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State/Territory Name: WI

State Plan Amendment (SPA) #: 14-007

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

June 25, 2014

Marlia Mattke, Associate Deputy Administrator
Division of Health Care Access and Accountability
Wisconsin Department of Health Services
1 West Wilson Street
P. O. Box 309
Madison, Wisconsin 53701-0309

Dear Ms. Mattke:

Enclosed for your records is an approved copy of the following State Plan Amendment:

Transmittal #14-007	--Cost of Living Adjustments for Eligibility Requirements
	--Effective Jan. 1, 2014

If you have any additional questions, please have a member of your staff contact Charles Friedrich at (608) 441-5344 or Charles.Friedrich@cms.hhs.gov.

Sincerely,

/s/

Verlon Johnson
Associate Regional Administrator
Division of Medicaid & Children's Health Operations

Enclosure

cc: Al Matano, Wisconsin Department of Health Services

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL	1. TRANSMITTAL NUMBER: 14-007	2. STATE Wisconsin
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
FOR: HEALTH CARE FINANCING ADMINISTRATION	4. PROPOSED EFFECTIVE DATE 01/01/2014	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		

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 2014 \$0K b. FFY 2015 \$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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Same Same Same Same (CF)

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: Kevin Moore Deputy Secretary Department of Health Services 1 W. Wilson St. P.O. Box 309 Madison, WI 53701-0309
13. TYPED NAME: Kevin Moore	
14. TITLE: Deputy Secretary	
15. DATE SUBMITTED: March 27 2014	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: March 27, 2014	18. DATE APPROVED: June 25, 2014
PLAN APPROVED - ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL: January 1, 2014	20. SIGNATURE OF REGIONAL OFFICIAL:
21. TYPED NAME: Verlon Johnson	22. TITLE: Associate Regional Administrator

23. 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>\$900.77</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.

TN No. 14-007
Supersedes
TN No. 13-001

Approval Date 6/25/14

Effective Date: 01/01/2014

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Wisconsin

B. OPTIONAL CATEGORICALLY NEEDY GROUPS WITH INCOMES RELATED TO THE
SUPPLEMENTAL SECURITY INCOME (SSI) FEDERAL BENEFIT RATE

1. SSI-Related Groups Other Than Poverty Level Aged and Disabled Individuals:

1. \$564.45
(+ actual shelter up to \$240.33)
2. \$853.38
(+ actual shelter up to \$360.67)

SUPPLEMENT 6 TO
ATTACHMENT 2.6-A

State: Wisconsin

Standards for Optional State Supplementary Payments

Payment Category (Reasonable Classification)	Administered By				Income Level		Income Disregards Employed
	Federal	State	Gross Person	Couple	Person	Net Couple	
Aged	X		\$1,500.00		\$804.78		
Blind	X		\$1,500.00		\$804.78		
Disabled	X		\$1,500.00		\$804.78		
Aged and Aged Spouse	X			\$3,000.00		\$1,214.05	
Disabled and Disabled Spouse	X			\$3,000.00		\$1,214.05	
Aged and Blind Spouse	X			\$3,000.00		\$1,214.05	
Aged and Disabled Spouse	X			\$3,000.00		\$1,214.05	
Blind and Disabled Spouse	X			\$3,000.00		\$1,214.05	