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State/Territory Name: Wisconsin

State Plan Amendment (SPA) #: 18-0001

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form
- 3) Approved SPA Pages

Department of Health & Human Services
Centers for Medicare & Medicaid Services
233 North Michigan Avenue, Suite 600
Chicago, Illinois 60601-5519



June 7, 2018

Heather K. Smith, Medicaid Director
Division of Medicaid Services
Department of Health Services
1 West Wilson Street, Room 350
Madison, WI 53702

ATTN: Al Matano, SPA Coordinator

RE: Transmittal Number (TN) 18-0001

Dear Ms. Smith:

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

Social Security Cost of Living Adjustment

Effective Date: January 1, 2018

Approval date: May 23, 2018

If you have any questions, please have a member of your staff contact Mai Le-Yuen at (312) 353-2853 or by email at mai.le-yuen@cms.hhs.gov.

Sincerely,

/s/

Ruth A. Hughes
Associate Regional Administrator
Division of Medicaid and Children's Health Operations

Enclosure

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

1. TRANSMITTAL NUMBER:
18-0001

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
01/01/2018

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 2018 \$0K
 b. FFY 2019 \$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.

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION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

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:

13. TYPED NAME:
Heather K. Smith

14. TITLE:
State Medicaid Director

15. DATE SUBMITTED:
March 27, 2018

16. RETURN TO:

Heather K. Smith
 State Medicaid Director
 Division of Health Care Access and Accountability
 1 W. Wilson St.
 P.O. Box 309
 Madison, WI 53701-0309

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:
March 27, 2018

18. DATE APPROVED:
May 23, 2018

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:
January 1, 2018

20. SIGNATURE OF REGIONAL OFFICIAL:
/s/

21. TYPED NAME:
Ruth A. Hughes

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 \$929.77.
_____	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.

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. \$583.78
(+ actual shelter up to \$250.00)
2. \$882.05
(+ actual shelter up to \$375.00)

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	Gross		Net		
		State	Person	Couple	Person	
Aged	X	\$1,500.00			\$833.78	
Blind	X	\$1,500.00			\$833.78	
Disabled	X	\$1,500.00			\$833.78	
Aged and Aged Spouse	X		\$3,000.00			\$1,257.05
Disabled and Disabled Spouse	X		\$3,000.00			\$1,257.05
Aged and Blind Spouse	X		\$3,000.00			\$1,257.05
Aged and Disabled Spouse	X		\$3,000.00			\$1,257.05
Blind and Disabled Spouse	X		\$3,000.00			\$1,257.05