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State/Territory Name: Wisconsin

State Plan Amendment (SPA) #: 23-0025

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 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

March 18, 2024

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

Re: Wisconsin State Plan Amendment (SPA) 23-0025

Dear Director Hanna:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 23-0025. This amendment proposes allow pharmacists to administer vaccines.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations 42 Code of Federal Regulation 440.60(a). This letter is to inform you that Wisconsin Medicaid SPA 23-0025 was approved on March 18, 2024, with an effective date of October 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,



Digitally signed by Ruth
Hughes -S
Date: 2024.03.18
21:20:07 -05'00'

Ruth A. Hughes, Acting Director
Division of Program Operations

cc: Cheryl Jatczak-Glenn, DHS

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES		1. TRANSMITTAL NUMBER <u>2 3 — 0 0 2 5</u>	2. STATE <u>WI</u>
TO: CENTER DIRECTOR CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT <input checked="" type="radio"/> XIX <input type="radio"/> XXI	
5. FEDERAL STATUTE/REGULATION CITATION 42 CFR 440.60 (a)		4. PROPOSED EFFECTIVE DATE 10/01/2023	
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Supplement 1 to Attachment 3.1-A Page 4 Supplement 1 to Attachment 3.1-B Page 3 Attachment 4.19-B Page 5D		6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY <u>2024</u> \$ <u>0</u> b. FFY <u>2025</u> \$ <u>0</u>	
9. SUBJECT OF AMENDMENT Pharmacists as a Provider		8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Supplement 1 to Attachment 3.1-A Page 4 Supplement 1 to Attachment 3.1-B Page 3 New	
10. GOVERNOR'S REVIEW (Check One) <input checked="" type="radio"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="radio"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="radio"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL <input type="radio"/> OTHER, AS SPECIFIED: <small>DocuSigned by: Nathan Bolliver F00166114742</small>			
11. SIGNATURE OF STATE AGENCY OFFICIAL <small>DocuSigned by: [Redacted]</small> ME Jamie Kuhn		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	
13. TITLE Medicaid Director		14. DATE SUBMITTED 12/28/23	
FOR CMS USE ONLY			
16. DATE RECEIVED December 28, 2023		17. DATE APPROVED March 18, 2024	
PLAN APPROVED - ONE COPY ATTACHED			
18. EFFECTIVE DATE OF APPROVED MATERIAL October 1, 2023		19. SIGNATURE <small>AL</small> <small>Digitally signed by Ruth Hughes -S Date: 2024.03.18 21:20:46 -05'00'</small>	
20. TYPED NAME OF APPROVING OFFICIAL Ruth A. Hughes		21. TITLE OF APPROVING OFFICIAL Acting Director, Division of Program Operations	
22. REMARKS State gave permission to add "new" to Box 8 to reflect Attachment 4.19B, page 5D as a new page on 3/14/24.			

6.c. Chiropractic. Prior authorization is required for services beyond the initial visit and
 Eff. 20 spinal manipulations per spell of illness. Consultations are not covered.
 3-1-86

6.d Other Practitioners
 Eff. Services of licensed pharmacists, pharmacy interns and pharmacy technicians acting
 4-1-93 within the scope of their practice under state law to administer COVID-19 vaccines.
 Pharmacy interns or pharmacy technicians are working under the supervision of a
 licensed pharmacist.

Pharmacies are qualified providers of COVID-19 vaccinations per the HHS COVID-19 PREP Act Declaration and authorizations.

Other Nurse Practitioners and Clinical Nurse Specialist Services.

Included are other primary care nurse practitioner and clinical nurse specialist services not covered under item #23. Services are subject to limitations imposed on specific disciplines within the scope of practice of the nurse. These services include medical services delegated by a licensed physician through protocols, pursuant to the requirements set forth in the Wisconsin Nursing Act and the guidelines set forth by the medical examining board and the board of nursing. Other practitioner services are subject to the same limitations imposed on physician services under item #5 to enable the Department to monitor and regulate the following: medical necessity, cost, frequency and place of service.

Medication management includes in-home administration of medications other than those given intravenously, prefilling syringes for self injection when the recipient is not capable, setting up medications for self-administration, and programming dispensers. Instructing the recipient may be covered when provided in conjunction with these activities but not covered if it is the only activity.

Pharmacists.

Licensed pharmacists may administer vaccines, including the H1N1 and COVID-19 vaccines, as authorized and permitted by the State of Wisconsin Pharmacy Examining Board, within their scope of practice and to the extent permitted by Wisconsin law.

Allow licensed and enrolled pharmacists to furnish services within their professional scope of practice and in accordance with state law.

5.b. Dental Services. The same prior authorization and other limitations required under Item
Eff. #10 and 12.b. apply.
10-1-91

6.a. Podiatry Services. Prior authorization is required for electric bone stimulation.
Eff. Maintenance care is limited to once per 61 day period under certain conditions. For other
7-1-90 service limitations, see. s. OHS 107.14(3), Wis. Adm. Code. All orthopedic and orthotic
services, including repairs, orthopedic and corrective shoes and supportive devices,
services correcting “flat feet,” and treatment of subluxation of the foot are not covered.

6.b. Vision Care Services. (Optometry) Prior authorization is required for certain types of
Eff. lenses and frames, antiseikonic services, proxis crutch services, low vision services.
1-1-93 Certain ophthalmological services and vision training. Frames, lenses and replacement
parts must be obtained through the volume purchase plan provider, unless prior
authorized. Anti-glare coating, spare eyeglasses and sunglasses, and services provided
primarily for convenience or cosmetic reasons are not covered.

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State: Wisconsin

Pharmacists Services

The Department establishes maximum allowable fees for pharmacist services. Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of pharmacist services. All rates are published on the Wisconsin ForwardHealth website: [Max Fee Search \(wi.gov\)](#). Rates were last updated on February 5, 2022. For each covered service, the Department shall pay the lesser of the provider's usual and customary charge or the maximum fee established by the Department.