

State/Territory: WISCONSIN

AMOUNT, DURATION, AND SCOPE OF MEDICAL  
AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

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 included in the State Plan.*

Provided:  No limitations  With limitations\* *per PM 3-42*

Not provided.

- c. 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).

*per 3/92*  
Provided:  No limitations  With limitations\*

- d. Ambulatory services offered by a health center receiving funds under section 329, 330, or 340 of the Public Health Service Act to a pregnant woman or individual under 18 years of age.

*Delete per 3/92 CR5-*  Provided:  No limitations  With limitations\*

3. Other laboratory and x-ray services.

Provided:  No limitations  With limitations\*

\*Description provided on attachment.

TN No. 91-0023  
Supersedes 90-0015 Approval Date 1/16/92 Effective Date 10/1/91  
TN No. 91-0019 HCFA ID: 7986E

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.(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
- 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.

State/Territory: WISCONSIN

AMOUNT, DURATION, AND SCOPE OF MEDICAL  
AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

b. Optometrists' services.

Provided:  No limitations  With limitations\*  
 Not provided.

c. Chiropractors' services.

Provided:  No limitations  With limitations\*  
 Not provided.

d. Other practitioners' services.

Provided: Identified on attached sheet with description of  
limitations, if any.  
 Not provided.

7. Home health services.

a. Intermittent or part-time nursing services 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\*

\*Description provided on attachment.

TN No. 91-0023

Supersedes

TN No. 90-0026

Approval Date

1/16/92

Effective Date 10/1/91

HCFA ID: 7986E

Revision: HCFA-PM-91-4 (BPD)  
AUGUST 1991

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State/Territory: WISCONSIN

AMOUNT, DURATION, AND SCOPE OF MEDICAL  
AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

- 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\*  
 Not provided.

8. Private duty nursing services.

Provided:  No limitations  With limitations\*  
 Not provided.

\*Description provided on attachment.

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AMOUNT, DURATION AND SCOPE OF MEDICAL  
AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

9. Clinic services.

Provided:  No limitations  With limitations\*  
 Not provided.

10. Dental Services.

Provided:  No limitations  With limitations\*  
 Not provided.

11. Physical therapy and related services.

a. Physical therapy.

Provided:  No limitations  With limitations\*  
 Not provided.

b. Occupational therapy.

Provided:  No limitations  With limitations\*  
 Not provided.

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

Provided:  No limitations  With limitations\*  
 Not provided.

\*Description provided on attachment.

TN No. 86-001  
Supersedes  
TN No. 85-0156

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AMOUNT, DURATION AND SCOPE OF MEDICAL  
AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

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\*  
 Not provided.

b. Dentures.

Provided:  No limitations  With limitations\*  
 Not provided.

c. Prosthetic devices.

Provided:  No limitations  With limitations\*  
 Not provided.

d. Eyeglasses.

Provided:  No limitations  With limitations\*  
 Not provided.

13. Other diagnostic, screening, preventive, and rehabilitative services, i.e., other than those provided elsewhere in the plan.

a. Diagnostic services.

Provided:  No limitations  With limitations\*  
 Not provided.

\* Description provided on attachment.

AMOUNT, DURATION AND SCOPE OF MEDICAL  
AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

b. Screening services.

Provided:  No limitations  With limitations\*  
 Not provided.

c. Preventive services.

Provided:  No limitations  With limitations\*  
 Not provided.

d. Rehabilitative services.

Provided:  No limitations  With limitations\*  
 Not provided.

14. Services for individuals age 65 or older in institutions for mental diseases.

a. Inpatient hospital services.

Provided:  No limitations  With limitations\*  
 Not provided.

b. Skilled nursing facility services.

Provided:  No limitations  With limitations\*  
 Not provided.

c. Intermediate care facility services.

Provided:  No limitations  With limitations\*  
 Not provided.

\*Description provided on attachment.

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 SEPTEMBER 1986

ATTACHMENT 3.1-A  
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AMOUNT, DURATION AND SCOPE OF MEDICAL  
 AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

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\*  
 Not provided.

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\*  
 Not provided.

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

Provided:  No limitations  With limitations\*  
 Not provided.

17. Nurse-midwife services.

Provided:  No limitations  With limitations\*  
 Not provided.

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

Provided  No limitations  With limitations\*  
 Not provided.

\*Description provided on attachment.

TR No. 93-045  
 Supersedes  
 TR No. 88-0016

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HCFA ID: 0069P/0002P

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: WISCONSIN

AMOUNT, DURATION, AND SCOPE OF MEDICAL  
AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

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

Additional coverage++

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

Additional coverage++

++ 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.

State/Territory: WISCONSIN

AMOUNT, DURATION, AND SCOPE OF MEDICAL  
AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

21. Ambulatory prenatal care for pregnant women furnished during a presumptive eligibility period by a ~~qualified~~ provider (in accordance with section 1920 of the Act). *eligible per PM-3-92*

Provided:  No limitations  With limitations\*  
 Not provided.

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

Provided:  No limitations  With limitations\*  
 Not provided.

*Certified (per PM 3-92)*  
23. Pediatric or family nurse practitioners' services.

X Provided:  No limitations  With limitations\*

\*Description provided on attachment.

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AMOUNT, DURATION, AND SCOPE OF MEDICAL  
AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

24. 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\*  
 Not provided.

b. Services of Christian Science nurses.

Provided:  No limitations  With limitations\*  
 Not provided.

c. Care and services provided in Christian Science sanatoria.

Provided:  No limitations  With limitations\*  
 Not provided.

d. Nursing facility services for patients under 21 years of age.

Provided:  No limitations  With limitations\*  
 Not provided.

e. Emergency hospital services.

Provided:  No limitations  With limitations\*  
 Not provided.

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

Provided:  No limitations  With limitations\*  
 Not provided.

\*Description provided on attachment.

TN No. 91-0023

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TN No. 87-0005

HCFA ID: 7986E

State: Wisconsin

AMOUNT, DURATION, AND SCOPE OF MEDICAL  
AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

25. 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.

X  provided   not provided

26. 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.

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

**State of Wisconsin**

AMOUNT, DURATION, AND SCOPE OF MEDICAL  
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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 Categorically Needy

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

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.