

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 09-016

Dear Mr. Helgerson:

We have reviewed the proposed amendment to Attachment 4.19-D of your Medicaid State plan submitted under transmittal number (TN) 09-016. Effective for services on or after August 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 requires providers to complete a "RUGable" MDS Quarterly Assessment Form for each resident, changes the application of the Behavior and Cognitive Impairment Incentive from an incentive to an add-on to the direct care component of the NF reimbursement rate, revises the methodology for calculating the property component of the NF reimbursement rate, and increases the utilization percentage a NF must attain to receive the exceptional Medicare/Medicaid Utilization incentive.

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 09-016 is approved effective August 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,

  
Cindy Mann  
Director

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