

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S2-26-12
Baltimore, Maryland 21244-1850



Center for Medicaid, CHIP, and Survey & Certification

Mr. Jason A. Helgerson, Medicaid Director
Division of Health Care Access and Accountability
Wisconsin Department of Health Services
P.O. Box 309, Room 350
1 West Wilson Street
Madison, WI 53701-0309

MAY 18 2010

RE: Wisconsin 09-015

Dear Mr. Helgerson:

We have reviewed the proposed amendment to Attachment 4.19-D of your Medicaid State plan submitted under transmittal number (TN) 09-015. Effective for services on or after July 1, 2009, this amendment revises reimbursement methodology for the payment of nursing facility (NF) and intermediate care facility for the mentally retarded (ICF/MR) services. Specifically this amendment provides for a 2% increase to reimbursement rates for NF and ICF/MR services, increases the amount of Medicaid Access incentive payments, eliminates the "Nursing Home Appeals Board", revises the methodology for calculating the direct care component of the nursing facility (NF) reimbursement rate, changes the application of the Behavior and Cognitive Impairment Supplement from an add-on to an incentive, and increases the aggregate amount of supplemental payments for local units of government.

We conducted our review of your submittal according to the statutory requirements at sections 1902(a)(2), 1902(a)(13), 1902(a)(30), and 1903(a) of the Social Security Act and the regulations at 42 CFR 447 Subpart C. We are pleased to inform you that Medicaid State plan amendment TN 09-015 is approved effective July 1, 2009. The HCFA-179 and the amended plan pages are attached.

If you have any questions, please call Todd McMillion at (608) 441-5344.

Sincerely,

A handwritten signature in black ink that reads "Cindy Mann". The signature is written in a cursive style with a large initial "C".

Cindy Mann
Director

Center for Medicaid, CHIP, and Survey & Certification (CMCS)