

## **Table of Contents**

**State/Territory Name: WI**

**State Plan Amendment (SPA) #: 16-0003**

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



---

August 23, 2016

Kevin E. Moore  
Medicaid Director  
Division of Health Care Access and Accountability  
Wisconsin Department of Health Services  
1 West Wilson Street  
P.O. Box 309  
Madison, WI 53701-0309

ATTN: Al Matano, SPA Coordinator

Dear Mr. Moore:

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

Transmittal #16-0003

- Licensed Midwife Services
- Effective Date: January 1, 2017

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

Sincerely,

/s/

Alan Freund  
Acting Associate Regional Administrator  
Division of Medicaid and Children's Health Operations

Enclosure

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

**FOR: HEALTH CARE FINANCING ADMINISTRATION**

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

1. TRANSMITTAL NUMBER:  
16-0003

2. STATE  
Wisconsin

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

4. PROPOSED EFFECTIVE DATE  
01/01/2017

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:  
42 CFR section 440.60

7. FEDERAL BUDGET IMPACT:  
a. FFY 2017 ..... \$0K  
b. FFY 2018 ..... \$0K

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 3.1-A page 4.ff. ....  
Attachment 3.1-B page 3.ff. ....  
Attachment 4.19-B page 15.a. ....  
18.a.

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  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

~~Same~~ New  
~~Same~~ New  
~~Same~~ New

10. SUBJECT OF AMENDMENT:

Licensed midwife services

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:

Kevin E. Moore

14. TITLE:

State Medicaid Director

15. DATE SUBMITTED:

June 29, 2016

16. RETURN TO:

Kevin E. Moore  
State Medicaid Director  
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 29, 2016

18. DATE APPROVED:

August 23, 2016

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

January 1, 2017

20. SIGNATURE OF REGIONAL OFFICIAL:

/s/

21. TYPED NAME:

Alan Freund

22. TITLE:

Acting Associate Regional Administrator

23. REMARKS:

State: Wisconsin

6.d. Other Practitioners, continued

Certified Professional Midwife services.

Certified professional midwife services are a covered service when provided by a qualified provider who has been granted a license under section 440.982 of the Wisconsin Statutes to engage in the practice of midwifery. "Practice of midwifery" means providing maternity care during the antepartum, intrapartum, and postpartum periods.

State: Wisconsin

6.d. Other Practitioners, continued

Certified Professional Midwife services.

Certified professional midwife services are a covered service when provided by a qualified provider who has been granted a license under section 440.982 of the Wisconsin Statutes to engage in the practice of midwifery. "Practice of midwifery" means providing maternity care during the antepartum, intrapartum, and postpartum periods.

State: Wisconsin

18. Other licensed practitioners, continued

Certified Professional Midwife services.

Payments for certified professional midwife services are equal to the lower of the submitted charge or the appropriate maximum fee from the Wisconsin Department of Health Services Fee Schedule. The agency's fee schedule rate was set as of January 1, 2017 and is effective for services provided on or after that date. All rates are published on the Department of Health Services Forward Health website at <https://www.forwardhealth.wi.gov/WIPortal/Subsystem/Publications/MaxFeeHome.aspx>.