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State/Territory Name: Wisconsin

State Plan Amendment (SPA) #: 23-0002-A

This file contains the following documents in the order listed:

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

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 3, 2025

William Hanna
Medicaid Director
Wisconsin Department of Health Services
1 W. Wilson Street
Madison, WI 53701

Re: Wisconsin State Plan Amendment (SPA) – 23-0002-A

Dear Director Hanna:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 23-0002-A. This amendment proposes to add other licensed practitioner coverage for ground emergency medical providers who provide treatment at the scene.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations at 42 Code of Federal Regulation (CFR) 440.60. This letter informs you that Wisconsin Medicaid SPA TN 23-0002-A was approved on February 28, 2025, effective January 1, 2023.

Enclosed are copies of Form CMS-179 and approved SPA pages to be incorporated into the Wisconsin State Plan.

If you have any questions, please contact Mai Le-Yuen at (312) 353-2853 or via email at mai.le-yuen@cms.hhs.gov.

Sincerely,

Ruth A. Hughes, Acting Director
Division of Program Operations

Enclosures

cc: Alexandra Merfeld, DHS

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 3, 2025

William Hanna
Medicaid Director
Wisconsin Department of Health Services
1 W. Wilson Street
Madison, WI 53701

Re: Wisconsin State Plan Amendment (SPA) Transmittal Number WI-23-0002-A.

Dear Director Hanna:

This letter is being sent as a companion to the Centers for Medicare & Medicaid (CMS) approval of Wisconsin State Plan Amendment (SPA) Transmittal Number 23-0002-A, which made changes to the Wisconsin Medicaid State Plan regarding other licensed practitioner services. This amendment was submitted on March 29, 2023, with an effective date of January 01, 2023.

As a part of the review of the proposed changes to item 6.e. "Other Practitioners" located on the submitted coverage page of WI-23-0002 Attachment 3.1-A Supplement 1 Page 4.ff, we also reviewed the coverage provisions for item 7.c. "Medical Supplies and Equipment" that appear on the same page, and have determined that the coverage provisions for item 7.c. are not consistent with Medicaid statutory and regulatory requirements of 1905(r) regarding early and periodic screening, diagnostic, and treatment (EPSDT) services, 42 C. F.R. § 440.70 for home health services, and 42 C. F.R. § 430.10 requiring state plans to be comprehensive written statements describing the nature and scope of a state's Medicaid program and requiring that state plans contain all information necessary for CMS to determine whether the plans can be approved to serve as the basis for Federal financial participation (FFP). In order to comply with the aforementioned statutory and regulatory provisions, the State must amend its approved State plan to include the following information to comprehensively describe the home health benefit.

1. Attachment 3.1-A Supplement 1 Page 4a and Attachment 3.1-B Supplement 1 Page 3.a (home health pages) and Attachment 3.1-A Supplement 1 Page 4.ff and Attachment 3.1-B Supplement 1 Page 4 (medical supply pages)

42 C. F. R. § 440.70(f)(1) specifically requires a face to face encounter related to the primary reason the beneficiary requires home health services and must occur within the 90 days before or within the 30 days after the start of the services. Additionally, 42 CFR 440.70(f)(2) requires a face-to-face encounter for the initiation of medical equipment related to the primary reason the beneficiary requires medical equipment and must occur no more than 6 months prior to the start of services. Please revise the plan pages to add this requirement.

2. Attachment 3.1-A Supplement 1 Page 4.ff

- a. The state indicates in the first paragraph of item 7.c. that *“The Department requires prior authorization or imposes payment and benefit limitations for the repair, modification, rental, or purchase of most medical supplies and equipment....”*

42 C. F.R. § 430.10 requires state plans to be comprehensive written statements describing the nature and scope of a state's Medicaid program and requiring that state plans contain all information necessary for CMS to determine whether the plans can be approved to serve as the basis for Federal financial participation (FFP). Please revise the plan page to specify the benefit limitations applied to the home health services medical supplies, equipment and appliances. Please include whether the limits can be exceeded based on a medical necessity review. Limits that cannot be exceeded by medical necessity must be determined to be "sufficient in amount, duration and scope to reasonably achieve its purpose" as outlined in 42 C. F. R. § 440.230(b). A response to sufficiency questions should accompany the state plan submission. See the December 16, 2014 Associate Regional Administrators Memo “Sufficiency of Mandatory and Optional Services” for more information on sufficiency of mandatory and optional services.

- b. Limitations appear also to apply to state plan page coverage for individuals who qualify for EPSDT services at § 1905(r) of the Act. While services available to individuals over 21 may include limits on the amount, duration, and scope of services, states are not permitted to apply hard limits (which cannot be exceeded by medical necessity review) to any service covered under EPSDT. Please include language in the state plan indicating limitations do not apply to individuals who qualify for EPSDT or that they may be exceeded based on medical necessity.

3. We also note that your home health benefit is not located on contiguous pages in the state plan and has overlapping references:

- Medical supplies and equipment: Attachment 3.1-A Supplement 1 Page 4.ff and Attachment 3.1-B Supplement 1 Page 4
- Home health general including the above: Attachment 3.1-A Supplement 1 Page 4a and Attachment 3.1-B Supplement 1 Page 3.a.
- Home health therapies (Physical, Occupational and Speech Therapy and Audiology): Attachment 3.1-A Supplement 1 Page 5 and Attachment 3.1-B Supplement 1 Page 4

These pages are separated by the “other practitioner” benefit. CMS is happy to work with you on consolidating or reorganizing the language to assist with future updates to the state plan through technical assistance.

The State has 90 days from the date of this letter to respond to the issues described above. Within that period the State may submit a SPA to address the inconsistencies and/or submit a corrective action plan describing in detail how the state will resolve the issues identified above in a timely manner.

Failure to respond may result in the initiation of a formal compliance process. During the 90 days,

CMS will provide technical assistance, as needed or required.

If you have any questions, please contact Mai Le-Yuen at (312) 353-2853 or via email at mai.le-yuen@cms.hhs.gov.

Sincerely,

Division of Program Operations

cc: Allie Merfeld, DHS

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	1. TRANSMITTAL NUMBER <u>2 3 — 0 0 0 2-A</u>	2. STATE <u>WI</u>
	3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT <input checked="" type="radio"/> XIX <input type="radio"/> XXI	
TO: CENTER DIRECTOR CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE <u>01/01/23</u>	
5. FEDERAL STATUTE/REGULATION CITATION <u>42 C.F.R. Sec. 440.60.</u>	6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY <u>2023</u> \$ <u>20,822,518</u> b. FFY <u>2024</u> \$ <u>41,936,066</u>	
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT 3.1-A Supplement 1 – pg. 4ff. 3.1-B Supplement 1 – pg. 3ff.	8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) 3.1-A Supplement 1 – pg. 4ff. 3.1-B Supplement 1 – pg. 3ff.	

9. SUBJECT OF AMENDMENT

Ground Emergency Medical Transportation (GEMT) Reimbursement Program

10. 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:

DecSigned by:
Nathan Bollhorst
FBE9745844474F3

11. SIGNATURE OF STATE AGENCY OFFICIAL

15. RETURN TO

Bailey Dvorak
State Plan Amendment Coordinator
Department of Health Services
1 W. Wilson St.
P.O. Box 309
Madison, WI 53701-0309

DecSigned by:
Jamie Kuhn

12. TYPED NAME

Jamie Kuhn

13. TITLE

Medicaid Director

14. DATE SUBMITTED

03/29/23

FOR CMS USE ONLY

16. DATE RECEIVED

March 29, 2023

17. DATE APPROVED

February 28, 2025

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL

January 1, 2023

20. TYPED NAME OF APPROVING OFFICIAL

Ruth A. Hughes

21. TITLE OF APPROVING OFFICIAL

Acting Director, Division of Program Operations

22. 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 acting within their scope of practice in accordance with state law to engage in the practice of midwifery. "Practice of midwifery" means providing maternity care during the antepartum, intrapartum and postpartum periods.

Effective 3-1-96

Other Practitioners, continued

Treat-in-Place/No Transport services provided by licensed EMS personnel including Emergency Medical Responders (EMRs), Emergency Medical Technicians (EMTs), and Paramedics.

Effective 01-01-2023

Medical Supplies and Equipment.

The Department requires prior authorization or imposes payment and benefit limitations for the repair, modification, rental, or purchase of most medical supplies and equipment to enable the Department to monitor and regulate the following: cost, frequency, place where the recipient receives the service, and recipient's medical diagnosis or fundamental conditions under which the items will be reimbursed. These medical supplies and equipment include, but are not limited to: durable medical equipment, disposable supplies, hearing aid and related materials, and orthoses.

- i. Disposable Medical Supplies are health care related items with limited life expectancy that are consumable or disposable, or cannot withstand repeated use by more than one individual, and are required to address an individual medical disability, illness or injury.
- ii. Equipment and appliances are items that are primarily and customarily used to serve a medical purpose, generally are not useful to an individual in the absence of a disability, illness or injury, can withstand repeated use, and can be reusable or removable. State Medicaid coverage of equipment and appliances is not restricted to the items covered as durable medical equipment in the Medicare program.

The following are not covered:

Items that are not primarily medical in nature, are not proven to be therapeutically effective, or do not contribute to the improvement of a recipient's medical or functional condition; and items or features that are primarily for a recipient's comfort and convenience.

Effective 1-1-92

TN# 23-0002-A
Supersedes
TN# 18-0007

Approval Date: 02/28/2025

Effective Date 01/01/2023

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 acting within their scope of practice in accordance with state law to engage in the practice of midwifery, "Practice of midwifery" means providing maternity care during the antepartum, intrapartum, and postpartum periods.

Other Practitioners, continued

Treat-in-Place/No Transport services provided by licensed EMS personnel including Emergency Medical Responders (EMRs), Emergency Medical Technicians (EMTs), and Paramedics.