-Based Services Who Are Otherwise Eligible for HCBS Waivers		☐	☐	○	NEW

Optional Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | WI2026MS0002O | WI-26-0010-A

Package Header

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B. Medically Needy Options for Coverage

The state provides Medicaid to specified groups of individuals who are medically needy.

(•) Yes ( ) No

The medically needy eligibility groups covered in the state plan are:

1. Mandatory Medically Needy:

Families and Adults

Eligibility Group Name		Covered In State Plan	Include RU In Package	Included in Another Submission Package	Source Type
Medically Needy Pregnant Women		☑	☐	○	APPROVED
Medically Needy Children under Age 18		☑	☐	○	APPROVED

Aged, Blind and Disabled

Eligibility Group Name		Covered In State Plan	Include RU In Package	Included in Another Submission Package	Source Type
Protected Medically Needy Individuals Who Were Eligible in 1973		☑	☐	○	NEW

2. Optional Medically Needy:

Families and Adults

Eligibility Group Name		Covered In State Plan	Include RU In Package	Included in Another Submission Package	Source Type
Medically Needy Reasonable Classifications of Individuals under Age 21		☑	☐	○	NEW
Medically Needy Parents and Other Caretaker Relatives		☐	☐	○	NEW

Aged, Blind and Disabled

Eligibility Group Name		Covered In State Plan	Include RU In Package	Included in Another Submission Package	Source Type
Medically Needy Populations Based on Age, Blindness or Disability		☑	☐	○	APPROVED

Optional Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | WI2026MS0002O | WI-26-0010-A

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C. Additional Information (optional)

Eligibility Groups Deselected from Coverage

The following eligibility groups were previously covered in the source approved version of the state plan and deselected from coverage as part of this submission package:

- N/A

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WI - Submission Package - WI2026MS0002O - (WI-26-0010-A) - Eligibility

Medicaid State Plan Eligibility

Eligibility Groups - Options for Coverage

Optional State Supplement Beneficiaries

MEDICAID | Medicaid State Plan | Eligibility | WI2026MS0002O | WI-26-0010-A

Individuals who receive an optional state supplementary payment.

CMS-10434 OMB 0938-1188

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The state covers the Optional State Supplement Beneficiaries eligibility group in accordance with the following provisions:

A. Characteristics

Individuals qualifying under this eligibility group must meet the following criteria:

1. Receive an optional state supplement that meets the conditions described in sections C and D.

2. Except for income, would be eligible for SSI.

3. Do not have gross income exceeding 300% of the SSI Federal Benefit Rate (FBR).

Optional State Supplement Beneficiaries

MEDICAID | Medicaid State Plan | Eligibility | WI2026MS0002O | WI-26-0010-A

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B. Individuals Covered

1. The state covers all individuals who meet the characteristics described in section A.

- (•) Yes
- ( ) No

Optional State Supplement Beneficiaries

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C. Optional State Supplement Program

1. The optional state supplement program is administered:

- ○ a. Solely by the federal government. The state has an agreement with the Social Security Administration under section 1616 of the Act regarding the administration of optional state supplementary payments.
- ○ b. By a combination of federal and state administration. The state has an agreement with the Social Security Administration under section 1616 of the Act regarding the administration of optional state supplementary payments for some classifications of individuals, while state supplementary payments for other classifications of individuals are administered by the state.
- ◉ c. Solely by the state.

2. Payments under the optional state supplement program are:

a. Based on need and paid in cash on a regular basis;

b. Equal to the difference between the individual's countable income and the income standard used to determine eligibility for supplement; and

c. Available to all individuals in each population selected in section B.

Optional State Supplement Beneficiaries

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D. Income Standard of Optional State Supplement Program

1. The income standard for the optional state supplement:

a. Varies by political subdivision.

- ○ Yes
- ◉ No

b. Varies by payment classification.

- ○ Yes
- ◉ No

Income Standard

Individual	Couple
$1086.16	$1636.26

Optional State Supplement Beneficiaries

MEDICAID | Medicaid State Plan | Eligibility | WI2026MS0002O | WI-26-0010-A

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E. Additional Information (optional)

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