

State/Territory: WISCONSIN

AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED  
MEDICALLY NEEDY GROUP(S): All

The following ambulatory services are provided.

The following required services are provided to all medically needy individuals;

1. Pre-natal care and delivery services for pregnant women;
2. Inpatient Hospital Services;
3. Skilled Nursing Facility Services
4. Home Health Services, or nursing services if a home health agency is unavailable;
5. Services in an institution for mental diseases or an intermediate care facility for the mentally retarded;
6. Ambulatory Services:
  - a. Early and periodic screening and diagnosis of persons under 21 years of age and all medical treatment and dentists' services found necessary by this screening and diagnosis;
  - b. Mandatory services provided by any hospital outpatient clinic;
  - c. Family planning services and supplies;
  - d. Nurse midwifery services.

\*Description provided on attachment.

TN No. 86-0035  
Supersedes  
TN No. \_\_\_\_\_

Approval Date 3/23/87

Effective Date 10-1-86

HCFA ID: 0140P/0102A

## AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED

MEDICALLY NEEDY GROUP(S): ALL

The following optional services are available to all medically needy individuals:

1. Transportation by emergency medical vehicle to obtain emergency medical care, transportation by specialized medical vehicle to obtain medical care or, if authorized in advance by the county department of public welfare or social services, transportation by common carrier or private motor vehicle to obtain medical care;
2. Physical and occupational therapy;
3. Speech, hearing and language disorder services;
4. Medical supplies and equipment;
5. Insulins, antacids, analgesics, cough preparations and ophthalmic lubricants listed in the Wisconsin Medicaid Drug Index;
6. Antibiotic, anticonvulsant, psychotropic and muscle relaxant legend drugs listed in the Wisconsin Medicaid Drug Index;
7. Physician services;
8. Rural health clinic services;
9. Laboratory and radiology services;
10. Personal Care - effective 7/1/88;
11. Case Management.
12. Hospice
13. Respiratory Care
14. Optometrists' Services
15. Chiropractors' Services
16. Private Duty Nursing
17. Dental Services
18. Dentures
19. Eyeglasses
20. Other diagnostic, screening, preventive, and rehabilitative services, i.e., other than those provided elsewhere in this plan;

STATE OF WISCONSIN

AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED

MEDICALLY NEEDED GROUP(S): ALL

21. Inpatient hospital services for individuals age 65 or older in instituting for mental diseases;
22. Inpatient psychiatric facility services for individuals under 22 years of age; .
23. Federally qualified health care center services.

TN#: 90-0032  
Supercedes  
TN#: 89-0012

Approval Date 1-24-91 Effective Date 10/1/90

State/Territory: WISCONSIN

AMOUNT, DURATION, AND SCOPE OF SERVICES PROVIDED  
MEDICALLY NEEDY GROUP(S): ALL

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 covered under the PLAN Rev PM 3-92)*

Provided:  No limitations  With limitations\*

3. Other laboratory and X-ray services.

Provided:  No limitations  With limitations\*

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\*

b. Early and periodic screening, diagnostic and treatment services for individuals under 21 years of age, and treatment of conditions found. "

Provided (per PM 3-92)

c. Family planning services and supplies for individuals of childbearing age.

Provided:  No limitations  With limitations\*

\*Description provided on attachment.

TN No. 91-0024  
Supersedes 89-0012 Approval Date 12-9-91 Effective Date 10/1/91

HCFA ID: 7986E

2c. 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)

Provided  NO limitations

With limitations

State/Territory: WISCONSIN

AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED MEDICALLY NEEDY  
GROUP(s): \_\_\_\_\_

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5.a. Physicians' services, whether furnished in the office, the patient's home, a hospital, a nursing facility, or elsewhere.

Provided: \_\_\_ No limitations X With limitations\*

b. Medical and surgical services furnished by a dentist (in accordance with section 1905(a)(5)(B) of the Act).

Provided: \_\_\_ No limitations X With limitations:

\*Description provided on attachment.

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TN No. 93-022 Approval Date 7/15/93 Effective Date 4/1/93  
Supersedes  
TN No. 93-002

State/Territory: WISCONSIN

AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED  
MEDICALLY NEEDY GROUP(S): ALL

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.

a. Podiatrists' Services - Effective 7-1-90

Provided:  No limitations  With limitations\*

b. Optometrists' Services

Provided:  No limitations  With limitations\*

c. Chiropractors' Services

Provided:  No limitations  With limitations\*

d. Other Practitioners' Services - Effective 7-1-90

Provided:  No limitations  With limitations\*

7. Home Health Services

a. Intermittent or part-time nursing service 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 #90-0032  
Supersedes  
TN # 90-0027

Approval Date 1/24/91

Effective Date 10/1/90

State/Territory: WISCONSIN

AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED  
MEDICALLY NEEDY GROUP(S): ALL

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- 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\*

TN #90-  
Supersedes  
TN # NEW

Approval Date 11-5-90      Effective Date 7-1-90

State/Territory: WISCONSIN

AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED  
MEDICALLY NEEDY GROUP(S): \_\_\_\_\_

8. Private duty nursing services.

Provided:       No limitations       With limitations\*

9. Clinic services.

Provided:       No limitations       With limitations\*  
Same as physicians.

10. Dental services.

Provided:       No limitations       With limitations\*

11. Physical therapy and related services.

a. Physical therapy.

Provided:       No limitations       With limitations\*

b. Occupational therapy.

Provided:       No limitations       With limitations\*

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

Provided:       No limitations       With limitations\*

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\*

b. Dentures.

Provided:       No limitations       With limitations\*

\* Description provided on attachment.

State/Territory: WISCONSIN

AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED  
MEDICALLY NEEDY GROUP(S): ALL

- c. Prosthetic devices.  
 Provided:  No limitations  With limitations\*
- d. Eyeglasses.  
 Provided:  No limitations  With limitations\*
13. Other diagnostic, screening, preventive, and rehabilitative services, i.e., other than those provided elsewhere in this plan.
- a. Diagnostic services.  
 Provided:  No limitations  With limitations\*
- b. Screening services.  
 Provided:  No limitations  With limitations\*
- c. Preventive services.  
 Provided:  No limitations  With limitations\*
- d. Rehabilitative services.  
 Provided:  No limitations  With limitations\*
14. Services for individuals age 65 or older in institutions for mental diseases.
- a. Inpatient hospital services.  
 Provided:  No limitations  With limitations\*
- b. Skilled nursing facility services. Effective 7-1-88  
 Provided:  No limitations  With limitations\*

\*Description provided on attachment.

EN No. 93-003  
Supersedes  
EN No. 90-0032

Approval Date: 6/17/93

Effective Date 1/1/93

HCFA ID: 0140F/0102A

State/Territory: WISCONSIN

AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED  
MEDICALLY NEEDY GROUP(S): ALL

- c. Intermediate care facility services.  
 Provided:  No limitations  With limitations\*
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\*
- 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\*
16. Inpatient psychiatric facility services for individuals under 22 years of age.  
 Provided:  No limitations  With limitations\*
17. Nurse-midwife services.  
 Provided:  No limitations  With limitations\*
18. Hospice care (in accordance with section 1905(o) of the Act).  
 Provided:  No limitations  With limitations\*

\*Description provided on attachment.

TN No. 90-0032  
Supersedes 84-0021 Approval Date 1/27/91 Effective Date 10/1/90  
TN No. 88-0017 HCFA ID: 0140P/0102A

State/Territory: WISCONSIN

AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED  
MEDICALLY NEEDY GROUP(S): \_\_\_\_\_

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

Provided:+  Additional coverage\*\*

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

Provided:+  Additional coverage\*\*  Not provided.

21. Certified pediatric or family nurse practitioners' services.

Provided:  No limitations  With limitations\*

Not provided.

+ Attached is a list of major categories of services (e.g., inpatient hospital, physician, etc.) and limitations on them, if any, that are available as pregnancy-related services or services for any other medical condition that may complicate pregnancy.

\*\* 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 SERVICES PROVIDED  
MEDICALLY NEEDY GROUP(S): ALL

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

Provided:       No limitations       With limitations\*

Not provided. Eff. 8-9-89

23. 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\*

b. Services of Christian Science nurses.

Provided:       No limitations       With limitations\*

c. Care and services provided in Christian Science sanatoria.

Provided:       No limitations       With limitations\*

d. Skilled nursing facility services provided for patients under 21 years of age.

Provided:       No limitations       With limitations\*

e. Emergency hospital services.

Provided:       No limitations       With limitations\*

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

Provided:       No limitations       With limitations\*

TN No. 90-0027  
Supersedes  
TN No. 89-0021

Effective Date 7-1-90

HCFA ID: 1042P/0016P

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*from HCFH*

State/Territory: WISCONSIN

AMOUNT, DURATION, AND SCOPE OF SERVICES PROVIDED  
MEDICALLY NEEDY GROUP(S): ALL

24. Pediatric nurse practitioner and family nurse practitioner services.  
Effective 7-1-90.

Provided:       No limitations       With limitations\*

25. 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).

Provided:       No limitations       With limitations

TN No. 90-0032  
Supersedes  
TN No. ~~89-0021~~  
90-27

Approval Date 1-24-91

Effective Date 10/1/90

HCFA ID: 1042P/0016P



**State of Wisconsin**

**AMOUNT, DURATION, AND SCOPE OF SERVICES PROVIDED  
MEDICALLY NEEDY GROUP(S):**

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

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 Medically Needy**

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

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.