

Table of Contents

State/Territory Name: Wisconsin

State Plan Amendment (SPA) #: 23-0012

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS Form 179
- 3) 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

July 20, 2023

Jamie Kuhn, Medicaid Director
Division of Medicaid Services
Wisconsin Department of Health Services
1 W. Wilson St.
Madison, Wisconsin 53701

Re: Wisconsin State Plan Amendment (SPA) 23-0012

Dear Director Kuhn:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 23-0012. This amendment proposes to include vaccine counseling as a covered service under the state plan.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act under sections 1902(a)(11), 1902(a)(43), and 1905(hh). This letter is to inform you that Wisconsin Medicaid SPA 23-0012 was approved on July 19, 2023, with an effective date of April 1, 2023.

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,



James G. Scott, Director
Division of Program Operations

Enclosures

cc: Bailey Dvorak, DHS

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	1. TRANSMITTAL NUMBER <u>2 3 — 0 0 1 2</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>04/01/2023</u>	
5. FEDERAL STATUTE/REGULATION CITATION §§1902(a)(11), 1902(a)(43), and 1905(hh) of the Social Security Act	6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY <u>2023</u> \$ <u>46,616</u> b. FFY <u>2024</u> \$ <u>89,121</u>	
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 3.1-A Page 6 Attachment 3.1-B Page 5	8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Same	

9. SUBJECT OF AMENDMENT
Vaccine Counseling

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:
DocuSigned by:
Nathan Edlward
F5E9786484772

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
12. TYPED NAME Jamie Kuhn	
13. TITLE Medicaid Director	
14. DATE SUBMITTED 06/28/23	

FOR CMS USE ONLY

16. DATE RECEIVED <u>June 28, 2023</u>	17. DATE APPROVED <u>July 19, 2023</u>
---	---

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL <u>April 1, 2023</u>	19. SIGNATURE OF APPROVING OFFICIAL
20. TYPED NAME OF APPROVING OFFICIAL <u>James G. Scott</u>	21. TITLE OF APPROVING OFFICIAL <u>Director, Division of Program Operations</u>

22. REMARKS
Box 5: WI gave permission to include "Social Security" on 07/18/2023.

State: Wisconsin

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

b. Screening services.

Provided. No limitations ___ With limitations *
___ Not provided.

c. Preventive services.

Provided. No limitations ___ With limitations *
___ Not provided.

— All USPSTF (United States Preventive Services Task Force) grade A and B preventive services and approved vaccines recommended by ACIP, and their administration, are covered (and reimbursed) without cost-sharing.

— The state has documentation available to support the claiming of federal match for such services.

— The state has a method to ensure that, as changes are made to USPSTF or ACIP (Advisory Committee on Immunization Practices) recommendations, the state will update coverage and billing codes to comply with those revisions.

- The state covers stand-alone vaccine counseling when administered by providers within the scope of their license.

d. Rehabilitative services.

Provided. ___ No limitations With limitations *
___ Not provided.

14. Services for individuals age 65 or older in institutions for mental disease.

a. Inpatient hospital services.

Provided. No limitations ___ With limitations *
___ Not provided.

b. Skilled nursing facility services.

Provided. ___ No limitations With limitations *
___ Not provided.

c. Intermediate care facility services.

___ No limitations With limitations *
 Provided.
___ Not provided.

State: Wisconsin

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

c. Prosthetic devices.

Provided. No limitations With limitations *

d. Eyeglasses.

Provided. No limitations With limitations *

13. Other diagnostic, screening, preventive, and rehabilitative services, i.e. other than those provided elsewhere in this plan.

a. Diagnostic services.

Provided. No limitations With limitations *

b. Screening services.

Provided. No limitations With limitations *

c. Preventive services.

Provided. No limitations With limitations *

— All USPSTF (United States Preventive Services Task Force) grade A and B preventive services and approved vaccines recommended by ACIP, and their administration, are covered (and reimbursed) without cost-sharing.

— The state has documentation available to support the claiming of federal match for such services.

— The state has a method to ensure that, as changes are made to USPSTF or ACIP (Advisory Committee on Immunization Practices) recommendations, the state will update coverage and billing codes to comply with those revisions.

d. Rehabilitative services.

Provided. No limitations With limitations *

The state covers stand-alone vaccine counseling when administered by providers within the scope of their license.

14. Services for individuals age 65 or older in institutions for mental disease.

a. Inpatient hospital services.

Provided. No limitations With limitations *

b. Skilled nursing facility services. Effective 7-1-88

Provided. No limitations With limitations *

* Description provided on attachment.

TN # 23-0012
Supersedes
TN # 13-019

Approval date: 07/19/2023

Effective date: 04/01/2023