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State/Territory Name: Wisconsin

State Plan Amendment (SPA) #: 16-0011

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

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



December 15, 2016

Michael Heifetz, Medicaid Director
Division of Health Care Access and Accountability
Department of Health Services
1 West Wilson Street, Room 350
Madison, WI 53702

ATTN: Al Matano

Dear Mr. Heifetz:

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

Transmittal #16-0011

- Hospice Services
- Effective Date: October 1, 2016

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.

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**

FOR: HEALTH CARE FINANCING ADMINISTRATION

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

1. TRANSMITTAL NUMBER:
16-0011

2. STATE
Wisconsin

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

4. PROPOSED EFFECTIVE DATE
10/01/2016

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 Part 418

7. FEDERAL BUDGET IMPACT:

a. FFY 2017 \$0K
b. FFY 2018 \$0K

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 4.19-B page 8.
Attachment 4.19-B page 8.a.

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION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

Same
New

10. SUBJECT OF AMENDMENT:

Hospice 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:

09/28/2016

9/22/16

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:

September 28, 2016

18. DATE APPROVED:

December 15, 2016

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

October 1, 2016

20. SIGNATURE OF REGIONAL OFFICIAL:

/s/

21. TYPED NAME:

Ruth A. Hughes

22. TITLE:

Associate Regional Administrator

23. REMARKS:

State: Wisconsin

10. Case Management Services
All Other Target Populations

Providers are reimbursed at a uniform statewide contracted hourly rate for each hour of allowable assessment, case planning, or ongoing monitoring services. The rate is based on the statewide average rate for a social worker with annual increases based on the Consumer Price Index.

Effective 7-1-93

11. Home Health Services

The maximum fee schedule is based on the Medicare cost reports filed with the fiscal intermediary, Blue Cross/Blue Shield United of Wisconsin by each home health agency. The fiscal intermediary took the cost per visit from the settled Medicare cost reports for state fiscal year 1990 and brought these costs to the common period of June 30, 1990. The costs were further adjusted for inflation to 1992. These rates were arrayed by discipline from high to low. A maximum fee per visit, per discipline was set so that 58% of the certified home health agencies have their Medicaid costs met.

Eff. 6-29-96 Payments will be made at the lesser of usual and customary agency charges, or maximum allowable fees. These rates include travel, recordkeeping, RN supervision and other administrative costs as well as direct care expenses. In comparing established rates-per-visit to inflated costs, it is anticipated that some agencies may receive reimbursement equal to or exceeding their individual anticipated costs per discipline. It should be noted that at no time will an agency be reimbursed more than its usual and customary fee or the WMAP maximum rate, whichever is less.

State: Wisconsin

12. Hospice Care Services

Hospice services are reimbursed at the rates published by the federal Centers for Medicare and Medicaid Services at 42 CFR Part 418 Subpart G, as updated by annual Federal Register notices. Additionally, the rates are adjusted for regional differences in wages using the hospice wage index published by CMS.

This rate schedule provides rates for each of the four levels of hospice care, with the exception of payment for physician services.

Medicaid reimbursement for hospice services will be made at one of six (6) predetermined rates for each day in which a Medicaid members is under the care of the hospice provider. The reimbursement amounts are determined within each of the following categories:

1. Routine home care where most hospice care is provided-Days 1-60.
2. Routine home care where most hospice care is provided-Days over 60.
3. Continuous home care which is furnished during a period of crisis and primarily consists of nursing care to achieve palliation and management of acute medical symptoms.
4. Inpatient respite care which is short-term care and intended to relieve family members or others caring for the individual.
5. General inpatient hospice care which is short term and intended for pain control or acute or chronic symptom management which cannot be provided in other settings.
6. Service Intensity Add-on (SIA), effective for hospice services with dates of service on or after January 1, 2016, will be made for a visit by a social worker or a registered nurse (RN), when provided during routine home care provided in the last 7 days of a Medicaid member's life. The SIA payment is in addition to the routine home care rate. The SIA Medicaid reimbursement will be equal to the Continuous Home Care hourly payment rate (as calculated annually by CMS), multiplied by the amount of direct patient care hours provided by an RN or social worker for up to four (4) hours total that occurred on the day of service, and adjusted by the appropriate hospice wage index published by CMS.

Hospice nursing facility room and board per diem rates are reimbursed to the hospice provider at a rate equal to 95% of the skilled nursing facility rate, less any Post Eligibility Treatment of Income (PETI) amount, for Medicaid clients who are receiving hospice services. The hospice provider is responsible for passing the room and board payment through to the nursing facility.

For each hospice, the total number of inpatient days (both for general inpatient care and inpatient respite care) must not exceed 20 percent of the aggregate total number of days of hospice care provided to all Medicaid members enrolled in the hospice during the same period, beginning with services rendered November 1 or each year and ending October 31 or the next year.