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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
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

TO: CENTER DIRECTOR
CENTERS FOR MEDICAID & CHIP SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

1. TRANSMITTAL NUMBER 230012
2. STATE WI
3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT XIX
4. PROPOSED EFFECTIVE DATE 04/01/2023

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 2023 $46,616
   b. FFY 2024 $89,121

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)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

11. SIGNATURE OF STATE AGENCY OFFICIAL
   [Signature]

12. TYPED NAME
   Jamie Kuhn

13. TITLE
   Medicaid Director

14. DATE SUBMITTED
   06/28/23

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

16. DATE RECEIVED
   June 28, 2023

17. DATE APPROVED
   July 19, 2023

18. EFFECTIVE DATE OF APPROVED MATERIAL
   April 1, 2023

19. SIGNATURE OF APPROVING OFFICIAL
   [Signature]

20. TYPED NAME OF APPROVING OFFICIAL
   James G. Scott

21. TITLE OF APPROVING OFFICIAL
   Director, Division of Program Operations

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

Instructions on Back
b. Screening services.
X Provided. X No limitations ___ With limitations *
___ Not provided.

c. Preventive services.
X Provided. X 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.
X Provided. ___ No limitations X With limitations *
___ Not provided.

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

a. Inpatient hospital services.
X Provided. X No limitations ___ With limitations *
___ Not provided.

b. Skilled nursing facility services.
X Provided. ___ No limitations X With limitations *
___ Not provided.

c. Intermediate care facility services.
X Provided. ___ No limitations X With limitations *
___ Not provided.
State: Wisconsin

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

c. Prosthetic devices
   X Provided. ___ No limitations       X     With limitations *

d. Eyeglasses.
   X Provided. ___ No limitations       X     With limitations *

13. Other diagnostic, screening, preventive, and rehabilitative services, i.e. other than those provided elsewhere in this plan.
   a. Diagnostic services.
      X Provided. ___ No limitations       X     With limitations *
   b. Screening services.
      X Provided. ___ No limitations       X     With limitations *
   c. Preventive services.
      X Provided. ___ No limitations       X     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.
      X Provided. ___ No limitations       X     With limitations *

14. Services for individuals age 65 or older in institutions for mental disease.
   a. Inpatient hospital services.
      X Provided. ___ No limitations       X     With limitations *
   b. Skilled nursing facility services. Effective 7-1-88
      X Provided. ___ No limitations       X     With limitations *

* Description provided on attachment.

TN # 23-0012
Supersedes
TN # 13-019
Approval date: 07/19/2023              Effective date: 04/01/2023