

## **Table of Contents**

**State/Territory: Wisconsin**

**State Plan Amendment (SPA)#: 19-0015**

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  
601 East 12th Street, Suite 0300  
Kansas City, Missouri 64106-2898



Medicaid and CHIP Operations Group

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February 5, 2020

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

ATTN: Laura Brauer, SPA Coordinator

RE: Transmittal Number (TN) 19-0015

Dear Mr. Jones:

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

- SPA TN 19-0015: - Partnership Program Covered Outpatient and Prescription Drug Carve-Out
- Effective Date: January 1, 2020
  - Approval date: January 31, 2020

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](mailto:mai.le-yuen@cms.hhs.gov).

Sincerely,

A solid black rectangular box redacting the signature of James G. Scott.

James G. Scott, Director  
Division of Program Operations

Enclosure

cc: Laura Brauer, DHS

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

1. TRANSMITTAL NUMBER  
**19-0015**

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  
**01/01/2020**

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 1932(a)(5)(D)(b), 1903(m), and 1905(t)(3) SSA**

7. FEDERAL BUDGET IMPACT  
a. FFY 2020                      **\$6,292K**  
b. FFY 2021                      **\$6,607K**

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT  
**Attachment 3.1-F, Pages 23**

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  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

10. SUBJECT OF AMENDMENT  
**Partnership Program Covered Outpatient and Prescription Drug Carve-Out**

11. GOVERNOR'S REVIEW (*Check One*)  
 GOVERNOR'S OFFICE REPORTED NO COMMENT                       OTHER, AS SPECIFIED  
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED  
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL

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**

13. TYPED NAME

**Jim Jones**

14. TITLE

**State Medicaid Director**

15. DATE SUBMITTED

**12/20/2019**

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED:  
12/20/2019

18. DATE APPROVED:  
01/31/2020

**PLAN APPROVED – ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL:  
01/01/2020

20. SIGNATURE OF REGIONAL OFFICIAL:  
**[Redacted]**  
Digitally signed by James G. Scott -S  
Date: 2020.01.31 08:42:18 -06'00'

21. TYPED NAME:  
James G. Scott

22. TITLE:  
Director, Division of Program Operations

23. REMARKS:

Citation	Condition or Requirement
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- |                  |   |
|------------------|---|
| 42 CFR 438.56(g) | c. <input type="checkbox"/> The state applies the automatic reenrollment provision in accordance with 42 CFR 438.56(g) if the recipient is disenrolled solely because he or she loses Medicaid eligibility for a period of 2 months or less.<br><input checked="" type="checkbox"/> This provision is not applicable to this 1932 State Plan Amendment. |
| 42 CFR 438.71    | d. <input checked="" type="checkbox"/> The state assures that all applicable requirements of 42 CFR 438.71 regarding developing and implementing a beneficiary support system that provides support to beneficiaries both prior to and after MCO, PCCM, or PCCM entity enrollment will be met.  |

G. Disenrollment.

- |                             |  |
|-----------------------------|--|
| 1932(a)(4)<br>42 CFR 438.56 | 1. The state will <input type="checkbox"/> / will not <input checked="" type="checkbox"/> limit disenrollment for managed care.<br>2. The disenrollment limitation will apply for _____ (up to 12 months).<br>3. <input checked="" type="checkbox"/> The state assures that beneficiary requests for disenrollment (with and without cause) will be permitted in accordance with 42 CFR 438.56.<br>4. Describe the state's process for notifying the Medicaid beneficiaries of their right to disenroll without cause during the 90 days following the date of their initial enrollment into the MCO, PCCM, or PCCM entity. ( <i>Examples: state generated correspondence, enrollment packets, etc.</i> )<br><b>Members can request disenrollment from Family Care Partnership at any time without cause, not only during the first 90 days after enrollment. The SMA sends all members an annual notice informing them of their right to disenroll, explaining how to do so and how to learn about other program options for long-term care and medical care.</b> |
|-----------------------------|--|

5. Describe any additional circumstances of “cause” for disenrollment (if any).

H. Information Requirements for Beneficiaries.

- |   |   |
|---|---|
| 1932(a)(5)(c)<br>42 CFR 438.50<br>42 CFR 438.10 | <input checked="" type="checkbox"/> The state assures that its state plan program is in compliance with 42 CFR 438.10 for information requirements specific to MCOs, PCCMs, and PCCM entity programs operated under section 1932(a)(1)(A)(i) state plan amendments. |
|---|---|

I. List all benefits for which the MCO is responsible.

- |   |   |
|---|---|
| 1932(a)(5)(D)(b)<br>1903(m)<br>1905(t)(3) | <b>Family Care-Partnership MCOs provide all medically necessary services identified in Attachment 3.1A Supplement 1, with the following exceptions as these services are provided FFS:</b> <ul style="list-style-type: none"> <li>• Behavioral treatment services</li> <li>• Comprehensive community services</li> <li>• Community recovery services</li> <li>• Prenatal care coordination</li> <li>• School-based services</li> <li>• Medication therapy management</li> <li>• Tuberculosis-related services</li> <li>• Covered outpatient drugs that are not reimbursable as part of the rate paid for a physician office visit or a stay in a hospital or nursing home</li> <li>• Prescription drugs administered by a physician as part of a physician office visit or incident to a physician's service</li> </ul> |
|---|---|

**The Family Care-Partnership MCO is also responsible for providing medically**