

Table of Contents

State/Territory Name: Wisconsin

State Plan Amendment (SPA) #: 24-0006

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

June 17, 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) 24-0006

Dear Director Hanna:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 24-0006. This amendment proposes to remove the restriction of delivering personal care services in the home and allows services to be delivered elsewhere in the community (non-institutional settings).

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulation 42 Code of Federal Regulation (CFR) 440.167. This letter informs you that Wisconsin Medicaid SPA TN 24-0006 was approved on June 17, 2024, with an effective date of January 1, 2024.

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,

A large black rectangular box redacting the signature of James G. Scott.

James G. Scott, Director
Division of Program Operations

Enclosures

cc: Cheryl Jactzak-Glenn

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER

2 4 — 0 0 0 6

2. STATE

WI

3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL

SECURITY ACT



XIX



XXI

4. PROPOSED EFFECTIVE DATE

1/1/24

TO: CENTER DIRECTOR

CENTERS FOR MEDICAID & CHIP SERVICES

DEPARTMENT OF HEALTH AND HUMAN SERVICES

5. FEDERAL STATUTE/REGULATION CITATION

42 CFR § 440.167

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 2024 \$ 14,955

b. FFY 2025 \$ 19,864

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Page 468/630 (Attachment 3.1A Page 9)

Page 469/631 (Attachment 3.1A Page 10)

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION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

Page 468/630 (Attachment 3.1A Page 9)

Page 469/631 (Attachment 3.1A Page 10)

9. SUBJECT OF AMENDMENT

Personal care place of service

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:

Designed by:
Cory Stuebelink
DOB: 19800714F

11. SIGNATURE OF STATE AGENCY OFFICIAL

12. TYPED NAME

13. TITLE

14. DATE SUBMITTED

15. RETURN TO

State Plan Amendment Coordinator

Department of Health Services

1 W. Wilson St.

P.O. Box 309

Madison, WI 53701-0309

FOR CMS USE ONLY

16. DATE RECEIVED

March 29, 2024

17. DATE APPROVED

June 17, 2024

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL

January 1, 2024

19. SIGNATURE OF APPROVING OFFICIAL

20. TYPED NAME OF APPROVING OFFICIAL

James G. Scott

21. TITLE OF APPROVING OFFICIAL

Director, Division of Program Operations

22. REMARKS

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.

*Description provided on attachment.

TN # 24-0006

Supersedes

TN # 20-0012

Approval Date: 6/17/2024

Effective Date: 1/1/2024

State: Wisconsin

AMOUNT, DURATION, AND SCOPE OF MEDICAL

AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

25. Home and community Care for Functionally Disabled Elderly Individuals, as defined, described and limited in supplement 2 to Attachment 3.1-A, and Appendices A-G to Supplement 2 to Attachment 3.1-A.

 Provided x not provided

26. Personal care services furnished to an individual who is not an inpatient or resident of a hospital, nursing facility, intermediate care facility for individuals with intellectual disabilities, or institution for mental **disease** that are (A) authorized for the individual by a physician in accordance with a plan of treatment, (B) provided by an individual who is qualified to provide such services and who is not a member of the individual's family, and (C) furnished in a home.

X Provided: State Approved (Not Physician) service Plan
Allowed

Services Outside the Home Also Allowed

Limitations Described on Attachment

X No 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.

Provider Qualifications: Personal care must be delivered by an agency whose personal care workers are at least 18 years of age or older with training or equivalent experience in providing personal care services. Personal care agencies must be certified by the state. Personal care workers must be supervised by a registered nurse monitor.