

State/Territory: WISCONSIN

AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED  
MEDICALLY NEEDY GROUP(S): All

The following ambulatory services are provided.

The following required services are provided to all medically needy individuals;

1. Pre-natal care and delivery services for pregnant women;
2. Inpatient Hospital Services;
3. Skilled Nursing Facility Services
4. Home Health Services, or nursing services if a home health agency is unavailable;
5. Services in an institution for mental diseases or an intermediate care facility for the mentally retarded;
6. Ambulatory Services:
  - a. Early and periodic screening and diagnosis of persons under 21 years of age and all medical treatment and dentists' services found necessary by this screening and diagnosis;
  - b. Mandatory services provided by any hospital outpatient clinic;
  - c. Family planning services and supplies;
  - d. Nurse midwifery services.

\*Description provided on attachment.

TN No. 86-0035  
Supersedes  
TN No. \_\_\_\_\_

Approval Date 3/23/87

Effective Date 10-1-86

HCFA ID: 0140P/0102A

## AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED

MEDICALLY NEEDY GROUP(S): ALL

The following optional services are available to all medically needy individuals:

1. Transportation by emergency medical vehicle to obtain emergency medical care, transportation by specialized medical vehicle to obtain medical care or, if authorized in advance by the county department of public welfare or social services, transportation by common carrier or private motor vehicle to obtain medical care;
2. Physical and occupational therapy;
3. Speech, hearing and language disorder services;
4. Medical supplies and equipment;
5. Insulins, antacids, analgesics, cough preparations and ophthalmic lubricants listed in the Wisconsin Medicaid Drug Index;
6. Antibiotic, anticonvulsant, psychotropic and muscle relaxant legend drugs listed in the Wisconsin Medicaid Drug Index;
7. Physician services;
8. Rural health clinic services;
9. Laboratory and radiology services;
10. Personal Care - effective 7/1/88;
11. Case Management.
12. Hospice
13. Respiratory Care
14. Optometrists' Services
15. Chiropractors' Services
16. Private Duty Nursing
17. Dental Services
18. Dentures
19. Eyeglasses
20. Other diagnostic, screening, preventive, and rehabilitative services, i.e., other than those provided elsewhere in this plan;

STATE OF WISCONSIN

AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED

MEDICALLY NEEDED GROUP(S): ALL

21. Inpatient hospital services for individuals age 65 or older in instituting for mental diseases;
22. Inpatient psychiatric facility services for individuals under 22 years of age;
23. Federally qualified health care center services.

TN#: 90-0032  
Supercedes  
TN#: 89-0012

Approval Date 1-24-91 Effective Date 10/1/90

State/Territory: WISCONSIN

AMOUNT, DURATION, AND SCOPE OF SERVICES PROVIDED  
MEDICALLY NEEDY GROUP(S): ALL

1. Inpatient hospital services other than those provided in an institution for mental diseases.

Provided:  No limitations  With limitations\*

2.a. Outpatient hospital services.

Provided:  No limitations  With limitations\*

b. Rural health clinic services and other ambulatory services furnished by a rural health clinic *(which are otherwise covered under the PLAN per PM 3-92)*

Provided:  No limitations  With limitations\*

3. Other laboratory and X-ray services.

Provided:  No limitations  With limitations\*

4.a. Nursing facility services (other than services in an institution for mental diseases) for individuals 21 years of age or older.

Provided:  No limitations  With limitations\*

b. Early and periodic screening, diagnostic and treatment services for individuals under 21 years of age, and treatment of conditions found.

Provided *(per PM 3-92)*

c. Family planning services and supplies for individuals of childbearing age.

Provided:  No limitations  With limitations\*

\*Description provided on attachment.

TN No. 91-0024  
Supersedes Approval Date 12-9-91 Effective Date 10/1/91  
TN No. 89-0012

HCFA ID: 7986E

2c. FQHC services and other ambulatory services that are covered under the plan and furnished by an FQHC in accordance with section 4231 of the state Medicaid Manual (HCFA (PUB) 45-4)

Provided  NO limitations  
 With limitations

State/Territory: Wisconsin

Amount, Duration and Scope of Services Provided  
Medically Needy Groups: All

4.d. Tobacco cessation services for pregnant women

(i) Face-to-face counseling services provided:

By or under supervision of a physician.

By any other health care professional who is legally authorized to furnish such services under State law and who is authorized to provide Medicaid coverable services other than tobacco cessation services. \*

Any other health care professional legally authorized to provide tobacco cessation services under State law and who is specifically designated by the Secretary in regulations. (None are designated at this time)

\* Describe any limits on who can provide these counseling services.

(ii) Face-to-Face Tobacco Cessation Counseling Services for Pregnant Women

Provided:  No limitations  With limitations \*

\*Any benefit package that consists of less than four (4) counseling sessions per quit attempt, with a minimum of two (2) quit attempts per 12 month period should be explained below.

Please describe any limitations

5.a. Physicians' services whether furnished in the office, the patient's home, a hospital, a nursing facility, or elsewhere.

Provided:  No limitations  With limitations \*

5.b. Medical and surgical services provided by a dentist, in accordance with section 1905(a)(5)(B) of the Act.

Provided:  No limitations  With limitations \*

^ Description provided on attachment.

State: Wisconsin

AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED  
MEDICALLY NEEDY GROUP(S): ALL

6. Medical care and-any other type of remedial care recognized under State law, furnished by licensed practitioners within the scope of their practice as defined by State law.
- a. Podiatrists' Services - Effective 7-1-90  
 Provided:    No limitations       With limitations\*
- b. Optometrists' Services  
 Provided:    No limitations       With limitations\*
- c. Chiropractors' Services  
 Provided:    No limitations       With limitations\*
- d. Other Practitioners' Services - Effective 7-1-90  
 Provided:    No limitations       With limitations\*
7. Home Health Services
- a. Intermittent or part-time nursing service provided by a home health agency or by a registered nurse when no home health agency exists in the area.  
 Provided:    No limitations       With limitations\*
- b. Home health aide services provided by a home health agency.  
 Provided:    No limitations       With limitations\*
- c. Medical supplies, equipment, and appliances suitable for use in the home.  
 Provided:    No limitations       With limitations\*

**Electronic Visit Verification System. The state will comply with the Electronic Visit Verification System (EVV) requirements for home health services by January 1, 2023 in accordance with section 12006 of the 21st Century CURES Act.**

\*Description provided on attachment.

TN # 20-0012  
Supersedes  
TN # 90-0023

Approval Date: 07/29/2020

Effective Date: 04/30/2020

State/Territory: WISCONSIN

AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED  
MEDICALLY NEEDY GROUP(S): ALL

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- d. Physical therapy, occupational therapy, or speech pathology and audiology services provided by a home health agency or medical rehabilitation facility.

Provided:       No limitations       With limitations\*

TN #90-  
Supersedes  
TN # NEW

Approval Date 11-5-90      Effective Date 7-1-90

State/Territory: WISCONSIN

AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED  
MEDICALLY NEEDY GROUP(S): \_\_\_\_\_

8. Private duty nursing services.

Provided:       No limitations       With limitations\*

9. Clinic services.

Provided:       No limitations       With limitations\*  
Same as physicians.

10. Dental services.

Provided:       No limitations       With limitations\*

11. Physical therapy and related services.

a. Physical therapy.

Provided:       No limitations       With limitations\*

b. Occupational therapy.

Provided:       No limitations       With limitations\*

c. Services for individuals with speech, hearing, and language disorders provided by or under supervision of a speech pathologist or audiologist.

Provided:       No limitations       With limitations\*

12. Prescribed drugs, dentures, and prosthetic devices; and eyeglasses prescribed by a physician skilled in diseases of the eye or by an optometrist.

a. Prescribed drugs.

Provided:       No limitations       With limitations\*

b. Dentures.

Provided:       No limitations       With limitations\*

\* Description provided on attachment.

TN No. 96-007  
Supersedes  
TN No. 95-022

Approval Date 4/22/96

Effective Date 3/1/96  
~~1-1-96~~  
HCFA ID: 0140P/0102A



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

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. Effective 7-1-88

Provided.       No limitations       With limitations \*

\* Description provided on attachment.

TN # 23-0012  
Supersedes  
TN # 13-019

Approval date: 07/19/2023Effective date: 04/01/2023

State/Territory: WISCONSIN

AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED  
MEDICALLY NEEDY GROUP(S): ALL

c. Intermediate care facility services.

Provided:  No limitations  With limitations\*

15. a. Intermediate care facility services (other than such services in an institution for mental diseases) for persons determined in accordance with section 1902(a)(31)(a) of the Act, to be in need of such care.

Provided:  No limitations  With limitations\*

- b. Including such services in a public institution (or distinct part thereof) for the mentally retarded or persons with related conditions.

Provided:  No limitations  With limitations\*

16. Inpatient psychiatric facility services for individuals under 22 years of age.

Provided:  No limitations  With limitations\*

17. Nurse-midwife services.

Provided:  No limitations  With limitations\*

18. Hospice care (in accordance with section 1905(o) of the Act).

Provided:  No limitations  With limitations\*

\*Description provided on attachment.

TN No. 90-0032  
Supersedes 88-0021 Approval Date 1/24/91 Effective Date 10/1/90  
TN No. 88-0017 HCFA ID: 0140P/0102A

State/Territory: WISCONSIN

AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED  
MEDICALLY NEEDY GROUP(S): \_\_\_\_\_

19. Case management services and Tuberculosis related services

a. Case management services as defined in, and to the group specified in, Supplement 1 to ATTACHMENT 3.1-A (in accordance with section 1905(a)(19) or section 1915(g) of the Act).

Provided:  With limitations\*

Not provided.

b. Special tuberculosis (TB) related services under section 1902(z)(2)(F) of the Act.

Provided:  With limitations\*

Not provided.

20. Extended services for pregnant women

a. Pregnancy-related and postpartem services for a 60-day period after the pregnancy ends and for any remaining days in the month in which the 60th day falls.

Provided:+  Additional coverage\*\*

b. Services for any other medical conditions that may complicate pregnancy.

Provided:+  Additional coverage\*\*  Not provided.

21. Certified pediatric or family nurse practitioners' services.

Provided:  No limitations  With limitations\*

Not provided.

+ Attached is a list of major categories of services (e.g., inpatient hospital, physician, etc.) and limitations on them, if any, that are available as pregnancy-related services or services for any other medical condition that may complicate pregnancy.

++ Attached is a description of increases in covered services beyond limitations for all groups described in this attachment and/or any additional services provided to pregnant women only.

\* Description provided on attachment.

TN No. 95-019  
Supersedes  
TN No. 94-025

Approval Date 10/25/95

Effective Date 7/1/95

State: Wisconsin

AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED  
MEDICALLY NEEDY GROUP(S): ALL

22. Respiratory care services (in accordance with section 1902(e)(9)(A) through (C) of the Act).

Provided:    No limitations       With limitations\*  
 Not provided. Eff. 8-9-89

23. 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\*

b. Services of Christian Science nurses.

Provided:    No limitations       With limitations\*

c. Care and services provided in Christian Science sanatoria.

Provided:    No limitations       With limitations\*

d. Skilled nursing facility services provided for patients under 21 years of age.

Provided:    No limitations       With limitations\*

e. Emergency-hospital services.

Provided:    No limitations       With limitations\*

f. Personal care services in recipient's home, prescribed in accordance with a plan of treatment and furnished by a qualified person under supervision of a registered nurse.

Provided:    No limitations       With limitations\*

**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.**

\*Description provided on attachment.

TN # 20-0012

Supersedes

TN # 90-0027

Approval Date: 07/29/2020Effective Date: 04/30/2020

State/Territory: WISCONSIN

AMOUNT, DURATION, AND SCOPE OF SERVICES PROVIDED  
MEDICALLY NEEDY GROUP(S): ALL

24. Pediatric nurse practitioner and family nurse practitioner services.  
Effective 7-1-90.

Provided:       No limitations       With limitations\*

25. Federally qualified health center (FQHC) services and other ambulatory services that are covered under the plan and furnished by an FQHC in accordance with Section 4231 of the State Medicaid Manual (HCFA-Pub. 45-4).

Provided:       No limitations       With limitations

TN No. 90-0032  
Supersedes  
TN No. ~~89-0021~~  
76-27

Approval Date 1-24-91

Effective Date 10/1/90

HCFA ID: 1042P/0016P

State/Territory: WISCONSIN

AMOUNT, DURATION, AND SCOPE OF SERVICES PROVIDED  
MEDICALLY NEEDY GROUP(S): \_\_\_\_\_

24. 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       Not Provided

25. Personal care services furnished to an individual who is not an inpatient or resident of a hospital, nursing facility, intermediate care facility for the mentally retarded, 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.

Provided:       State Approved (Not Physician) Service Plan Allowed  
                           Services Outside the Home Also Allowed  
                           Limitations Described on Attachment  
  
 Not provided.

**State of Wisconsin**

**AMOUNT, DURATION, AND SCOPE OF SERVICES PROVIDED  
MEDICALLY NEEDY GROUP(S):**

Amount, Duration and Scope of Medical and Remedial Care Services Provided to the Medically  
Needy

27. Program of All-Inclusive Care for the Elderly (PACE) services, as described in Supplement  
2 to Attachment 2.2-A.

Election of PACE: By virtue of this submittal, the State elects PACE as an  
optional State Plan service.

No election of PACE: By virtue of this submittal, the State elects to not add  
PACE as an optional State Plan service.

**State of Wisconsin**  
**1915(j) Self-Directed Personal Assistance Services**

**Amount, Duration, and Scope of Medical and Remedial Care Services Provided to the Medically Needy**

Self-Directed Personal Assistance Services, as described in Supplement 2 to Attachment 3.1-B.

Election of Self-Directed Personal Assistance Services: By virtue of this submittal, the State elects Self-Directed Personal Assistance Services as a State Plan service delivery option.

No election of Self-Directed Personal Assistance Services: By virtue of this submittal, the State elects not to add Self-Directed Personal Assistance Services as a State Plan service delivery option.



STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
MEDICAL ASSISTANCE PROGRAM

State/Territory: Wisconsin

SECTION 3 – SERVICES: GENERAL PROVISIONS

**28. Any other medical care, and any other type of remedial care recognized under State law, specified by the Secretary in accordance with section 1905(a)(28) of the Social Security Act and 42 CFR 440.170.**

**a. Transportation (provided in accordance with 42 CFR 440.170) as an optional medical service) excluding “school-based” transportation.**

Not Provided:

Provided without a broker as an optional medical service:

(If state attests “Provided without a broker as an optional medical service” then insert supplemental information.)

Describe below how the transportation program operates including types of transportation and transportation related services provided and any limitations. Describe emergency and non-emergency transportation services separately. Include any interagency or cooperative agreements with other Agencies or programs.

X Non-emergency transportation is provided through a brokerage program as an optional medical service in accordance with 1902(a)(70) of the Social Security Act and 42 CFR 440.170(a)(4).

(If the State attests that non-emergency transportation is being provided through a brokerage program then insert information about the brokerage program.)

X The State assures it has established a non-emergency medical transportation program in accordance with 1902(a)(70) of the Social Security Act in order to more cost-effectively provide transportation, and can document, upon request from CMS, that the transportation broker was procured in compliance with the requirements of 45 CFR 92.36 (b)-(i).

(1) The State will operate the broker program without the requirements of the following paragraphs of section 1902(a):

(1) state-wideness (indicate areas of State that are covered)

(10)(B) comparability (indicate participating beneficiary groups)

(23) freedom of choice (indicate mandatory population groups)

**Recipients (beneficiaries) who require transportation are provided the service by a provider selected by the broker. Recipients (beneficiaries) do not have the option of selecting a provider of their choice.**

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
MEDICAL ASSISTANCE PROGRAM

State/Territory: Wisconsin

SECTION 3 – SERVICES: GENERAL PROVISIONS

**28.a. Transportation (provided in accordance with 42 CFR 440.170) as an optional medical service) excluding “school-based” transportation, continued.**

(2) Transportation services provided will include:

- X wheelchair van
- X taxi
- X stretcher car
- X bus passes
- X tickets
- X secured transportation
- X other transportation (if checked describe below other transportation.)

**Passenger automobile.**

- (3) The State assures that transportation services will be provided under a contract with a broker who:
- (i) Is selected through a competitive bidding process based on the State’s evaluation of the broker’s experience, performance, references, resources, qualifications, and costs:
  - (ii) Has oversight procedures to monitor beneficiary access and complaints and ensures that transportation is timely and transport personnel are licensed qualified, competent and courteous:
  - (iii) Is subject to regular auditing and oversight by the State in order to ensure the quality and timeliness of the transportation services provided and the adequacy of beneficiary access to medical care and services:
  - (iv) Complies with such requirements related to prohibitions on referrals and conflict of interest as the Secretary shall establish (based on prohibitions on physician referrals under Section 1877 and such other prohibitions and requirements as the Secretary determines to be appropriate.)

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
MEDICAL ASSISTANCE PROGRAM

State/Territory: Wisconsin

SECTION 3 – SERVICES: GENERAL PROVISIONS

**28.a. Transportation (provided in accordance with 42 CFR 440.170) as an optional medical service) excluding “school-based” transportation, continued.**

- (4) The broker contract will provide transportation to the following categorically needy mandatory populations:
- X Low-income families with children (section 1931)
  - X Deemed AFCD-related eligibles
  - X Poverty-level related pregnant women
  - X Poverty-level infants
  - X Poverty-level children 1 through 5
  - X Poverty-level children 6 – 18
  - X Qualified pregnant women AFDC – related
  - X Qualified children AFDC – related
  - X IV-E foster care and adoption assistance children
  - X TMA recipients (due to employment) (section 1925)
  - X TMA recipients (due to child support)
  - X SSI recipients
- (5) The broker contract will provide transportation to the following categorically needy optional populations:
- X Optional poverty-level - related pregnant women
  - X Optional poverty-level - related infants
  - X Optional targeted low income children
  - X Non IV-E children who are under State adoption assistance agreements
  - X Non IV-E independent foster care adolescents who were in foster care on their 18<sup>th</sup> birthday
  - X Individuals who meet income and resource requirements of AFDC or SSI
  - X Individuals who would meet the income & resource requirements of AFDC if child care costs were paid from earnings rather than by a State agency

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
MEDICAL ASSISTANCE PROGRAM

State/Territory: Wisconsin

SECTION 3 – SERVICES: GENERAL PROVISIONS

**28.a. Transportation (provided in accordance with 42 CFR 440.170) as an optional medical service) excluding “school-based” transportation, continued.**

- X Individuals who would be eligible for AFDC if State plan had been as broad as allowed under Federal law
- X Children aged 15-20 who meet AFDC income and resource requirements
- X Individuals who would be eligible for AFDC or SSI if they were not in a medical institution
- X Individuals infected with TB
- X Individuals screened for breast or cervical cancer by CDC program
- X Individuals receiving COBRA continuation benefits
- X Individuals in special income level group, in a medical institution for at least 30 consecutive days, with gross income not exceeding 300% of SSI income standard  
Individuals receiving home and community based waiver services who would only be eligible under State plan if in a medical institution
- X Individuals terminally ill if in a medical institution and will receive hospice care
- X Individuals aged or disabled with income not above 100% FPL
- X Individuals receiving only an optional State supplement in a 209(b) State
- X Individuals working disabled who buy into Medicaid (BBA working disabled group)
- X Employed medically improved individuals who buy into Medicaid under TWWIA Medical Improvement Group
- X Individuals disabled age 18 or younger who would require an institutional level of care (TEFRA 134 kids).
- X Medicaid-eligible veterans may be transported to non-Medicaid veterans facilities.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
MEDICAL ASSISTANCE PROGRAM

State/Territory: Wisconsin

SECTION 3 – SERVICES: GENERAL PROVISIONS

**28.a. Transportation (provided in accordance with 42 CFR 440.170) as an optional medical service) excluding “school-based” transportation, continued.**

(6) Payment Methodology

(A) The State will pay the contracted broker by the following method:

- (i) risk capitation
- (ii) non-risk capitation
- (iii) other (e.g., brokerage fee and direct payment to providers) (If checked describe any other payment methodology)

**The program is structured as per member per month (PMPM) payment to the broker based upon three (3) separate groups, each having a negotiated rate under contract with the broker:**

<b>Group 1</b>	<b>11.45</b>	<b>(Elderly, Blind, Disabled/Foster Children)</b>
<b>Group 2</b>	<b>2.88</b>	<b>(BadgerCare Plus Children)</b>
<b>Group 3</b>	<b>0.75</b>	<b>(BadgerCare Plus Adults/Pregnant Women, Well Woman MA, Family Planning Only Limited Benefit Plan)</b>

**The above contract rates are locked in for 3 years, with the potential of two extensions of one year duration each. Having a locked rate for 3 years allows the state to be insulated from increased program costs such as fuel prices.**

(B) Who will pay the transportation provider?

- (i) Broker
- (ii) State
- (iii) Other (if checked describe who will pay the transportation provider)

(C) What is the source of the non-Federal share of the transportation payments? Describe below the source of the non-Federal share of the transportation payments proposed under the State plan amendment. If more than one source exists to fund the non-Federal share of the transportation payment, please separately identify each source of non-Federal share funding.

**General Purpose Revenues (GPR) (state tax revenues).**

- (D) The State assures that no agreement (contractual or otherwise) exists between the State or any form of local government and the transportation broker to return or redirect any of the Medicaid payment to the State or form of local government (directly or indirectly). This assurance is not intended to interfere with the ability of a transportation broker to contract for transportation services at a lesser rate and credit any savings to the program.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
MEDICAL ASSISTANCE PROGRAM

State/Territory: Wisconsin

SECTION 3 – SERVICES: GENERAL PROVISIONS

**28.a. Transportation (provided in accordance with 42 CFR 440.170) as an optional medical service) excluding “school-based” transportation, continued.**

- X (D) The State assures that no agreement (contractual or otherwise) exists between the State or any form of local government and the transportation broker to return or redirect any of the Medicaid payment to the State or form of local government (directly or indirectly). This assurance is not intended to interfere with the ability of a transportation broker to contract for transportation services at a lesser rate and credit any savings to the program.
- X (E) The State assures that payments proposed under this State plan amendment will be made directly to transportation providers and that the transportation provider payments are fully retained by the transportation providers and no agreement (contractual or otherwise) exists between the State or local government and the transportation provider to return or redirect any of the Medicaid payment to the State or form of local government (directly or indirectly).
- X  (7) The broker is a non-governmental entity:
  - X The broker is not itself a provider of transportation nor does it refer to or subcontract with any entity with which it has a prohibited financial relationship as described at 42 CFR 440.170(4)(ii).
  - The broker is itself a provider of transportation or subcontracts with or refers to an entity with which it has a prohibited financial relationship and:
    - Transportation is provided in a rural area as defined at 42 CFR 412.62(f) and there is no other available Medicaid participating provider or other provider determined by the State to be qualified except the non-governmental broker.
    - Transportation is so specialized that there is no other available Medicaid participating provider or other provider determined by the State to be qualified except the non-governmental broker.
    - The availability of other non-governmental Medicaid participating providers or other providers determined by the State to be qualified is insufficient to meet the need for transportation.

TN # 10-016  
Supersedes  
New

Approval Date AUG 08 2011

Effective Date: 07/01/2011

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
MEDICAL ASSISTANCE PROGRAM

State/Territory: Wisconsin

SECTION 3 – SERVICES: GENERAL PROVISIONS

**28.a. Transportation (provided in accordance with 42 CFR 440.170) as an optional medical service) excluding “school-based” transportation, continued.**

- (8) The broker is a governmental entity and provides transportation itself or refers to or subcontracts with another governmental entity for transportation. The governmental broker will:

**The broker is not a governmental entity.**

- Maintain an accounting system such that all funds allocated to the Medicaid brokerage program and all costs charged to the Medicaid brokerage will be completely separate from any other program.
- Document that with respect to each individual beneficiary’s specific transportation needs, the government provider is the most appropriate and lowest cost alternative.
- Document that the Medicaid program is paying no more for fixed route public transportation than the rate charged to the general public and no more for public para-transit services than the rate charged to other State human services agencies for the same service.
- (9) Please describe below how the NEMT brokerage program operates. Include the services that will be provided by the broker. If applicable, describe any services that will not be provided by the broker and name the entity that will provide these services.

**Response: The Wisconsin transportation manager will create a transportation network to meet all non-emergency medical transportation (NEMT) for all qualifying members of Wisconsin Medicaid and BadgerCare Plus. This transportation network will be comprised of Specialized Medical Vehicles (SMV), ambulance, common carrier and volunteer modes of transportation.**

**The transportation manager will provide all NEMT services for certain Wisconsin Medicaid and BadgerCare Plus members, with the exception of the following:**

- Members residing in a nursing home. The nursing homes will continue to provide NEMT services under Medicaid nursing home transportation guidelines.**
- Members enrolled in Wisconsin FamilyCare. The FamilyCare program will continue to provide Medicaid NEMT services.**

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
MEDICAL ASSISTANCE PROGRAM

State/Territory: Wisconsin

SECTION 3 – SERVICES: GENERAL PROVISIONS

**The manager will operate a call center located in Wisconsin that takes requests from members, their families or healthcare providers, affirming the member's eligibility, gate-keeping the member's need for NEMT, determining the correct mode of transportation and affirming that the requested destination is a participant in the State's Medicaid program.**

**The manager will then contract with a transportation provider. The manager will affirm the transportation provider's insurance, vehicle and driver compliance and then route the trip to and pay the contracted transportation provider and/or volunteer driver.**

**The manager will accept, respond to and solve transportation and other related service issues and complaints. They will review utilization and investigate and report to the Department suspected abuse or misuse of NEMT services. They will provide a number of reports to the Department regarding services provided and quality of services provided. The manager will host quarterly advisory committee meetings and conduct periodic satisfaction surveys.**

**No-shows. The transportation manager will contact the case manager or social worker to ensure the member attends all scheduled treatments and services. Transportation will not be denied, although certain days of the week may change if, for example, case notes indicate that a member frequently misses appointments on a particular day of the week. Appointments would then be changed to an alternate, more successful, day of the week.**



AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED  
MEDICALLY NEEDY GROUP(S): ALL

29. Medication-assisted treatment services (in accordance with section 1905(a)(29) of the Act)

Provided:  No limitations  With limitations\*

Not provided.

\* Description provided on attachment.

TN # 21-0009

Supersedes

TN # New

Approval date: 6/23/2021

Effective date: 01/1/2021

State/Territory: WI

**AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED MEDICALLY NEEDY  
GROUP(S)**

## 30. Coverage of Routine Patient Cost in Qualifying Clinical Trials

\*The state needs to check each assurance below.

Provided:   X  

## II. General Assurances:

**Routine Patient Cost – Section 1905(gg)(1)**

  x   Coverage of routine patient cost for items and services as defined in section 1905(gg)(1) that are furnished in connection with participation in a qualified clinical trial.

**Qualifying Clinical Trial – Section 1905(gg)(2)**

  x   A qualified clinical trial is a clinical trial that meets the definition at section 1905(gg)(2).

**Coverage Determination – Section 1905(gg)(3)**

  x   A determination with respect to coverage for an individual participating in a qualified clinical trial will be made in accordance with section 1905(gg)(3).

PRA Disclosure Statement - This information is being collected to assist the Centers for Medicare & Medicaid Services in implementing Section 210 of the Consolidated Appropriations Act of 2021 amending section 1905(a) of the Social Security Act (the Act), by adding a new mandatory benefit at section 1905(a)(30). Section 210 mandates coverage of routine patient services and costs furnished in connection with participation by Medicaid beneficiaries in qualifying clinical trials effective January 1, 2022. Section 210 also amended sections 1902(a)(10)(A) and 1937(b)(5) of the Act to make coverage of this new benefit mandatory under the state plan and any benchmark or benchmark equivalent coverage (also referred to as alternative benefit plans, or ABPs). Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid Office of Management and Budget (OMB) control number. The OMB control number for this project is 0938-1148 (CMS-10398 #74). Public burden for all of the collection of information requirements under this control number is estimated to take about 56 hours per response. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to CMS, 7500 Security Boulevard, Attn: Paperwork Reduction Act Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.