



State of Wisconsin

DEPARTMENT OF HEALTH AND SOCIAL SERVICES

DIVISION OF HEALTH
MAIL ADDRESS:
1 WEST WILSON STREET
P.O. BOX 309
MADISON, WISCONSIN 53701

October 15, 1984

Judith D. Stec
Associate Regional Administrator
Division of Program Operations
Health Care Financing Administration
175 West Jackson Boulevard
Chicago, IL 60604

Dear Ms. Stec:

Attached are signed Waiver of State Plan Provisions Forms for waivers in effect in Wisconsin. Please note minor changes in the descriptions of services for the Mental Health Gatekeeper Program waiver and the HMO Case Management waiver.

Sincerely,

Steve Handrich, Director
Bureau of Health Care Financing

SH/cn/5312

Attachment

WAIVERS OF STATE PLAN PROVISIONS

State: WISCONSIN

Type of Waiver

- 1915(b)(1) - Case Management System
- 1915(b)(2) - Locality as a Central Broker
- 1915(b)(3) - Sharing of Cost Savings (through:
Additional Services
Elimination of Copayments
- 1915(b)(4) - Restriction of Freedom of Choice
- 1915(c) - Home and Community-Based Services Waiver (non-model format).
 Home and Community-Based Services Waiver (model format).
- 1916(a)(3) and/or (b)(3) - Nominality of Copayments

Title of Waiver and Brief Description:

Community Integration Project (CIP I)

Approval Date: October 6, 1983

Renewal Date(s):

Effective Date: October 6, 1983

Specific State Plan Provisions Waived and Corresponding Plan Section(s):

- Comparability: Section 3.1(a)(3), Page 21
- Statewideness: Section 1.3, Page 8
- Freedom of Choice: Section 4.10, Page 41
- Services: Case Management
Habilitation Services
Respite Care

Eligibility:

Approximately 300 developmentally disabled persons living in three State Centers.

Reimbursement Provisions (if different from approved State Plan Methodology):

Counties are required to develop the cost of waiver services in accordance with the allowable Cost Principles of the Accounting Manual developed by the Division of Management Services.

U.S. GOVERNMENT PRINTING OFFICE: 1984-621-858-1160



 Signature of State Medicaid Director

WAIVERS OF STATE PLAN PROVISIONS

State:

Type of Waiver

- 1915(b)(1) - Case Management System
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Additional Services
Elimination of Copayments
- 1915(b)(4) - Restriction of Freedom of Choice
- 1915(c) - Home and Community-Based Services Waiver (non-model format).
 Home and Community-Based Services Waiver (model format).
- 1916(a)(3) and/or (b)(3) - Nominality of Copayments

Title of Waiver and Brief Description:

HMO Case Management Waiver

Approval Date: May 12, 1982

Renewal Date(s):

Delayed Implementation Date Effective
April 1, 1983 to March 30, 1985

Effective Date: May 12, 1982

Specific State Plan Provisions Waived and Corresponding Plan Section(s):

Comparability: 1902(a)(10) Section 3.1(a)(3) Page 21

Statewideness: 1902(a)(1) Section 1.3 Page 8


Freedom of Choice: Section 4.10, Page 41

Services: A range of services. Some HMO's do not provide dental care, podiatry, chiropractic services.

Eligibility: AFDC recipients. In areas of State where only 1 HMO exists, the person can choose between the HMO and a fee-for-service system. In areas where 2 or more HMOs exists, the person may choose between HMOs. Persons with chronic mental disabilities may also choose between an HMO and a fee-for-service system.

Reimbursement Provisions (if different from approved State Plan Methodology):

Capitation rate based on risk.


Signature of State Medicaid Director

State:

Type of Waiver

- 1915(b)(1) - Case Management System
- 1915(b)(2) - Locality as a Central Broker
- 1915(b)(3) - Sharing of Cost Savings (through:)
 - Additional Services
 - Elimination of Copayments
- 1915(b)(4) - Restriction of Freedom of Choice
- 1915(c) - Home and Community-Based Services Waiver (non-model format).
 - Home and Community-Based Services Waiver (model format).
- 1916(a)(3) and/or (b)(3) - Nominality of Copayments

Title of Waiver and Brief Description:

Mental Health Gatekeeper Program

Approval Date: November 9, 1982 Renewal Date(s):

Effective Date: November 9, 1982

Specific State Plan Provisions Waived and Corresponding Plan Section(s):

Comparability:

Statewideness:

Freedom of Choice: Section 4.10, Page 41

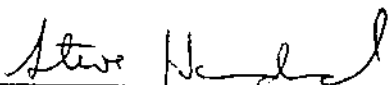
Services: Mental Health Services-inpatient and outpatient services provided by a physician, a Ph.D. psychologist, a hospital outpatient clinic or a mental health clinic require a contract with the County Mental Health Board and services must be authorized by the Boards and provided in accordance with HHS 107.13, Wisconsin Administration Code.

Eligibility:

All persons eligible for inpatient psychiatric care in general hospitals between the ages of 22-64, and all outpatient mental health care for persons of all ages.

Reimbursement Provisions (if different from approved State Plan Methodology):

All claims subject to the Gatekeeper System must be authorized for payment by the local 51.42 Board. All services subject to the 15 hour or \$500 limitation must be prior authorized.



Signature of State Medicaid Director

State: WISCONSIN

Type of Waiver

- 1915(b)(1) - Case Management System
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- 1915(b)(3) - Sharing of Cost Savings (through:)
 - Additional Services
 - Elimination of Copayments
- 1915(b)(4) - Restriction of Freedom of Choice
- 1915(c) - Home and Community-Based Services Waiver (non-model format).
 - Home and Community-Based Services Waiver (model format).
- 1916(a)(3) and/or (b)(3) - Nominality of Copayments

Title of Waiver and Brief Description:

Primary Provider

Approval Date: January 5, 1983

Renewal Date(s):

Effective Date: Not implemented

Specific State Plan Provisions Waived and Corresponding Plan Section(s):

Comparability:

- Statewideness:** Section 1.3, Page 8
- Freedom of Choice:** Section 4.10, Page 41
- Services:** State Plan Coverage

Eligibility:

In areas of the State where only 1 HMO exists, individuals may elect either the HMO or Primary Provider System for health care delivery.

Reimbursement Provisions (if different from approved State Plan Methodology):

The State expected to begin with fee-for-service and then develop a risk-based methodology.

* U.S. GOVERNMENT PRINTING OFFICE: 1984-421-858:1160

Steve N...

Signature of State Medicaid Director

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM

State of Wisconsin

ATTORNEY GENERAL'S CERTIFICATION

I certify that:

The Department of Health and Family Services is the single State agency responsible for:

administering the plan.

The legal authority under which the agency administers the plan on a Statewide basis is

ss. 46.03(8) and ss. 49.45(1)
(statutory citation)

supervising the administration of the plan by local political subdivisions.

The legal authority under which the agency supervises the administration of the plan on a Statewide basis is contained in

(statutory citation)

The agency's legal authority to make rules and regulations that are binding on the political subdivisions administering the plan is

(statutory citation)

9/17/96
DATE

James S. Hlyk
Signature
Attorney General
Title

TN #96-024
Supersedes
TN #76-0041

Approval Date 12/4/96

Effective Date 7-1-96

Attachment

1.2A

Our Mission

To lead the nation in fostering healthy, self-reliant individuals and families.

We are committed to successful methods that:

- *Promote independence.*
- *Strengthen families.*
- *Encourage healthy behaviors.*
- *Promote community responsibility.*
- *Provide services of value to taxpayers.*
- *Protect vulnerable children, adults and families.*
- *Prevent individual and social problems.*

In carrying out our mission we will:

- *Promote a workplace where people count.*
- *Treat others fairly and with respect.*
- *Focus on the needs of our customers.*
- *Encourage innovation, creativity and critical thinking.*
- *Value diversity.*
- *Manage public resources responsibly.*
- *Reward excellence and value to the organization.*
- *Demonstrate integrity and commitment in all actions.*
- *Encourage collaboration with colleagues and external partners.*



Wisconsin Department of Health and Family Services

TN: 96-034
Supersedes
TN 96-007

Approval Date 10/4/96

Effective 7/1/96

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE WISCONSIN

DESCRIPTION OF ORGANIZATION AND FUNCTION OF THE STATE AGENCY

The Department of Health and Family Services is under the direction and supervision of the Secretary of Health and Family Services. The Governor appoints a departmental secretary, with the advice and consent of the Senate, who serves an indefinite term. The secretary appoints a deputy secretary and division administrators.

The office of the secretary is responsible for the planning and coordinated execution of the various health and social services provided by the Department. The Department is divided into seven divisions, and maintains regional, district, and sub-offices and institutions across the state. The seven program divisions are the:

- Division of Public Health
- Division of Health Care Financing
- Division of Care and Treatment Facilities
- Division of Children and Family Services
- Division of Supportive Living
- Division of Management and Technology
- Office of Strategic Finance

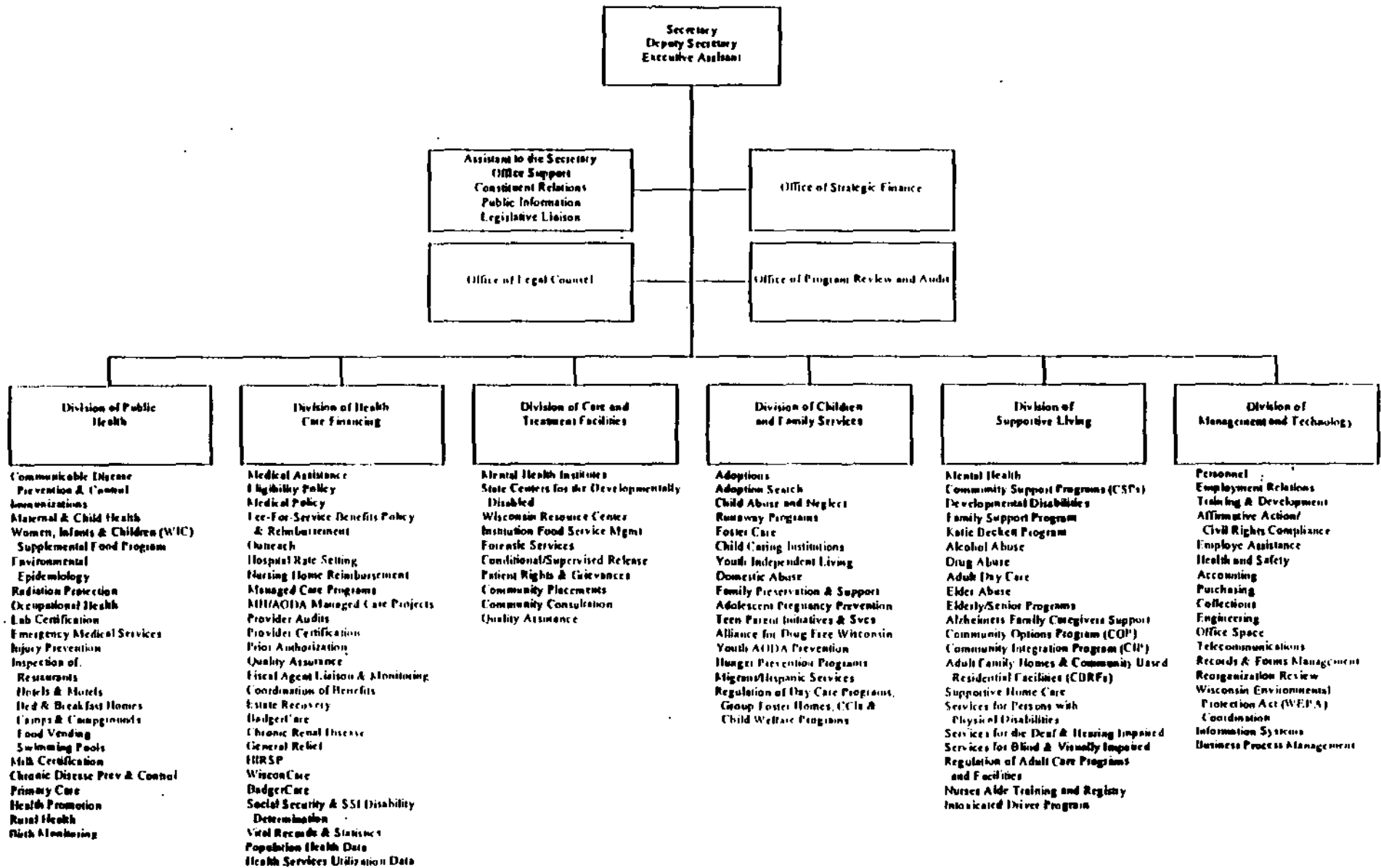
TN #98-016
Supersedes
TN #96-024

Approval Date: 3/ 199

Effective Date: 10-1-98

CH03162.MP/SP

DEPARTMENT OF HEALTH AND FAMILY SERVICES



TN# 98-016
Supersedes
TN #96-021

Approval Date 3/199

Effective Date 10/1/98