

## **Table of Contents**

**State/Territory Name: Wisconsin**

**State Plan Amendment (SPA) #: 25-0021**

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. 12<sup>th</sup> St., Room 355

Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

---

December 18, 2025

William Hanna  
Medicaid Director  
Wisconsin Department of Health Services  
Division of Medicaid Services  
1 West Wilson St.  
Madison, WI 53703

Re: Wisconsin State Plan Amendment (SPA) – 25-0021

Dear Director Hanna:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 25-0021. This amendment updates language in the state plan related to vaccine coverage under the Preventive Services benefit as recommended by the United States Preventive Services Task Force (USPSTF) grade A and B preventive services and vaccines recommended by the Advisory Committee on Immunization Practices (ACIP). The SPA broadens and adds vaccines/vaccine administration recommended by the USPSTF, as well as other evidence-based recommendations recommended by other governing bodies.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations 42 CFR §440.130. This letter informs you that Wisconsin Medicaid SPA TN 25-0021 was approved on December 18, 2025, with an effective date of July 1, 2025.

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](mailto:Mai.Le-Yuen@cms.hhs.gov).

Sincerely,

Wendy E. Hill Petras  
Acting Director, Division of Program Operations

Enclosures

cc: Alexandra Merfeld, DHS

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

1. TRANSMITTAL NUMBER

2 5 — 0 0 2 1

2. STATE

WI

3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL  
SECURITY ACT



XIX



XXI

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

4. PROPOSED EFFECTIVE DATE

07/01/2025

5. FEDERAL STATUTE/REGULATION CITATION

42 CFR 440.130

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 25 \$ 0

b. FFY 26 \$ 0

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

3.1-A pg. 6

3.1-B pg. 5

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  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

3.1-A pg. 6 (23-0012)

3.1-B pg. 5 (23-0012)

9. SUBJECT OF AMENDMENT

Updating vaccine coverage to include recommended vaccines by additional governing bodies (besides ACIP).

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:

11. SIGNATURE OF STATE AGENCY OFFICIAL

12. TYPED NAME

Bill Hanna

13. TITLE

Medicaid Director

14. DATE SUBMITTED

9/26/2025

15. RETURN TO

Allie Merfeld

State Plan Amendment Coordinator

Department of Health Services

201 East Washington Ave

Room B300

Madison, WI 53701-0309

**FOR CMS USE ONLY**

16. DATE RECEIVED

September 26, 2025

17. DATE APPROVED

December 18, 2025

**PLAN APPROVED - ONE COPY ATTACHED**

18. EFFECTIVE DATE OF APPROVED MATERIAL

July 1, 2025

20. TYPED NAME OF APPROVING OFFICIAL

Wendy E. Hill Petras

21. TITLE OF APPROVING OFFICIAL

Acting Director, Division of Program Operations

22. REMARKS

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 (Advisory Committee on Immunization Practices), and their administration, are covered (and reimbursed) without cost-sharing.
- Additionally, the Department may cover vaccines and vaccine administration, without cost sharing, when recommended by other governing bodies that provide evidence-based recommendations.
- 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 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.

☒ Provided    \_\_\_ No limitations    ☒ With limitations\*  
 \_\_\_ Not provided.

TN # 25-0021

Supersedes

TN # 23-0012

Approval Date: 12/18/2025Effective Date: 07/01/2025

State: Wisconsin

AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED  
TO THE CATEGORICALLY 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 (Advisory Committee on Immunization Practices), and their administration, are covered (and reimbursed) without cost-sharing.
- Additionally, the Department may cover vaccines and vaccine administration, without cost sharing, when recommended by other governing bodies that provide evidence-based recommendations.
- 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 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\*

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.

☒ Provided    ☐ No limitations    ☒ With limitations\*

TN # 25-0021

Supersedes

Approval Date: 12/18/2025Effective Date: 07/01/2025TN # 23-0012