

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL	1. TRANSMITTAL NUMBER: 13-001	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 01/01/2013	

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 2013 \$OK b. FFY 2014 \$OK
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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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>): Same Same Same Same
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10. SUBJECT OF AMENDMENT:


Cost of living adjustments for eligibility requirements.

11. GOVERNOR'S REVIEW (*Check One*):

GOVERNOR'S OFFICE REPORTED NO COMMENT OTHER, AS SPECIFIED:
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

Melissa Ganger

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: March 26, 2013	

FOR REGIONAL OFFICE USE ONLY	
17. DATE RECEIVED: March 26, 2013	18. DATE APPROVED: April 30, 2013
PLAN APPROVED - ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL: January 1, 2013	20. SIGNATURE OF REGIONAL OFFICIAL: 
21. TYPED NAME: Alan Freund	22. TITLE: Acting Associate Regional Administrator

23. REMARKS: