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State/Territory: Wisconsin

State Plan Amendment (SPA)#: 19-0016

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 E. 12th St., Room 355
Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

March 2, 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) 19-0016

Dear Mr. Jones:

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

- SPA TN 19-0016: - Personal Care Services Maximum Allowable Fee
- Effective Date: January 1, 2020
 - Approval date: March 2, 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.

Sincerely,

/s/

Todd McMillion, Director
Division of Reimbursement Review

Enclosure

cc: Laura Brauer, DHS

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL	1. TRANSMITTAL NUMBER 19-0016	2. STATE Wisconsin
	3. PROGRAM IDENTIFICATION: Title XIX Of The Social Security Act (Medicaid)	
FOR: HEALTH CARE FINANCING ADMINISTRATION	4. PROPOSED EFFECTIVE DATE 01/01/2020	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		

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 1905(a)(24), 42 CFR 440.167	7. FEDERAL BUDGET IMPACT a. FFY 2020 \$26,301K b. FFY 2021 \$36,798K
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 4.19-B p. 16.h-11.....	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>) Same

10. SUBJECT OF AMENDMENT
Personal care services maximum allowable fee modification

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: December 20, 2019	18. DATE APPROVED: 3/2/20
PLAN APPROVED – ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL: 1/1/20	20. SIGNATURE OF REGIONAL OFFICIAL: /s/
21. TYPED NAME: Todd McMillion	22. TITLE: Director, Division of Reimbursement Review

23. REMARKS:

State: Wisconsin

41. Personal Care Services

The Department establishes maximum allowable fees for personal care services. Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of personal care services.

The agency's fee schedule rates were set as of January 1, 2020 and are effective for services provided on or after that date. All rates are published on the Wisconsin ForwardHealth website:

<https://www.forwardhealth.wi.gov/WIPortal/Subsystem/Publications/MaxFeeHome.aspx>

For each covered service, the Department shall pay the lesser of a provider's usual and customary charge or the maximum fee established by the Department.