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State/Territory Name: Wisconsin

State Plan Amendment (SPA) #: 19-0010

This file contains the following documents in the order listed:

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

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
233 N. Michigan Avenue, Suite 600
Chicago, Illinois 60601-5519



Regional Operations Group

July 16, 2019

James Jones, Medicaid Director
Division of Medicaid Services
Department of Health Services
1 West Wilson Street, Room 350
Madison, WI 53702

ATTN: Laura Brauer, State Plan Amendment Coordinator

RE: Transmittal Number (TN) 19-0010

Dear Mr. Jones:

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

SPA TN 19-0010 - Cost of Living Adjustment for Home Maintenance Deduction
 - Effective Date: April 1, 2019
 - Approval date: July 12, 2019

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
Deputy Director
Center for Medicaid and CHIP Services
Regional Operations Group

Enclosure

cc: Gina Anderson, DHS
 Laura Brauer, DHS

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

1. TRANSMITTAL NUMBER
19-0010

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
04/01/2019

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 2019 **\$ 0K**
b. FFY 2020 **\$ 0K**

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

**Attachment 2.6-A, Page 5a
None**

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION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

**Same
Attachment 2.6-A, Supplement 1, Page 4a**

10. SUBJECT OF AMENDMENT

Cost of living adjustment for home maintenance deduction.

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

Jim Jones

14. TITLE

State Medicaid Director

15. DATE SUBMITTED

6/28/2019

16. RETURN TO

**Laura Brauer
State Plan Amendment Coordinator
Department of Health Services
1 W. Wilson St.
P.O. Box 309
Madison, WI 53701-0309**

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

June 28, 2019

18. DATE APPROVED:

July 12, 2019

PLAN APPROVED – ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

April 1, 2019

20. SIGNATURE OF REGIONAL OFFICIAL:

/s/

21. TYPED NAME:

Ruth A. Hughes

22. TITLE:

Deputy Director

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>\$950.77</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.