

## **Table of Contents**

**State/Territory Name: WI**

**State Plan Amendment (SPA) #: 17-0009**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages

Department of Health & Human Services  
Centers for Medicare & Medicaid Services  
233 North Michigan Avenue, Suite 600  
Chicago, Illinois 60601-5519



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November 6, 2017

Michael Heifetz, Medicaid Director  
Division of Medicaid Services  
Department of Health Services  
1 West Wilson Street, Room 350  
Madison, WI 53702

ATTN: Al Matano, SPA Coordinator

RE: Transmittal Number (TN) 17-0009

Dear Mr. Heifetz:

Enclosed for your records is an approved copy of the following State Plan Amendment (SPA):

Personal Care Services

Effective Date: July 1, 2017

Approval date: November 6, 2017

If you have any questions, please have a member of your staff contact Mai Le-Yuen at (312) 353-2853 or by email at [mai.le-yuen@cms.hhs.gov](mailto:mai.le-yuen@cms.hhs.gov).

Sincerely,

/s/

Alan Freund  
Acting Associate Regional Administrator  
Division of Medicaid and Children's Health Operations

Enclosure

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

1. TRANSMITTAL NUMBER:  
17-0009

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  
07/01/2017

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:  
42 CFR 440.167

7. FEDERAL BUDGET IMPACT:  
a. FFY 2017 ..... \$737K  
b. FFY 2018 ..... \$3,668K

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 4.19-B, Page 16.h-11. ....

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  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

Same. ....

10. SUBJECT OF AMENDMENT:

Medicaid reimbursement for personal care services.

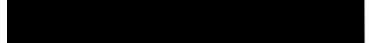
11. GOVERNOR'S REVIEW (Check One):

- GOVERNOR'S OFFICE REPORTED NO COMMENT
- COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
- NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

OTHER, AS SPECIFIED:



12. SIGNATURE OF STATE/AGENCY OFFICIAL:



13. TYPED NAME:  
Michael G. Heifetz

14. TITLE:  
State Medicaid Director

15. DATE SUBMITTED:  
September 29, 2017

16. RETURN TO:  
Michael G. Heifetz  
State Medicaid Director  
Department of Health Services  
1 W. Wilson St.  
P.O. Box 309  
Madison, WI 53701-0309

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED:  
September 29, 2017

18. DATE APPROVED:  
November 6, 2017

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:  
July 1, 2017

20. SIGNATURE OF REGIONAL OFFICIAL: /s/

21. TYPED NAME:  
Alan Freund

22. TITLE:  
Acting Associate Regional Administrator

23. REMARKS:

41. Personal Care Services

The Department establishes maximum allowable fees for personal care services. Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of personal care services.

The agency's fee schedule rates were set as of July 1, 2017 through June 30, 2018 and are effective for services provided on or after that date. All rates are published on the Wisconsin ForwardHealth website:

<https://www.forwardhealth.wi.gov/WIPortal/Subsystem/Publications/MaxFeeHome.aspx>

The agency's fee schedule rates were set as of July 1, 2018 and are effective for services provided on or after that date. All rates are published on the Wisconsin ForwardHealth website:

<https://www.forwardhealth.wi.gov/WIPortal/Subsystem/Publications/MaxFeeHome.aspx>

For each covered service, the Department shall pay the lesser of a provider's usual and customary charge or the maximum fee established by the Department.