



**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL**

1. TRANSMITTAL NUMBER:  
11-010

2. STATE  
Wisconsin

FOR: HEALTH CARE FINANCING ADMINISTRATION

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE  
SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR  
HEALTH CARE FINANCING ADMINISTRATION  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE  
07/01/2011

5. TYPE OF PLAN MATERIAL (Check One):

NEW STATE PLAN

AMENDMENT TO BE CONSIDERED AS NEW PLAN

AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:  
Section 4107 of the Affordable Care Act, section  
1905(bb)(2) of the Social Security Act

7. FEDERAL BUDGET IMPACT:

a. FFY 2012 .....\$0

b. FFY 2013 .....\$0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 3.1-A Pages 2 and 2a .....  
Attachment 3.1-B Page 2a .....

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  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

Same  
Same

10. SUBJECT OF AMENDMENT:

Tobacco cessation.


11. GOVERNOR'S REVIEW (Check One):

GOVERNOR'S OFFICE REPORTED NO COMMENT *W.*

COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

OTHER, AS SPECIFIED:

12. SIGN: 

13. TYPED NAME:

Brett Davis

14. TITLE:

State Medicaid Director

15. DATE SUBMITTED:

September 30, 2011

16. RETURN TO:

Brett Davis

State Medicaid Director

Division of Health Care Access and Accountability

1 W. Wilson St.

P.O. Box 309

Madison, WI 53701-0309

17. DATE RECEIVED:

September 30, 2011

FOR REGIONAL OFFICE USE ONLY

18. DATE APPROVED:

4/27/12

19. EFFECTIVE DATE OF APPROVED MATERIAL:

July 1, 2011

PLAN APPROVED - ONE COPY ATTACHED

20. SIGNATURE OF REGIONAL ADMINISTRATOR: 

21. TYPED NAME:

Alan Freund

22. TITLE:

Acting Associate Regional Administrator

23. REMARKS:

State/Territory: Wisconsin

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

- 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 \*
- 4.b. Early and periodic screening, diagnostic and treatment services for individuals under 21 years of age, and treatment of conditions found.  
Provided:  No limitations  With limitations \*
- 4.c. Family planning services and supplies for individuals of child-bearing age.  
Provided:  No limitations  With limitations \*
- 4.c.(i) Family planning services and supplies for individuals of child-bearing age and for individuals eligible pursuant to Attachment 2.2-A, in accordance with section 1905(a)(4)(C) of the Act, if this eligibility option is elected by the State.  
Provided:  No limitations  With limitations
- 4.c.(ii) Family planning-related services provided under the above State Eligibility Option  
Provided:  No limitations  With limitations\*

\* Description provided on attachment.

TN #11-010  
Supersedes  
TN #10-009

Approval date: APR 27 2012 Effective date: 07/01/2011

State/Territory: Wisconsin

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

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 \*

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.

6.a. Podiatrists' services.

Provided:  No limitations  With limitations \*

\* Description provided on attachment.

TN #11-010  
Supersedes  
TN #10-009

Approval date: APR 27 2012

Effective date: 07/01/2011

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.

TN #11-010  
Supersedes  
TN #93-022

Approval date: \_\_\_\_\_

**APR 27 2012**

Effective date: 07/01/2011