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State/Territory: Wisconsin

State Plan Amendment (SPA)#: 20-0012

This file contains the following documents in the order listed:

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

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
601 East 12th Street, Suite 355
Kansas City, Missouri 64106-2898



Medicaid and CHIP Operations Group

July 30, 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) 20-0012

Dear Mr. Jones:

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

- SPA TN 20-0012: - Electronic Visit Verification
- Effective Date: April 30, 2020
 - Approval date: July 29, 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,

A black rectangular redaction box covers 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 WI-20-0012	2. STATE Wisconsin
	3. PROGRAM IDENTIFICATION: Title XIX Of The Social Security Act (Medicaid)	
FOR: HEALTH CARE FINANCING ADMINISTRATION	4. PROPOSED EFFECTIVE DATE 04/30/2020	
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 S. 1903(l) of the Act	7. FEDERAL BUDGET IMPACT a. FFY 2019 \$0 b. FFY 2020 \$0
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8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 3.1-A pages 3, 9..... Attachment 3.1-B pages 3, 8.....	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Attachment 3.1-A, pages 3, 9 Attachment 3.1-B, pages 3, 8
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10. SUBJECT OF AMENDMENT
Electronic visit verification system

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

DocuSigned by: [Redacted] 5/29/2020

12. SIGNATURE OF STATE AGENCY OFFICIAL DocuSigned by: [Redacted]	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 6/30/2020	

FOR REGIONAL OFFICE USE ONLY	
17. DATE RECEIVED: 6/30/2020	18. DATE APPROVED: 7/29/2020

PLAN APPROVED – ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL: 4/30/2020	20. SIGNATURE OF REGIONAL OFFICIAL: [Redacted]
21. TYPED NAME: James G. Scott	22. TITLE: Director, Division of Program Operations

23. REMARKS:

AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

- b. Optometrists' services.
c. Chiropractors' services.
d. Other practitioners' services.

7. Home health services.

- a. Intermittent or part-time nursing services provided by a home health agency or by a registered nurse when no home health agency exists in the area.
b. Home health aide services provided by a home health agency.
c. Medical supplies, equipment, and appliances suitable for use in the home.

Electronic Visit Verification System. The state will comply with the Electronic Visit Verification System (EVV) requirements for home health services by January 1, 2023 in accordance with section 12006 of the 21st Century CURES Act.

*Description provided on attachment.

AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

24. Any other medical care and any other type of remedial care recognized under State law, specified by the Secretary.

a. Transportation.

Provided: No limitations With limitations*

Not provided.

b. Services of Christian Science nurses.

Provided: No limitations With limitations*

Not provided.

c. Care and services provided in Christian Science sanatoria.

Provided: No limitations With limitations*

Not provided.

d. Nursing facility services for patients under 21 years of age.

Provided: No limitations With limitations*

Not provided.

e. Emergency hospital services.

Provided: No limitations With limitations*

Not provided.

f. Personal care services in recipient's home, prescribed in accordance with a plan of treatment and provided by a qualified person under supervision of a registered nurse.

Provided: No limitations With limitations*

Not provided.

Electronic Visit Verification System. The state will comply with the Electronic Visit Verification System (EVV) requirements for personal care services (PCS) by January 1, 2021 in accordance with section 12006 of the 21st Century CURES Act.

*Description provided on attachment.

State: Wisconsin

AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED
MEDICALLY NEEDY GROUP(S): ALL

6. Medical care and-any other type of remedial care recognized under State law, furnished by licensed practitioners within the scope of their practice as defined by State law.
- a. Podiatrists' Services - Effective 7-1-90
 Provided: No limitations With limitations*
- b. Optometrists' Services
 Provided: No limitations With limitations*
- c. Chiropractors' Services
 Provided: No limitations With limitations*
- d. Other Practitioners' Services - Effective 7-1-90
 Provided: No limitations With limitations*
7. Home Health Services
- a. Intermittent or part-time nursing service provided by a home health agency or by a registered nurse when no home health agency exists in the area.
 Provided: No limitations With limitations*
- b. Home health aide services provided by a home health agency.
 Provided: No limitations With limitations*
- c. Medical supplies, equipment, and appliances suitable for use in the home.
 Provided: No limitations With limitations*

Electronic Visit Verification System. The state will comply with the Electronic Visit Verification System (EVV) requirements for home health services by January 1, 2023 in accordance with section 12006 of the 21st Century CURES Act.

*Description provided on attachment.

TN # 20-0012
Supersedes
TN # 90-0023

Approval Date: 07/29/2020

Effective Date: 04/30/2020

State: Wisconsin

AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED
MEDICALLY NEEDY GROUP(S): ALL

22. Respiratory care services (in accordance with section 1902(e)(9)(A) through (C) of the Act).

Provided: No limitations With limitations*
 Not provided. Eff. 8-9-89

23. Any other medical care and any other type of remedial care recognized under State law, specified by the Secretary.

a. Transportation.

Provided: No limitations With limitations*

b. Services of Christian Science nurses.

Provided: No limitations With limitations*

c. Care and services provided in Christian Science sanatoria.

Provided: No limitations With limitations*

d. Skilled nursing facility services provided for patients under 21 years of age.

Provided: No limitations With limitations*

e. Emergency-hospital services.

Provided: No limitations With limitations*

f. Personal care services in recipient's home, prescribed in accordance with a plan of treatment and furnished by a qualified person under supervision of a registered nurse.

Provided: No limitations With limitations*

Electronic Visit Verification System. The state will comply with the Electronic Visit Verification System (EVV) requirements for personal care services (PCS) by January 1, 2021 in accordance with section 12006 of the 21st Century CURES Act.

*Description provided on attachment.

TN # 20-0012

Supersedes

TN # 90-0027

Approval Date: 07/29/2020Effective Date: 04/30/2020