

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL**

1. TRANSMITTAL NUMBER:  
12-002

2. STATE  
Wisconsin

**FOR: HEALTH CARE FINANCING ADMINISTRATION**

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE  
SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR  
HEALTH CARE FINANCING ADMINISTRATION  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE  
01/01/2012

5. TYPE OF PLAN MATERIAL (Check One):

- NEW STATE PLAN
- AMENDMENT TO BE CONSIDERED AS NEW PLAN
- AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:  
Sections 1902(a)(10)(A)(ii) SSA  
42 CFR 435.725 and 435.832

7. FEDERAL BUDGET IMPACT:  
a. FFY 2012 ..... \$0K  
b. FFY 2013 ..... \$0K

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  
  
Attachment 2.6-A, Page 5a. ....  
Attachment 2.6-A, Supplement 1, Page 4a. ....  
Attachment 2.6-A, Supplement 6, Page 1. ....  
Attachment 2.6-A, Supplement 14, Page 1. ....

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT (If Applicable):  
Same  
Same  
Same  
Same

10. SUBJECT OF AMENDMENT:

Cost of living adjustments for eligibility requirements.

11. 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:

12. SIGNATURE OF STATE AGENCY OFFICIAL:

16. RETURN TO:  
Brett Davis  
State Medicaid Director  
Division of Health Care Access and Accountability  
1 W. Wilson St.  
P.O. Box 309  
Madison, WI 53701-0309

13. TYPED NAME:  
Brett Davis

14. TITLE:  
State Medicaid Director

15. DATE SUBMITTED: 3/26/12 March 30, 2012

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED:  
March 26, 2012

18. DATE APPROVED: 6/25/12

**PLAN APPROVED - ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL:  
January 1, 2012

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:  
Alan Freund

22. TITLE:  
Acting Associate Regional Administrator

23. REMARKS: