Table of Contents

State/Territory Name: Wisconsin

State Plan Amendment (SPA) #: 26-0010

This file contains the following documents in the order listed:

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
601 E. 12th St., Room 355
Kansas City, Missouri 65106

CENTERS FOR MEDICARE & MEDICAID SERVICES
CENTER FOR MEDICAID & CHIP SERVICES

Medicaid and CHIP Operations Group

July 17, 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) – 26-0010

Dear Director Dreyer:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 26-0010. 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 26-0010 was approved on July 17, 2026, with an effective date of May 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

DEPARTMENT OF HEALTH ANDHUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

FORM APPROVED
OMB No. 0938-0193

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL

FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES

1. TRANSMITTAL NUMBER: 26 — 0010

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
5/1/2026

5. FEDERAL STATUTE/REGULATION CITATION
Sections 1902(a)(10)(A)(ii) of the Act; 42 CFR 435.234

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
MACPro accompaniment (as 26-0010-A)

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT *(If Applicable)*
Attachment 2.6-A Page 5a (26-0001)

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 Bellhorst
FBE0145644474F3...

11. SIGNATURE OF STATE AGENCY

12. TYPED NAME
Amanda Dreyer

13. TITLE
Medicaid Director

14. DATE SUBMITTED
6/26/2026

15. RETURN TO
Allie Merfeld
State Plan Amendment Coordinator
Department of Health Services
201 East Washington Ave
Room B300
Madison, WI 53701-0309

FOR CMS USE ONLY

16. DATE RECEIVED
June 26, 2026

17. DATE APPROVED
July 17, 2026

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL
May 1, 2026

19. SIGNATURE OF APPROVING OFFICIAL

20. TYPED NAME OF APPROVING OFFICIAL

21. TITLE OF APPROVING OFFICIAL

22. REMARKS

Instructions on Back

State: Wisconsin

Citation	Condition or Requirement
	____ Amount for maintenance of home is: _____
	√ Amount for maintenance of home is the actual maintenance costs not to exceed $1,191.75.
	____ 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.