

WISCONSIN MEDICAID STATE PLAN TRANSMITTALS

Transmittal Number	Subject	Date Submitted	Date Approved	Effective Date
79-0031	Organization of MA Unit	1-79	2-8-79	1-31-79
79-0033	FFP for sterilizations	3-79	3-30-79	3-8-79

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79-0034	Nondiscrimination-handicap	3-23-79	6-5-79	6-30-79
79-0035	Methods of Reimbursement SNF + ICF	3-30-79	11-7-80	1-1-79
79-0036	Methods of Reimbursement ICF-MRS	6-25-79	11-7-80	4-1-79
79-0037	Conflict of Interest for Medicaid Managers	12-19-79	1-14-80	10-1-79
79-0038	SSI State Supplemental Pay.	7-20-79	10-31-79	7-1-79
79-0039	Informal appeals-nursing homes failing a survey	9-21-79	11-28-79	6-30-79
79-0040	Annual income levels - MN	9-10-79	2-5-80	7-1-79 + 8-1-79
79-0041	60 day public notice of Reimbursement changes	9-21-79	11-28-79	8-6-79
79-0042	Gender change - unemployed fathers to unemp. parents	11-2-79	5-9-80	6-25-79
79-0043	Annual income levels - MN	11-9-79	2-5-80	10-1-79
79-0044	SSI State Supplemental Payments	11-9-79	1-14-80	10-1-79
79-0045 (Formerly 79-0032)	Methods of Reimbursement-Other Types of Care	9-21-79 (originally submitted 2-23-79)	12-13-79	7-1-79
79-0046	Change in financial eligibility standards for persons in SNFs/ICFs	12-3-79		10-1-79
79-0047	Suspension of practitioners con- victed of MA-related crimes	12-19-79	1-14-80	10-1-79

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79-0048	Christian Science services coverage	12-28-79	7-16-80	10-1-79
79-0049	Cash asset limits - Med. Needy	12-28-79	WITHDRAWN	
79-0050	Increase in Maintenance Allow- ance for non-institutionalized spouse et al	12-28-79	8-29-80	10-1-79
79-0051	Increase in Personal Needs Allowance from \$35-\$45	12-28-79	3-26-80	10-1-79

WISCONSIN MEDICAID STATE PLAN TRANSMITTALS

Transmittal Number	HcFA A.T	Subject	Date Submitted	Date Approved	Effective Date
80-0052	79-71	Change in EPSDT reqs	3-17-80	5-2-80	1-1-80
80-0053	79-55	Timely payment of claims	3-80	5-14-80	8-23-79
80-0054	1	Methods of Reimbursement - SNF/ICF/ICF-HR	3-31-80	6-3-81	1-1-80
80-0055	1	Amount, duration, scope of services - changes resulting from rule promulgation	3-31-80	8-29-80	2-1-80
80-0056	80-7	Payment for Medical Care by a Third Party	6-2-80	8-29-80	2-20-80
80-0057	79-75	Revised federal residency re- quirements	7-11-80	8-29-80	4-1-80
80-0058	80-29	Effective date of nursing home provider agreements	7-11-80	8-29-80	7-3-80
80-0059	79-77 79-89	Required provider agreements; standards of payment for ICFs, disclosure of informa- tion by provider/Asst agent	9-15-80	9-26-80	7-1-80
80-0060		Annual income limits - MN + increase home maintenance allowance	9-19-80	5-15-81	7-1-80
80-0061		Excess liquid assets of nur- sing home residents	NEVER SENT IN		
80-0062	1	Eligibility income levels for residents of snfs/icfs	9-80	10-24-80	10-1-80
80-0063	1	Personal needs allowance - institutionalized person with >1 dependent at home	9-80	10-9-80	10-1-80
80-0064	10 *	Miscellaneous eligibility updates	10-16-80	11-18-80	7-1-80
80-0065		changes in hospital rate review	9-22-80	27	4-1-81

Transmittal Number	HCFA AT #	Subject	Date Submitted	Date Approved	Effective Date
80-0066	4	SSI Supplementary Payments	12-9-80	1-7-81	10-1-80
80-0067	1	Agreement between DUR-DOH	1-14-81	4-1-81	10-22-80
80-0068	80-76	Notifying HCFA of Providers Terminated from MA	1-14-81		
81-0069		Second opinion	3--81	5-12-81	2-1-81
81-0070	1	Orthodontic Benefit Change	3--81	5-12-81	1-1-81
81-0071	1	1981 Nursing Home Methods	3-30-81	11-9-81	1-1-81, 4/1/81 5/1/81
81-0072	81-10	Persons Considered SSI Recipients.	4-29-81	6-8-81	1-1-81, 4/1/81 5/1/81
81-0073		Divestment of Resources at Less than Market Value	6-24-81	9-22-81	4-1-81
81-0074		Mon w/ BQC & w/ Title II	7-81	4-2-82	7-1-81
81-0075		Financial Participation of Local Govt. Units	9-30-81	10-20-81	7-1-81
81-0076	1	Organiz. of MA Unit & Desc. of Profess. Med. Personnel	9-30-81	10-20-81	7-1-81
81-0077	1	Med Needy Income Limits	9-30-81	11-19-81	7-31-81
81-0078	1	Amount, Duration & Scope of Services (Partial Approval)	9-30-81	12-30-81 Partial App. Letter from C. Davis	7-1-81
81-0079	1	Payment for Serv. other than hosp or N.H. ^{att} 4. AB	9-30-81	12-2-81	7-1-81
81-0080	1	Payment for Reserved Beds	9-30-81	10-20-81	7-1-81
81-0080(a)	81-391	T.P.L. Thresholds - Preprint & Attach.	12-30-81	1-22-82	10-1-81
81-0081(a)	1	Definition of a Claim	9-30-81	10-19-81	7-1-81
81-0081	1	Effective Date of Eligibility	12-30-81	1-19-82	10-1-81
81-0082	1	Increase in Med. Needy Income Levels	12-30-81	1-28-82	11-1-81

Transmittal Number	HCFA AT #	Subject	Date Submitted	Date Approved	Effective Date
81-0083	1	Free Choice of Providers	12-30-81	1-15-82	10-1-81
81-0084	1	Payment for Services p. 57	12-30-81	1-14-82	10-1-81
81-0085	1	Payment for SNF/ICF's	12-30-81	1-14-82	10-1-81
81-0086	1	Payment to MDs for Clinical Lab Services	12-30-81	1-19-82	10-1-81
81-0087	1	Prohibition against Reassignment of Provider Claims	12-30-81	1-15-82	10-1-81
81-0088	1	Cost Sharing 4.18 (Partial approval set 9-20-82 letter to K.R. from G.S.)	12-30-81	partial app. 11-1-81, 5-21-82, 10-1-82.	11-1-81, 5-21-82, 10-1-82
82-0089	A.T. 81-37	Preprint Revisions (PL 97-35) Eligibility	3-3-82	5-17-82	1-1-82
82-0090	81-37	Preprint Revision - med needy services	3-10-82	12/16/82	partial approval 11/1/82-11/1/81
82-0091	1	MOU BHCW/DPI re Jithu	3-19-82	4-15-82	1-1-82
82-0092	82-3	Preprint re EPSDT Penalty	3-31-82	4-12-82	1-1-82
82-0093	81-41	Preprint Eliminate 60 day notice period	3-31-82	4-12-82	1-1-82
82-0094	1	Methods of Providing Trans.	3-31-82	4-15-82	1-1-82
82-0095	1	Payment rates Non instat serv. (AM 4.19B)	3-31-82	4-15-82	3-1-82 / 4-1-82
82-0096	(amendment 0078)	Amount, Duration + Scope, mental health serv. (AM 4.19B)	3-31-82		
82-0097	1	Amnt to Hospt Reimb.	3-31-82	5-17-82	1-1-82
82-0098	1 AM 4-18	1982 Nursing Home Plan	3-31-82	5-26-82	1-1-82
82-0099		Medicare Part B Buy-in for med. needy	6-25-82	6-30-82	4-1-82
82-0100		Amount Duration + Scope Dental Serv.	6-25-82	7-15-82	8-1-82
82-0101		Preprint - Adds nurse midwife serv. for Cat. needy	6-25-82	7-15-82	4-1-82
82-0102		MOU DEA + DOH re med. support liab.	6-25-82	7-15-82	4-1-82
82-0103		Preprint - Amounts for maint. of non instat spouse	9-27-82	10/12/82	7/1/82
82-0104		Preprint - med needy Income levels	9-27-82	10/13/82	7/20/82, 9/29/82
82-0105		Preprint - Rural Hospt Swing Bed Provision	9-27-82	10/4/82	7/20/82

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82-0106		Payment for Phy. services + Phy. assistants (uniform for Schol. Home Health Serv. AT 4.19B	9/27/82	10/27/82	Phy 10/1/82 HH 7/1/82
82-0107		Addendum to MOU with BQC	9/27/82	10/4/82	7/1/82
82-0108		Cost sharing & similar charges	10/4/82		
82-0109		Amends med. needy income levels due to AFDC payment level increase.	12/8/82	12/17/82	10/1/82
83-0110		Preprint fees and recoveries	3/9/83	3/21/83	10/1/82 (should be 1/1/83)
83-0111		Changes effective date for med. needy & cat. needy i.e. retro eligible.	3/9/83	3/21/83	1/1/82
3-0112	1	Preprint permitting coverage of home care for certain disabled children.	3/9/83	3/21/83	10/1/82 (?)
83-0113		Defines which ambulatory services are available to med. needy + corrections to Attachment 1.2 A and 1.2 D (update organizational charts)	3/23/83	4/5/83	1/1/83
83-0114	1	Nursing Home Reimb. Formula for first 6 Mo of 1983	3/30/83	7/21/83	1/1/83
83-0115		Hospital Reimb Formula	4/20/83	6/24/83	7/1/83
83-0116		MOU with DCS-DOH + DCTF	5/5/83	5/18/83	4/1/83
83-0117	1	Medicare Part B Revision	6/28/83	7/18/83	8/1/83
83-0118	1	MA Coverage for Under 18 Foster children	6/28/83	7/19/83	4/1/83

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-0119		PSRO contract with Foundation for medical care evaluation	9/6/83	9/8/83	Withdrawn (unnecessary)
83-0120		Suspension of Health Care Professionals for conviction of Program related crimes etc.	9/6/83	9/8/83	7/1/83
83-0121	1	SSI Deeming	9/30/83	10/14/83	7/1/83
83-0122	1	1983-84 12 month nursing home formula	9/30/83	10/1/83	7/1/83
83-0123	1	Adjust income limits + payment standards for med + cat needy pursuant to 1983 W. Act 27.	9/30/83	10/19/83	8/1/83
83-0124	1		9/30/83	10/19/83	9/1/83
83-0125	1		9/30/83	10/19/83	7/1/83
83-0126	1	Assures Fed Cooperation in enforcing interstate residency agreements.	9/30/83	10/14/83	7/1/83
83-0127	1	Technical correction to 1983 Hosp. Reimb. formula.	9/30/83	12/19/83	7/1/83
83-0128		Copayment Budget changes 1983 W. Act 27 Schedules	12/30/83	1/27/84	10/1/83
83-0129		Preprint Copayment changes implementing TEFRA changes incorporated into W. Act 27	12/30/83	1/27/84	10/1/83
83-0130	Am 3-0094	Amount, Duration & Scope (Deletes ICF 344 after Nov. 1, 83 pursuant to W. Act 27)	12/30/83	Disapproved see C. Jones letter to J. Lewitz 3-30-84	Sturges 9-1-85

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84-0131		Hospt Reim. JCCA. Change RE: Basic Year Data Collection + Requests for Adm. Rate Adj	3/30/84 (Did not submit)	Did not submit per S.H.	Did not submit per S.H.
84-0132		HMO Preprint RE: Cont. MA eligibility for HMO enrollees	3/30/84	4/10/84	1/1/84
84-0133		adjustment to med. needy income limits	3/30/84	4/12/84	1/1/84
84-0134		Divestment Policy update	3/30/84	4/13/84	1/1/84
84-0135		Preprint RE: Freedom of Choice; Payment for Inpatient Hospital Services + Long Term care Services (covering bed provision)	4/13/84	4/23/84	4/15/84
84-0136		Desc. of Lim. Corrects 22-64 + ICF 344.	10/30/84	7/24/84	4/27/84
84-0137		Annual adjustment to income levels + payment stds. for med needy.	9/28/84	10/17/84	7/1/84
84-0138		Annual adjustment to inst. persons pers. needs allowance	9/28/84	10/17/84	7/1/84
84-0139		"Description of Limitations" Transplant policy Hospt. + phy.	9/28/84	10/18/84	8/1/84
84-0140		Inpatient Hospital adjustment (weighting factors)	9/28/84	4/18/85	7/1/84
84-0141		Outpatient Adjustment	9/28/84	10/22/84	7/1/84
84-0142		1981-852 HMO	9/28/84	3/16/85	7/1/84

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84-0143		Copayment Changes. County Stamp. & Physician exemptions	12/28/84	1/10/85	10/1/84
84-0144		Inpatient Hospt. Per diem rate for ventilator patients	12/28/84	8/1/85	10/1/84
84-0145		Outpatient Hospt. Technical correction reimb. meta for FY after 1976	12/28/84	1/10/85	10/1/84
84-0146		DEFRA AFDC Change to Preprint page. (Good faith effort @ informing HCFA of 10-1-84 implementation date) with out Fed. Preprint Changes	12/28/84	1/28/85	10/1/84
84 85-0147		Preprint - EPSDT	3/29/85	4/16/85	1/1/85
85-0148		updates med needy income level and payment standards to conform with revised SSI levels	3/29/85	4/16/85	1/1/85
85-0149		Att. 4.22 A. T.P.L. Threshold limits	3/29/85	4/16/85	1/1/85
85-0150		Federally mandated Eligibility Preprint	4/30/85	6-25-85	10/1/84
85-0151		Amends reg. Charts for DHS, DCs, DOH, BHC	4/30/85	5/31/85	4/1/85

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85-0152	Early and Periodic Screening, Diagnosis - Treatment Program - Continuing Care Providers	6-28-85	7-16-85	4/1/85
85-0153	Inpatient hospital - modification of Sunset Date	6-28-85	12-2-85	7-1-85
85-0154	Deletes tuberculosis treatment Mandatory SS# for recipients Assignment of Rights Permits Home + Community-based Services	8-16-85	9-10-85	7-1-85
85-0155	Identifies PRO utilization review requirements	8-16-85	9-12-85	7-1-85
85-0156	Deletes special tuberculosis treatment requirements	8-16-85	9-12-85	7-1-85
85-0157	Inpatient hospital state plan	10-1-85	5/16/86	7-1-85
85-0158	1985-86 Nursing Home Formula	10-1-85	5-27-86 (with extensions) Seph	7-1-85
85-0159	Medicaid Eligibility Changes	10-1-85	10-24-85	7-1-85 9-1-85
85-0160	Medicaid Quality Control	10-1-85	10-23-85	10-1-85
85-0161	Control of utilization of inpatient services in mental hospitals	10-1-85	10-23-85	7-1-85
85-0162	Services for medically needy	10-1-85	10-24-85	as indicated next to each item
85-0163	Dental Services for the Categorically needy	10-1-85	10-24-85	8-1-85
85-0164	Requirements for Cost-Sharing Charges	10-1-85	2-5-86	7-1-85
85-0165	Post-Eligibility Treatment of Institutionalized Individuals	10-1-85	1-16-86	10-1-85
85-0167	Amulatory services for the	10-1-85	1-16-86	10-1-85

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85-0168	Certified Transplant Facilities	11-1-85	1-16-86	11-1-85
86-0001	Services for the Categorically Needy	3-31-86	5-5-86 except for home health care Chronic & end treatment services	3-1-86
86-0002	Description of Limitations-Categorically Needy	03-31-86	2/19/87	3/1/86
86-0003	Services for the Medically Needy	03-31-86	5-9-86	3-1-86
86-0004	Description of Limitations-Medically Needy	03-31-86	2-19-87	3-1-86
86-0005	Methods of Providing Transportation	03-31-86	4/25/86	4/1/86
86-0006	Payments for Reserved Beds	03-31-86	"	"
86-0007	Hospital Inpatient Services	03-31-86	7-31-86	4-1-86
86-0008	Hospital Outpatient Services	03-31-86	4/25/86	4-1-86
-0009	EPSDT- Continuing Care Providers	03-31-86	"	"
86-0010	Income limits and	03-31-86	"	1-1-86

TRANSMITTAL #	SUBJECT	DATE SUBMITTED	DATE APPROVED	EFFECTIVE DATE
86-0011	Medically Needy Service for which no federal financial participation is claimed	5/7/86	5/16/86	4/1/86
86-0012	Cooperative agreement for 3rd Party Collection	6-76-86	7-11-86	4-1-86
86-0013	Medicaid Coverage of Individuals Receiving SSI	6-16-86	6-25-86	4-1-86
86-0014	Nursing homes. Terms of provider Reimb. - Capital Payments	6-26-86	10-28-86	4-1-86
86-0015	NH Terms of Reim. Center for the Developmentally Disabled + Co. Match	6-26-86	4-13-87	"
86-0016	Inpatient Hospital Rate Plan - Out-of-State + Payment Method of Aids	6-26-86	10-28-86	4-1-86
86-0017	Case Management for EPSDT (Letter)	6-26-86		
86-0018	Applicable Regulation Requirement	9-3-86	10/16/86	7/1/86
86-0019	Guidelines used to Determine when to seek Reimb. from a third party	9-3-86	10/16/86	7/1/86
86-0020	Disclosure of Info by Providers to Local agents + income eligibility Verif. System	9-3-86	10/16/86	10/1/86

TRANSMITTAL #	SUBJECT	DATE SUBMITTED	DATE APPROVED	EFFECTIVE DATE
86-0022	Eligibility Conditions & Requirements	9-3-86	10/16/86	7/1/86
86-0021	Income & Eligibility System procedures request to other state agencies	9-3-86	10/16/86	7/1/86
86-0023	Nursing Home ^{need} Method	9-30-86	4/24/87	1-1-86
86-0024	Hospital Inpatient	9/30/86	2/10/87	10/1/86 3/1/86
86-0025	Hospital Outpatient	9/30/86	11-1-86	7-1-86
86-0026	MA Extension following loss of AFDC due to loss of earned income disregard	9/30/86	10-30-86	7-1-86
86-0027	Interstate Compact on Adoption & MA	9/30/86	10-30-86	7-1-86
86-0028	Organizational Chart	9/30/86	10-30-86	1-1-86
86-0029	Non-Institutional Rate Methodologies	9/30/86	11/10/86	7/1/86

TRANSMITTAL #	SUBJECT	DATE SUBMITTED	DATE APPROVED	EFFECTIVE DATE
86-0030	Text of Plan, pps. 11, 13 and 18 regarding risk contracts with HMO's, residency assurance	12-30-86	1-23-87	10-1-86
86-0031	Attach. 2.2A, pp. 1-19 regarding eligibility for Categorically and Medically Needy.	12-30-86	1-23-87	10-1-86
86-0032	Reformatting residency agreements, updating post-elig. treatment of inst. persons, reform. income assessment	12-30-86	1-28-87	10-1-86
86-0033	Reformatting the requirements for cost sharing (copayments).	12-30-86	1-23-87	10-1-86
86-0034	Covered Services for the Categorically Needy re-formatted to include cov. of pregn. women with extend. eligib. and hospice care.	12-30-86	not approved	10-1-86
86-0035	Reformatted to include coverage for pregn. women with extend. elig. and hosp. care. (Medically Needy).	12-30-86	3/23/87	10-1-86
86-0036	Technical amendment to the Hospital Rate Plan-clarifying payment for patients with AIDS	12-30-86	4/21/87	10-1-86
86-0037	Case Management Services for Recipients in Community Care Organizations (CCOs).	12-30-86	3/24/87	10-1-86

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87-0001	Annual adjustment to income limits payment standards & asset levels	12/29/86 3/26/87 3/30/87	4/21/87	10/1/86 11/1/87 11/1/87
87-0002	Addition of 4 states to the Inter-State Compact on Adoption & MA	3/30/87	4/13/87	1/1/87
87-0003	Amendment to the In & Outpatient Hospital Plans	3-30-87	6/19/87	4-1-87
87-0004	Nursing Home Methods Reimb.	4-13-87	9/30/87	4-1-87
87-0005	Covered Services for the Categorically Needy	6-30-87	7/31/87	4-1-87
87-0006	Covered Services for the Med Needy	6-30-87	7/31/87	4-1-87
87-0007	General Program Admin	6-30-87	7/31/87	4-1-87 7-1-87
87-0008	Limited Coverage for Certain Alcohol, Drug Abuse, Resp. Care, Cost Sharing & Amb. Prenatal Care for Preg Women & Coord of Title XIX & XVII	6-30-87	7/31/87	4-1-87 7-1-87
87-0009	Categorical & Med Needy MA Coverage	6-30-87	7/31/87	4-1-87
87-0010	Medicaid Elig for Homeless Individual	6-30-87	7/31/87	4-1-87

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87-0011	Groups Covered - Agencies Responsible for Eligibility Determination	6-30-87	7/31/87	4-1-87 7-1-87
87-0012	Elig. Conditions & Requirements	6-30-87	7/31/87	4-1-87
87-0013	SNF Nursing Home Methodology 87-85	Nothing here -		was not used - started 0014
87-0014	Ambulatory pre-natal care for pres. eligible preg women.	9/30/87		
87-0015	Con. for Cat. Needy - Inc. Case management, HH, Per. care, pre-natal care & SNF/ICE Services	9/30/87	12/7/87	7/1/87
87-0016	Con formed needy-inc. Case management, HH, personal care & pre- natal care.	9/30/87	12/7/87	10-1-87 1-1-88 7-1-87
87-0017	Non-institutional Rate Methodologies	9/30/87	12/9/87	7/1/87 10/1/87 1/1/88
87-0018	Utilization Control, SNF Services & 3rd Party Rehab	9/30/87	11/18/87	7-1-87
87-0019	Nursing Home Payment Rates	9/30/87	1/20/88	7-1-87
87-0020	8788 Hosp. Inpatient Rate Plan	9/30/87	7/7/88	7-1-87

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87-0021	87-88 Hospital Outpatient Plan	9/30/87	10/23/87	7/1/87
87-0022	Presump. Elig. for Preg. Women	9/30/87	10/9/87	9/1/87
87-0023	MA Qualifying Trusts	9/30/87	10/9/87	9/1/87
87-0024	Elig of Preg. Women 60 day extension	9/30/87	10/9/87	9/1/87
87-0025	Income Limits & Payment Standards	9/30/87	10/9/87	9/1/87
87-0026	Groups covered & Agencies Resp. for Elig. Determ Elig Cond & Requir	9/30/87	10/9/87	7/1/87
87-0027	Safeguarding Info on app & recip	10/15/87	11/12/87	8/1/87
87-0028	Inpatient Hospital Rate Plan	12/29/87	4/26/88	10/1/87
87-0029	Co-Payments - (cost sharing)	12/29/87	1/26/88	1-1-88
87-0030	Coverage for the categorically needy	"	2/4/88	10/1/87 1/1/88
87-0031	Coverage for the medically needy	"	2-4-88	10/1/87 1/1/88

TRANSMITTAL #	SUBJECT	DATE SUBMITTED	DATE APPROVED	EFFECTIVE DATE
87-0032	Interstate Compact for Adoption & Medical Assistance	12/29/87	1/25/88	10/1/87
88-0001	Free Choice of Providers, Provider Sanctions	1/28/88	2/23/88	1-1-88
88-0002	Elig. Verification, Elig. Cards for Homeless Persons	1/28/88 2/23/88	2/23/88	1/1/88
88-0003	Drug Reimbursement Methodology	3/10/88	4/12/88	1/1/88
88-0004	Requirements for 3rd Party Liability - Identifying Liable Resources	3/14/88	5-18-88	1-1-88
88-0005	Rate Methodology for Case Management Services	3/14/88	5/4/88	1-1-88
88-0006	Case Management Services	3/14/88	5/18/88	1-1-88
88-0007	Services for the Categorically Needy	3-28-88	5/18/88	7/1/88
88-0008	Services for the Medically Needy	3/28/88	4/26/88	7/1/88
88-0009	Personal Care Rate Methodology	3-28-88	4-26-88	7-1-88
88-0010	Long Patient Hospital Rate Plan, Organ Transp. w/ day respite, day care community day respite	3-28-88	7-7-88	1-16-88

TRANSMITTAL #	SUBJECT	DATE SUBMITTED	DATE APPROVED	EFFECTIVE DATE
88-0011	Outpatient Hospital Rate Plan	3/28/88	4/12/88	1/16/88
88-0012	Exclusion of Providers from Mt Program Participation	3/28/88	4/12/88	2/19/88
88-0013	Interstate Compact on Adoption & MA	3/28/88	4/12/88	1/1/88
88-0014	Income Limits & Payment Standards Medically Needy Assets	3/28/88	4/12/88	1/1/88
88-0015	Case Management Certification	6-29-88	7-15-88	4-1-88
88-0016	Coverage for the Categorically Needy	6-29-88	7-15-88	7-1-88
88-0017	Coverage for the Medically Needy	6-29-88	7-15-88	7-1-88
88-0018	Non-Institutional Rate Methodology	6-29-88	7-18-88	7-1-88
88-0019	Coverage for Aliens	6-29-88	7-15-88	7-1-88
88-0020	Eligibility for Hospice Care	6-29-88	7-15-88	7-1-88
88-0021	Eligibility for Certain Aliens	6-29-88	7-15-88	7-1-88

TRANSMITTAL #	SUBJECT	DATE SUBMITTED	DATE APPROVED	EFFECTIVE DATE
88-0022	Interstate Compact on Adoption and Medical Assistance	6-29-88	7-15-88	4-1-88
88-0023	NH Reimbursement Methods for 1988-89, Attachment 4.19D	9-29-88	3/16/89	7-1-88
88-0024	Hospital Inpatient Rate Plan for 1988-89, Attachment 4.19A		3/16/89	7-1-88
88-0025	Hospital Outpatient Rate Plan for 1988-89, Attachment 4.19B		10/24/89	7-1-88
88-0026	HA Eligibility of IHD Residents between ages 22-64 on Conditional Release or Convalescent leave. Attach 2.6A, p.3		Deleted per WI 6/2/89	Updated 5/2/89 8/1/88
88-0027	Room & board rate methodology for hospital enrollees and residents of NH. Attach 4.19B, p.5, Non-Institutional Rate Method		11/14/88	7-1-88
88-0028	Home Health & PC Services categorically needy	12/29/88	2/14/89	1-1-89
88-0029	HH & PC Services for Pregnant Women & Children under Age 1 - Med Needy		2-14-89	1-1-89
0030	Technical Changes for Utilization Control		not approved	10-1-88
0031	Income Elig levels - Categorically Needy		2/7/89	10/1/88

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TRANSMITTAL #	SUBJECT	DATE SUBMITTED	DATE APPROVED	EFFECTIVE DATE
89-0001	3.1A-13a AODA 4.19 B-2 Day Surgery Suppl to 2.6.A, 7-1 3.1B, p. 2-4, B 3.1A, p. 12-15	2/15/89	7/29/89	3-1-89
89-0002	Changes to the NH Reimbursement Methods	3/30/89	8/14/89	1/1/89
89-0003	Changes to the Inpatient Hospital Rate Plan	"	8/18/89	"
89-0004	Qualified MC Benef.	"	6/6/89	"
89-0005	Income + Assets Modestly Needy	"	5/8/89	"
89-0006	Eligibility of Preg Women + Children Under age 1 at 120% of the federal poverty level	"	not approved	"
89-0007	Elig of Preg Women + Children Under Age 1 at 127% of Fed Pov level Elig of Children between ages 1-3 at 100% of Fed level	"	Withdrawn 7-20-89	7-28-89
89-0008	NH Nurse Aide Training, Pre Screening & Review for Chron mentally ill in NH	"	5/8/89	"
89-0009	Attachment 4.19D See 1.600A	6/29/89	8/18/89	4/1/89
89-0010	ATTACH 4.19 A-4.19B Inpatient - Outpatient Hospital Rate Plan	9/29/89	2/7/90	7-1-89

TRANSMITTAL #	SUBJECT	DATE SUBMITTED	DATE APPROVED	EFFECTIVE DATE
89-0011	4.19D NH Reimb Methods	9/29/89	NOV 13 1989	
89-0012	Respiratory Therapy, H+H - Transp. Services for Calcareally + med. needs, keep	9/29/89	NOV 3 1989	8/9/89
89-0013	Qualified Medical Beneficiaries	9/29/89	NOV 08 1989	7/1/89
89-0014	"	9/29/89	NOV 08 1989	8/9/89
89-0015	Systematic Alien Verification for Entitlements	9/29/89	NOV 03 1989	8/11/89
89-0016	Elig of Pregnant Women + Children Under at 1st 100% of the federal poverty level	9/29/89	NOV 08 1989	8/9/89
89-0017	Interstate Compact on Adoption + MA	9/29/89	10/12/89	7/1/89
89-0018	Transfer of Resources	9/29/89	NOV 08 1989	8/9/89
89-0019	Protection of Income + Resources of a Couple for Maintenance of Com.	9/29/89	NOV 07 1989	9/30/89
89-0020	Community Support Program	12/30/89 1/1/90	2/14/90	1/1/90

TRANSMITTAL #	SUBJECT	DATE SUBMITTED	DATE APPROVED	EFFECTIVE DATE
89-0021	Emergency Hospital Services for the Med Needy	12/30/89	1/12/90	10/1/89
89-0022	OBRA Nursing Facility Section	12/30/89	not approved	10/1/89
89-0023	Interstate Compact on Adoption & MA	12/30/89	1/19/90	10/1/89
89-0024	Protection of Income & Resources for Maintenance	12/30/89	1/19/90	10/1/89
89-0025	Elig. for Preg. Women & Children Under Age 1 at 130% of Poverty	12/30/89	not approved	10/1/89
90-0001	Nursing Home Reimb Methods	3/30/90	9-18-90	7-1-90
90-0002	LSN Definition	"	6/26/90	1-1-90
90-0003	Allowable Expense for legal Fees	"	5/16/90	1-1-90
90-0004	Reimb to Active Treatment for Mentally Ill Residents	"	5/16/90	4-1-90
90-0005	Assurances & Rates for Obstetric & Pediatric Services	"	not approved	7-1-90
90-0006	Dmg Rate Methodology		4/14/90	7-1-90

TRANSMITTAL #	SUBJECT	DATE SUBMITTED	DATE APPROVED	EFFECTIVE DATE
90-0007	Rate Increase for Inpatient Hospital Services	3-30-90	6/14/90	1-1-90
90-0008	Income Limits & Payment Standards	"	4/12/90	1-1-90
90-0009	Protection of Resources for Maintenance of Comm. Spouse	"	4/16/90	1-1-90
90-0010	Inter-Compaction adoption - MA + Inter-Residency Agreement	"	4/12/90	1-1-90
90-0011	Transfer of Resources	"	not approved	1-1-90
90-0012	JPL	5/2/90	6/27/90	4-1-90 + 5-4-90
90-0013	NH Reimbursement Methods - RAP Limitations	6/29/90	11-28-90	4/1/90
90-0014	Inpatient Hospital Rate Plan	"	8/7/90	4-1-90
90-0015	MA Reimb for Federally Qualified Health Care Centers	"	1/24/91	4-1-90
90-0016	Income Limits QMB	"	9/4/90	4-1-90
90-0017	Expanded Elig Criteria - Preg. Women & Children	"	8/9/90	4-1-90

TRANSMITTAL #	SUBJECT	DATE SUBMITTED	DATE APPROVED	EFFECTIVE DATE
90-0018	Transfer of Resources	6/29/90	8/9/90	5/1/90
90-0019	MA Extensions/ Coverage Groups	6/29/90	8/9/90	4/1/90
90-0020	Resource Levels - Preg Women + Children w/ incomes at 133% of the Federal Poverty Level	6/29/90	8/9/90	7/1/90
90-0021	Assurances & Rates for Obstetrical & Pediatric	8/27/90	11-28-90	7/1/90
90-0022	Inpatient Hospital Rate Plan for July 1, 1990	9/30/90	11/28/90	7/1/90
90-0023	Outpatient Hospital Rate Plan for 7/1/90	9/30/90	 	7/1/90
90-0024	NH Reimbursement Methods	"	5-6-91	7/1/90
90-0025	OBRA '87 NH Reform Assurance	"	withdrawn	"
90-0026	Coverage for Categorically Needy	"	11/5/90	"
90-0027	Coverage for Med Needy	"	11/5/90	"

TRANSMITTAL #	SUBJECT	DATE SUBMITTED	DATE APPROVED	EFFECTIVE DATE
90-0028	Reimbursement Methodology for Podiatry, Pediatrics & Family Nurse Practitioners	9/30/90	11/5/90	7/1/90
90-0029	Elig. for Pregnant Women & Children Under 6	"	11/5/90	"
90-0030	Transfer of Resources for Elig Purposes	"	11/5/90	"
90-0035	Assignment of Medical Support	12/27/90	1-22-91	10/1/90
90-0031	MC Part A Premiums for Qualified Disabled Working Individuals	12/30/90	1/24/91	1/1/91
90-0032	Medically Needy Covered Services	12/30/90	1/24/91	1/1/90
90-0033	This # not used			
90-0034	Per Diem Rates for Hospice Services	12/30/90	1/24/91	10/21/90
91-0001	Inpatient Hospital Rate Plan	3/28/91	8/8/91	1/1/91
91-0002	Hospice Services & Rate Methodology	"	5-21-91	"
91-0003	Drug Rebate Program	"	5/21/91	"

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91-0001	Inpatient hospital rate plan	Attachment 4.19-A	1/1/91	3/28/91	8/8/91
91-0002	Hospice services and rate methodology	Attachment 3.1-A page 14 Attachment 3.1-B page 8 Attachment 4.19-B page 5 and 6	1/1/91	3/28/91	5/21/91
91-0003	Drug rebate program	Attachment 3.1-A page 13 Attachment 3.1-B page 5	1/1/91	3/28/91	5/21/91
91-0004	Methodologies for treatment of resources for individuals with income up to federal poverty levels	Attachment 2.6-A Supplement 5a page 1	1/1/91	3/28/91	5/22/91
91-0005	Income limits and payment standards	Attachment 2.6-A text pages 4 and 5 Attachment 2.6-A Supplement 1 pages 1 and 5 page number cut off Attachment 2.6-A Supplement 6	1/1/91	3/28/91	5/22/91
91-0006	Resource eligibility for spousal impoverishment	Attachment 2.6-A Supplement 13 page 1	1/1/91	3/28/91	5/22/91
91-0007	Removal of state's definition of "undue hardship" - divestments Medicaid qualifying trusts	Attachment 2.6-A Supplement 9b page 1b Attachment 2.6-A Supplement 10 page 1	1/1/91	3/28/91	5/22/91
91-0008	QMBs personal needs allowance	Text page 70 Attachment 2.2-A page 20 Attachment 2.6-A page 4	1/1/91	3/28/91	5/22/91
91-0009	Assurances to obstetrics/pediatric services	Attachment 4.19-B pages 8 to 26	---	3/28/91	Not approved
91-0010	Capital payments to ICF/MR nursing homes	Attachment 4.19-D pages 24 and 24a	6/15/91	6/26/91	9/24/91
91-0011	Supplemental payment for neonatal intensive care services	Attachment 4.19-A pages 15, 20 and 20a	6/16/91	6/26/91	9/24/91
91-0012	Co-payments (cost sharing)	Attachment 4.18-A pages 1 to 6 Attachment 4.18-C pages 1 to 6	4/1/91	6/26/91	7/25/91
91-0013	Intermediate sanctions for nursing facilities	Text pages 79b and 79c Attachment 4.35-A page 1 Attachment 4.35-B page 1 Pages 1 to 13?	4/1/91	6/26/91	3/18/92
91-0014	Income eligibility levels - mandatory group of qualified Medicaid beneficiaries (QMBs) with incomes up to the Federal poverty level	Attachment 2.6-A Supplement 1 page 4	4/1/91	6/26/91	7/25/91
91-0015	Organizational charts	Attachment 1.2-A pages 1 to 3 Attachment 1.2-D	4/1/91	6/26/91	7/18/91
91-0016	Nursing home reimbursement methods for 1991	Attachment 4.19-D	7/1/91	9/27/91	7/24/91

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	to 1992				
91-0017	Inpatient hospital rate plan for 1991 to 1992	Attachment 4.19-A	7/1/91	9/27/91	11/21/91
91-0018	Outpatient hospital rate plan for 1991 to 1992	Attachment 4.19-B	7/1/91	9/27/91	11/5/91
91-0019	Healthcheck other services	Attachment 3.1-A pages 1 and 19 Attachment 3.1-B page 2 Attachment 4.19-B Supplement 1	7/1/91	9/27/91	11/1/91
91-0020	Eligibility of children born after 9/30/83 who are at least age 6 but less than age 19	Attachment 2.2-A page 4a	7/1/91	9/27/91	Not approved
91-0021	Assurances to obs/peds services	Attachment 4.19-B pages 8 to 26	10/1/91	10/8/91	6/4/92
91-0022	General administration	Text pages 86, 87 and 89	10/1/91	10/31/91	11/21/91
91-0023	Covered services for the categorically needy	Text pages 19, 19a and 19b Attachment 3.1-A pages 8 and 9 Attachment 3.1-A Supplement 1 pages 11, 11a, 11b and 15	10/1/91	10/31/91	1/16/92
91-0024	Covered services for the medically needy	Text pages 20, 20a and 20b Attachment 3.1-B pages 2, 2a and 7 Attachment 3.1-B Supplement 1 pages 3 and 9	10/1/91	10/31/91	12/9/91
91-0025	Covered services, various	Text pages 21, 21a, 21b, 22, 24, 29, 29a to 29c, 31a to 31d, 45, 57, 58, 66 and 79d.	10/1/91	10/31/91	1/16/92
91-0026	Cost sharing	Text pages 54 to 56 and 56a to 56f Attachment 4.18-A pages 1 to 7 Attachment 4.18-B pages 1 to 7	10/1/91	10/31/91	12/9/91
91-0027	Premiums for pregnant women and infants and qualified disabled and working individuals	Attachment 4.18-D pages 1 and 2	10/1/91	10/31/91	12/9/91
91-0028	Payment of Medicare Part A and Part B	Attachment 4.18-E pages 1 and 2 Attachment 4.19-B Supplement 1 pages 1 to 3	10/1/91	10/31/91	12/9/91
91-0029	Deductible/Co-insurance Coverage and eligibility maintenance of AFDC efforts	Text pages 10 to 12, 15, 16-17 and 88	10/1/91	10/31/91	Not approved.
91-0030	Covered groups and responsibility for eligibility determinations	Attachment 2.2-A pages 1, 2, 2a, 3, 3a, 4, 4a, 4b, 5, 6, 6a to 6g, 7 to 9, 9a to 9c, 10, 11, 11a, 12, 13, 13a, 14, 14a, 15, 16, 16a, 17, 18, 18a, 19 to 25, 25a and 26 Attachment 2.2-A Supplement 1 page 1 Attachment 2.2-A Supplement 3 page 1	10/1/91	10/31/91	Not approved.
91-0031	Eligibility conditions and requirements	Attachment 2.6-A pages 1 to 3, 3a and 3b, 4 to 6, 6a, 7 to 11, 11a, 12, 12a, 13 to 16, 16a, 17 to 19, 19a, 20, 21, 21a, 22 to 26; Attachment 2.6-A Supplement 1 pages 1, 2, 2a, 3, 4, 4a and 5 to 9	10/1/91	10/31/91	1/29/92

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		Attachment 2.6-A Supplement 2 pages 1 to 7, Attachment 2.6-A Supplement 4 page 1 Attachment 2.6-A Supplement 5 page 1 Attachment 2.6-A Supplement 5a page 1 Attachment 2.6-A Supplement 7 page 1 Attachment 2.6-A Supplement 8 page 1 Attachment 2.6-A Supplement 10 page 1			
91-0032	Treatment of income and resources	Attachment 2.6-A Supplement 8a page 1 Attachment 2.6-A Supplement 8b page 1	10/1/91	10/31/91	1/22/92
91-0033	Estate liens	Text pages 53 and 53a Attachment 4.17 pages 1 to 3	10/1/91	12/30/91	3/16/92
91-0034	Cost effectiveness methods for group health insurance premiums as required by Program Memorandum 91-08	Attachment 2.6-A page 3c Attachment 2.6-A Supplement 11 page 1 Attachment 4.22-C page 1	10/1/91	12/30/91	withdrawn
91-0035	Categorically needy coverage for private duty nursing, home health and dental services	Attachment 3.1-A Supplement 1 pages 11b, 12	1/1/92	12/30/91	3/2/92
91-0036	Medically needy coverage for private duty nursing, home health and dental services	Attachment 3.1-B Supplement 1 pages 3 to 5	1/1/92	12/30/91	3/2/92
91-0037	Rate methodologies for community support program (CSP) services and payments to physicians in health personnel service areas (HPSAs)	Attachment 4.19-B pages 2a and 6	1/1/92	12/30/91	3/9/92
91-0038	Technical changes to the 91-92 nursing home reimbursement methodology	Attachment 4.19-D pages 19, 42 and 43	10/1/91	12/30/91	10/14/92
91-0039	Advance directives as required by Program Memorandum 91-09	Text pages 45(a) and 45(b) Attachment 4.34-A pages 1 to 5	12/1/91	12/30/91	3/6/92
91-0040	Eligibility conditions as related to COBRA continuing beneficiaries	Attachment 2.6-A pages 12b, 14a, 15a, 20, 20a, 22a Attachment 2.6-A Supplement 11 page 1	10/1/91	12/30/91	3/6/92
91-0041	Eligibility conditions relating to assignment of rights, etc.	Attachment 2.6-A pages 3a and 3a.1	10/1/91	12/30/91	6/29/92
92-001	Inpatient care	Attachment 4.19-A pages 13, 14, 14.1, 27.1 to 27.3 and 28	1/1/92	3/31/92	6/29/92
92-002	Outpatient hospital payments	Attachment 4.19-B page 4	1/1/92	3/31/92	5/6/92
92-003	Community Supported Living Arrangements (CSLA)	Text page 28(a) Attachment 3.1-F pages 1 and 2	1/1/92	3/31/92	Approved 6/29/92 Substitution sent in on 4/14/92

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92-004	Obstetrics/Pediatric assurances	Attachment 4.19-B pages 8, 8a, 9 to 162 Not all pages in approved copy	4/1/92	3/31/92	6/25/92
92-005	Income limits and payment standards.	Attachment 2.6-A unnumbered page Attachment 2.6-A page 4a and 5 Attachment 2.6-A Supplement 1 pages 4a, 8 Attachment 2.6-A Supplement 6 page 1	1/1/92	3/31/92	5/6/92
92-006	Resource eligibility for spousal impoverishment	Attachment 2.6-A Supplement 13 page 1	1/1/92	3/31/92	5/6/92
92-007	Interstate compact on adoption and medical assistance and interstate residency agreement	Attachment 2.6-A page 3	1/1/92	3/31/92	5/6/92
92-008	NH OBRA assurances pages 15, 16	Attachment 4.19-D pages 15 and 16	10/1/92	6/5/92	10/28/92
92-009	Inpatient hospital rate methodology	Attachment 4.19-A pages 38, 39 and 39.1	4/1/92	6/30/92	9/25/92
92-010	Home health services - description of limitations	Attachment 3.1-A page 11b Attachment 3.1-B page 3	7/1/92	6/30/92	9/24/92
92-011	Non-institutional rate methodologies - home health, rural health clinics & FQHCs	Attachment 4.19-B pages 4, 5, 6, and 6a	7/1/92	6/30/92	9/25/92
92-012	Estate lien recovery	Attachment 4.17-A pages 1 to 3	5/1/92	6/30/92	7/24/92
92-013	Community Supported Living Arrangements (CSLAs)	Text pages 28(b) to 28(d) Attachment 3.1-F ≡ Attachment 3.1-F is listed on the transmittal page but is not in the folder. ≡	7/1/92	6/30/92	8/17/92
92-014	Coverage and conditions of eligibility - PM 91-10	Attachment 2.2-A pages 9a, 10, 10a and 11	4/1/92	6/30/92	7/29/92
92-015	Coverage and conditions of eligibility - financial eligibility PM 92-1.	Text page 16-17 Attachment 2.2-A pages 4, 4a, 5 and 6 Attachment 2.6-A pages 1, 6, 7, 7a, 11a, 12, 12a, 19a, 19b and 21 Attachment 2.6-A Supplement 1 pages 2 and 5 Attachment 2.6-A Supplement 2 page 4	4/1/92	6/30/92	7/29/92
92-016	Resource limits for mandatory coverage of children born after 9/30/93 who have attained age 6 but have not attained age 19 - PM 92-2	Attachment 2.6-A Supplement 2 page 5	4/1/92	6/30/92	7/24/92
92-017	Income eligibility levels - pregnant women and infants and QMBs	Attachment 2.6-A Supplement 1 pages 1 and 6	4/1/92	6/30/92	7/30/92
92-018	Personal needs allowance - veterans	Attachment 2.6-A page 4	5/1/92	6/30/92	7/29/92
92-019	Presumptive eligibility for pregnant women - PM 92-1	Attachment 2.2-A page 23 Attachment 2.6-A page 25	7/1/92	6/30/92	7/29/92
92-020	Nursing home reimbursement methodology for 1992 to 1993	Attachment 4.19-A pages i and ii and 1 to 53	7/1/92	9/29/92	3/19/93

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92-021	Inpatient hospital rate plan for 1992 to 1993	Attachment 4.19-A pages i and ii and 1 to 64	7/1/92	9/29/92	11/19/92
92-022	Outpatient hospital rate plan for 1992 to 1993	Attachment 4.19-B pages 1 to 13	7/1/92	9/29/92	11/16/92
92-023	Premium payment and methodology for group health insurance	Text pages 29d and 70 Attachment 2.2-A pages 23a and 26a Attachment 2.6-A page 3c Attachment 4.22-C pages 1 to 5	7/1/92	9/29/92	03/18/93
92-024	Nursing home survey and certification	Text pages 79u to 79x Attachment 4.40-A page 1 Attachment 4.40-B pages 1 to 12 Attachment 4.40-C pages 1 to 4 Attachment 4.40-D pages 1 and 2 Attachment 4.40-E pages 1 to 12	7/1/92	9/29/92	4/1/93
92-025	Nurse aide training	Text pages 79n to 79r Attachment 4.38 page 1 Attachment 4.38-A page 1	7/1/92	9/29/92	11/16/92
92-026	Drug utilization review program	Text pages 74, 74a and 74b	7/1/92	9/29/92	11/3/92
92-027	Free choice of providers, utilization control, inspection of care for ICF-MRs and IMDs and physician services	Text pages viii, 41, 46, 50a and 51 Attachment 3.1-A page 2 Attachment 3.1-B page 2a	7/1/92	9/29/92	11/16/92
92-028	Outstationing of Medicaid application process for eligible pregnant women, infants and children (PM 91-8)	Text page 11a	9/8/92	9/29/92	11/3/92
92-029	Maintenance of AFDC effort	Withdrawal of text page 88	N/A	9/29/92	N/A
92-030	Sanctions for psych hospitals	Attachment 4.30 page 1	1/1/93	12/30/92	1/6/93
92-031	Prenatal care coordination services	Attachment 3.1-A Supplement 1 pages 1-J-1 to 1-J-4 Attachment 3.1-A Supplement 1 pages 14 to 14a Attachment 3.1-B Supplement 1 pages 8 to 8a	1/1/93	12/30/92	3/8/93
92-032	Reimbursement for prenatal care coordination services, health ed.	Attachment 4.1-B page 6A	1/1/93	12/30/92	3/12/93
92-033	NH allowable cost change	Attachment 4.19-D page 9	10/1/92	12/30/92	3/23/93
93-001	Home & community care for functionally disabled elderly individuals	Text pages 19b and 20b Attachment 3.1-A page 10	1/1/93	3/30/93	4/29/93
93-002	Minimum qualifications for physicians who provide services to children and pregnant women and physicians' services	Text page 66a Attachment 3.1-A page 2 Attachment 3.1-B page 2a	1/1/93	3/30/93	4/21/93
93-003	Vision care services, DME, prosthetic devices, eyeglasses, rehab services - MH	Attachment 3.1-A page 6 Attachment 3.1-B page 5 Attachment 3.1-A Supplement 1 pages 1 to 14	1/1/93	3/30/93	6/17/93

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		Attachment 3.1-A Supplement 1			
93-004	Obstetrics and pediatric payment	Attachment 4.19-B pages 8 to 37	4/1/93	3/30/93	6/9/93
93-005	Amendments to CSLA application	Intro. pages 16, 17, 17a, 37 and 44	1/1/93	3/30/93	5/23/93
93-006	Inpatient hospital rate methodology	Attachment 4.19-A pages 13, 14, 33, 39 to 43.8 and 55	2/15/93	3/30/93	6/15/93
93-007	Private duty nursing reimbursement - high tech care for children	Attachment 4.19-B pages 2, 2a and 6b	1/1/93	3/30/93	4/29/93
93-008	Nursing home - ICF/MR vocational programs	Attachment 4.19-D pages 15, 28, 34 and 46 to 48	1/1/93	3/30/93	9/10/93
93-009	Text pages for specialized low-income MC beneficiaries	Text pages 11, 21, 29 and 29a to 29c	1/1/93	3/30/93	4/29/93
93-010	PM-3-2 Specified low-income MC beneficiaries	Attachment 2.2-A pages 9b and 9b1 Attachment 2.6-A page 12a	1/1/93	3/30/93	4/29/93
93-011	Interstate Compact on Adoption and Medical Assistance and Interstate Residency	Attachment 2.6-A page 3	1/1/93	3/30/93	4/21/93
93-012	Income limits and payment standards/personal needs allowance veterans	Attachment 2.6-A pages 4 and 5 Supplements	1/1/93	3/30/93	5/3/93
93-013	Resource eligibility for spousal impoverishment	Attachment 2.6-A page 3	1/1/93	3/30/93	4/21/93
93-014	Income eligibility levels - pregnant women and infants and children between ages 6 and 19	Attachment 2.6-A Supplement 1 pages 1 and 2a	3/1/93	3/30/93	4/29/93
93-015	Case management services for persons diagnosed as having HIV infection - discharge planning in case management	Attachment 3.1-A Supplement 1 pages 1-C-5a to 1-K-1	1/1/92	3/30/93	4/21/93
93-016	Updating hospital inpatient payment for services	Text page 57	10/1/91	3/30/93	Withdrawn 4/16/93
93-017	Preadmission screening and annual resident review (PASARR) for nursing facility residents - state plan preprint TN 93-1	Text pages 76, 79s and 79t Attachment 4.39 page 1 Attachment 4.39-A page 1	4/1/93	6/29/93	6/16/93
93-018	TN-93-3 Drug utilization review preprints	Text pages 74 to 74c	4/1/93	6/29/93	7/12/93
93-019	Physician and inpatient hospital services	Attachment 3.1-A Supplement 1 pages 1 to 3 Attachment 3.1-B Supplement 1 pages 1 to 2 Attachment 3.1-E pages 1 to 3	4/1/93	6/29/93	8/2/93
93-020	Ventilator dependent and personal care services	Text page 28 Attachment 3.16-A Supplement 1 page 16 Attachment 3.1-B Supplement 1 page 15	4/1/93	6/29/93	8/2/93
93-021	Specified low-income MC beneficiaries (SLIMBs)	Attachment 2.6-A page 20a, 22 and 23	4/1/93	6/29/93	8/2/93
93-022	Specified low-income Medicare beneficiaries	Text pages 20b and 29 Attachment 3.1-A page 2 Attachment 3.1-B page 2a	4/1/93	6/29/93	7/15/93

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Trans. #	Subject	State Plan Section	Effective Date	Date Submitted	Date Approved
93-023	Title V Interagency Agreement	Attachment 4.16-A pages C-1 to C-6	4/1/93	6/29/93	8/23/93
93-024	Nurse practitioner and transportation services	Attachment 3.1-A Supplement 1 pages 4 and 15 Attachment 3.1-B Supplement 1 pages 3 and 14 Attachment 3.1-D page 1	4/1/93	6/29/93	8/2/93
93-025	Nursing home legal fees	Attachment 4.19-D page	5/1/93	6/29/93	8/10/93
93-026	NH special allowances for local government facilities	Attachment 4.19-D page 27	6/1/93	6/29/93	9/3/93
93-027	Standards for institutions	Attachment 4.11-A	4/1/93	6/29/93	7/12/93
93-028	Case management services	Attachment 3.1-A Supplement 1 pages 1-A-1 to 1-I-2 and 1-K-1 and 1-K-2	4/1/93	6/29/93	7/12/93
93-029	Nursing home reimbursement methodology for 1993 to 1994	Attachment 4.19-D pages 1 to 7, 9, 12, 17 to 20a, 21 to 23a, 24 to 27b, 28, 31, 34, 40, 40a, 41 to 43 and 46	7/1/93	9/30/93	2/11/94
93-030	Inpatient hospital reimbursement rates	Attachment 4.19-A Table of Contents pages 9, 11 to 13, 13.1, 13.2, 14 to 14.2, 15, 24, 26, 29 to 32, 32.1, 33, 38, 43, 43.1 to 43.6, 44, 45 and 54 to 54.1	7/1/93	9/30/93	3/31/94
93-031	PM: 93-006 Preprints - QMB - Text Preprints	Text page 58	7/1/93	9/30/93	12/16/93
93-032	Prescribed Drug Products - Over-the-counter drug products	Attachment 3.1-A Supplement 1 page 6 Attachment 3.1-B Supplement 1 page 5	7/1/93	9/30/93	12/15/93
93-033	Reimbursement for physician assistant services non-institutional reimbursement rates	Attachment 4.19-B pages 3, 4 and 5	7/1/93	9/30/93	12/15/93
93-034	Reimbursement for rural health clinics	Attachment 4.19-B page 6	10/16/93	9/30/93	15/15/93
93-035	Reimbursement for case management services - all other target populations	Attachment 4.19-B pages 7 and 8	7/1/93	9/30/93	12/15/93
93-036	Reimbursement for health professional shortage areas (HPSA) - primary care services	Attachment 4.19-B pages 9 to 13	10/16/93	9/30/93	12/15/93
93-037	Reimbursement for pediatric dental services	Attachment 4.19-B page 14	7/1/93	9/30/93	12/15/93
93-038	Reimbursement for nurse midwife services	Attachment 4.19-B page 15	7/1/93	9/30/93	12/15/93
93-039	Reimbursement for primary care providers - incentive payment	Attachment 4.19-B pages 16 and 17	10/16/93	9/30/93	12/15/93
93-040	Copayments	Attachment 4.18-A pages 1 to 14	7/1/93	9/30/93	12/15/93
93-041	Third party liability	Attachment 4.18-C pages 1 to 14 Attachments 4.22-A and B	10/1/93	12/20/93	1/31/94
93-042	Outpatient hospital reimbursement methodology	Attachment 4.19-B	11/1/93	12/20/93	2/2/94
93-043	Amendments to the community support living arrangement plan	Text pages 16, 17 and 44	5/11/94	12/15/93	5/11/94
93-044	Personal care services	Attachment 3.1-A Supplement 1 page 16 Attachment 3.1-B Supplement 1 page 15	1/1/94	12/20/93	1/31/94
93-045	Nurse midwife services	Attachment 3.1-A page 7	10/1/93	12/15/93	2/23/94

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		Attachment 3.1-A Supplement 1 pages 13 and 13a Attachment 3.1-B Supplement 1 pages 12 and 12a			
93-046	Transplants for undocumented persons	Text page 21b	10/1/93	12/20/93	1/31/94
93-047	More liberal methods of treating income under section 1902(r)(2) of the Act	Attachment 2.6-A Supplement 8a	10/1/93	12/20/93	2/2/94
93-048	Payment for nursing facility services	Text page 24	10/1/93	12/20/93	1/31/94
94-001	Payment for disposable diapers and medical supplies	Attachment 4.19-B pages 6 and 7	2/1/94	3/30/94	4/29/94
94-002	Inpatient hospital - indigent care allowance	Attachment 4.19-A pages 13.2, 14.3 and 33	2/1/94	3/30/94	5/23/94
94-003	Inpatient hospital - rehab hospital reimbursement	Attachment 4.19-A pages 27, 27.1 and 28	2/1/94	3/30/94	5/24/94
94-004	Access to obs and peds care	Attachment 4.19-B, Obs and Peds section	4/1/94	3/30/94	6/16/94
94-005	Nursing Home - Technical Adjustments	Attachment 4.19-B pages 12 to 14, 16, 22, 34 and 43a	2/1/94	3/30/94	5/23/94
94-006	Nursing Home - Legal Fees	Text pages 9 and 9a Attachment 4.19-D Table of Contents and pages 1 to 5	3/1/94	3/30/94	5/23/94
94-007	Nursing Home - HIV PA	Text page 34 Attachment 4.19-D Table of Contents and page 4	3/1/94	3/30/94	5/23/94
94-008	Personnel Info	Text page 42 Attachments 1.2-A, 1.2-B, 1.2-C, 1.2-D	1/1/94	3/30/94	4/6/94
94-009	TPL - Preprints PM-94-1	Text pages 69 to 70	1/1/94	3/30/94	4/13/94
94-010	Personal Care - PA Threshold	Attachment 3.1-A page 16 Attachment 3.1-B page 15	2/25/94	3/30/94	4/6/94
94-011	Nursing Facilities for the Mentally Retarded Preprint PM-94-2.	Text page 72	1/1/94	3/30/94	4/6/94
94-012	Income Limits and Payment Standards	Attachment 2.6-A pages 4 to 5	1/1/94	3/30/94	4/14/94
94-013	Resource Eligibility for Spousal Impoverishment	Attachment 2.6-A Supplement 13 page 1	1/1/94	3/30/94	4/14/94
94-014	Income Eligibility Levels - Pregnant Women and Children Between Ages 6 & 19.	Attachment 2.6-A Supplement 1 pages 1 and 2a	3/1/94	3/30/94	4/13/94
94-015	OBRA '87 Assurances for Nursing Home Services	Text page 46	10/1/94	3/30/94	5/23/94
94-016	Expanding Healthy Start Eligibility	Attachment 2.6-A Supplement 8a	7/1/94	6/30/94	8/9/94
94-017	Border Metropolitan Statistical Area (MSA) Supplement	Attachment 4.19-B page 4.1	5/1/94	6/30/94	8/8/94
94-018	Vaccine for Children Program	Text pages 9a and 9b	10/1/94	6/30/94	7/13/94
94-019	Health Personnel Shortage Areas (HPSA) Reimbursement for Obstetric Services	Attachment 4.19-B page 9	6/30/94	6/30/94	7/17/94
94-020	Nursing Home Reimbursement Methodology	Attachment 4.19-D pages 1 to 52	7/1/94	9/28/94	2/2/95

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	94-95				
94-021	Inpatient Hospital Payment Rates Methodology	Attachment 4.19-A	7/1/94	9/28/94	2/2/95
94-022	Outpatient Hospital Payment Methodology	Attachment 4.19-B pages i, 1, 2, 4 and 4.1	7/1/94	9/28/94	12/23/94
94-023	Private Duty Nursing Reimbursement for Children	Attachment 4.19-B page 13	8/1/94	9/28/94	12/23/94
94-024	Vaccine Program Reimbursement for Administrative Changes per PM-94-8	Text page 66b	10/1/94	12/15/94	1/10/95
94-025	Tuberculosis-Related Services - PM-94-4	Attachment 3.1-A page 8 Attachment 3.1-B page 7	10/1/94	12/15/94	1/31/95
94-026	Estate Recovery Program Expansion to Non-Institutional Services per OBRA '93	Attachment 4.17-A	4/1/94	12/15/94	3/1/95
94-027	Nursing Home Payment Methodology Technical Changes	Attachment 4.19-B pages 18, 34, 38, 44 and 46	1/1/95	12/15/94	2/8/95
94-028	Provider-based Billing	Attachment 4.22-B page 4	10/1/94	12/15/94	2/27/95
94-029	Personal Care Services Provided in a Home or Other Location (PM-94-9)	Attachment 3.1-A page 10 Attachment 3.1-B page 9	10/1/94	12/20/94	3/2/95
95-001	Nursing Home Payment Methodology	Attachment 4.19-D page 46	10/1/94	3/31/95	5/2/95
95-002	Inpatient Hospital Reimbursement Rates	Attachment 4.19-A pages 15 and 15.1	1/1/95	3/31/95	6/22/95
95-003	Outpatient Hospital Reimbursement Rates	Attachment 4.19-B page 4	1/1/95	3/31/95	6/23/95
95-004	Hospital Reimbursement Outpatient Pediatric Extended Care Program	Attachment 4.19-B pages 4.2 and 4.3	4/1/95	3/31/95	6/27/95
95-005	Income Limits and Payment Standards	Attachment 2.6-A pages 4 and 5	1/1/95	3/31/95	4/24/95
95-006	Resource Eligibility for Spousal Impoverishment	Attachment 2.6-A Supplement 1 pages 4a and 8 Attachment 2.6-A Supplement 6 SSI Payment Level Attachment Attachment 2.6-A Supplement 13 page 1	1/1/95	3/31/95	4/14/95
95-007	Changes in MA Eligibility	Attachment 2.2-A page 27	3/1/95	3/31/95	5/2/95
95-008	Obstetrics and Pediatric Services	Attachment 4.19-B pages 1 to 41	7/1/95	6/29/95	9/15/95
95-009	SMV/Multiple Carry/Prior Authorization	Attachment 3.1-A Supplement 1 page 15	4/1/95	6/29/95	9/1/95
95-010	Estate Recovery Preprint	Attachment 3.1-B Supplement 1 page 14 Text pages 53 and 53a to 53e	4/1/95	6/29/95	7/21/95
95-011	Income Eligibility Levels - Pregnant Women and Infants	Attachment 4.17-A pages 1 to 5 Attachment 2.6-A Supplement 1 pages 1 and 2a	4/1/95	6/29/95	7/14/95
95-012	Transfers of Assets and Treatment of Trusts	Attachment 2.6-A page 26	4/1/95	6/29/95	9/1/95
		Attachment 2.6-A Supplement 9a			

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		Attachment 2.6-A Supplement 10			
95-013	Title V Interagency Agreement	Attachment 4.16-A pages C-1 to C-6	7/1/95	9/28/95	11/1/95
95-014	Inpatient Hospital Payment Rates Methodology	Attachment 4.19-A pages i to iv, 1 to 3, 3.1, 4 to 20, 25 to 33, 33.1 to 33.7, 34 to 43, 43.1 to 43.9, 54, 54.1 and 57; Assurances pages 1 to 5	7/1/95	9/28/95	No record of approval
95-015	Outpatient Hospital Reimbursement	Attachment 4.19-B pages i, ii, 3, 4, 4.3, 4.4 and 16	7/1/95	9/28/95	5/10/96
95-016	Nursing Home Enforcement Remedies	Text pages 79 c.1., c.2. and c.3 Attachment 4.35-A to 4.35-H	7/1/95	9/28/95	12/18/95
95-017	Payments for Nursing Facilities and Payments for ICF-MRs	Attachment 4.19-D pages 1 to 18, 18a, 19 to 23, 23b, 24 to 52 and i to v	7/1/95	9/28/95	4/10/96
95-018	Copayments	Attachment 4.18-A pages 1, 3 and 6 to 10 Attachment 4.18-C pages 1, 3 and 6 to 10	7/1/95	9/28/95	11/21/95
95-019	Tuberculosis Related Services	Attachment 3.1-A page 8 Attachment 3.1-A Supplement 1 pages 13 to 14 Attachment 3.1-A Supplement 1 page 1-L-1 Attachment 3.1-B page 7 Attachment 3.1-B Supplement 1 pages 12 and 13	7/1/95	9/28/95	10/25/95
95-020	Reimbursement for TB-Related Services	Attachment 4.19-B pages 3 and 16	7/1/95	9/28/95	11/13/95
95-021	Pediatric Dental Services	Attachment 4.19-B page 14	7/1/95	9/28/95	10/25/95
95-022	Eliminate Coverage for Removable and Fixed	Attachment 3.1-A page 5	7/1/95	9/28/95	11/21/95
	Prosthodontic Services for Recipients Aged 21 and Over	Attachment 3.1-A Supplement 1 pages 5, 6, 7 and 17 Attachment 3.1-B page 4 Attachment 3.1-B Supplement 1 pages 5, 6 and 16			
95-023	Reimbursement to Counties for Certain Services	Attachment 4.19-B page 16a	7/1/95	9/28/95	12/11/95
95-024	Case Management Services for Children in the	Attachment 3.1-A Supplement 1 pages 1-M-1, 1-M-2,	7/1/95	9/28/95	11/9/95
	Birth-to-Three Program, Children with Asthma, and Families of Children at Risk	1-N-1, 1-N-2, 1-N-3, 1-O-1 and 1-O-2			
95-025	Upper limit on home health reimbursement,	Attachment 4.19-B pages 2, 3, 8 and 8a	7/1/95	9/28/95	12/13/95
	change in home health rates methodology and co. home health services.				
95-026	Reimbursement for medication management.	Attachment 4.19-B page 16b	7/1/95	9/28/95	5/10/96
95-027	Clozapine management services.	Attachment 3.1-A Supplement 1 page 4	7/1/95	9/28/95	5/10/96
95-028	Reimbursement for Clozapine management	Attachment 3.1-B Supplement 1 pages 3 and 3a Attachment 4.19-B page 16c	7/1/95	9/28/95	5/10/96
	services.				
95-029	School-based services.	Attachment 3.1-A Supplement 1 pages 8, 8a, 8b and 8c	7/1/95	9/28/95	12/18/95
		Attachment 3.1-B Supplement 1 pages 7, 7a, 7b and 7c			

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95-030	Reimbursement for School-Based Services	Attachment 4.19-B page 16d	7/1/95	9/28/95	12/18/95
95-031	Income & Resource Eligibility Levels for TB-Infected Individuals Non-Financially Eligible for MA Under 1902(a)(10) of the SSA	Attachment 2.6-A pages 6 and 6a Attachment 2.6-A Supplement 14	7/29/95	9/28/95	11/21/95
95-032	Third Party Liability	Attachment 4.22-A page2 Attachment 4.22-B page 4	10/1/95	12/14/95	2/21/96
95-033	Reimbursement for Unusually High Cost Home Care Cases	Attachment 4.19-B page 16f	10/1/95	12/14/95	6/26/96
95-034	State Plan Table of Contents and List of Attachments	Table of Contents pages i-viii List of Attachments pages 1-4	7/1/95	12/14/95	2/21/96
96-001	Inpatient Hospital Payment Rates Methodology	Attachment 4.19-A pages 26.1a to 26.1c, 28.1, 32, 43.1a, 43.1b, 43.2a and 43.2b	1/1/96	3/27/96	6/13/96
96-002	Reimbursement for Pharmacy Dispensing Fees	Attachment 4.19-B pages 5 and 6	7/1/96	3/27/96	6/26/96
96-003	Estate Recovery Program	Attachment 4.17-A pages 5 and 5a	1/1/96	3/27/96	6/11/96
96-004	MOU on Traumatic Brain Injury Programs	Attachment 4.16-A pages F-1 to F-5	3/19/96	3/27/96	4/19/96
96-005	Obs & Peds	Attachment 4.19-B pages 1 to 37	7/1/96	3/27/96	4/29/96
96-006	Outpatient Hospital Payment Rates Methodology	Attachment 4.19-B pages 11.1, 12.1 and 12.2	1/1/96	3/27/96	6/26/96
96-007	Restoration of Denture Services	Attachment 3.1-A page 5 Attachment 3.1-A Supplement 1 pages 5 to 7 Attachment 3.1-A Supplement 1 page 17 Attachment 3.1-B page 4 Attachment 3.1-B Supplement 1 pages 5, 6 and 16	3/1/96	3/27/96	4/22/96
96-008	Resources Eligibility for Spousal Impoverishment	Attachment 2.6-A Supplement 13 page 1	1/1/96	3/27/96	6/19/96
96-009	Income Limits & Payment Standards	Attachment 2.6-A pages 4 and 5 and Supplements	1/1/96	3/27/96	6/11/96
96-010	Reimbursement to Counties for Certain Services	Attachment 4.19-B page 16a	1/1/96	3/27/96	4/19/96
96-011	Extended Care Coordination	Attachment 3.1-A Supplement 1 pages 1-J-1 and 1-J-2	7/1/96	6/30/96	9/25/96
96-012	Drug Reimbursement	Attachment 4.19-B page 5	6/1/96	6/27/96	9/13/96
96-013	Eliminate Home Care Cap	Attachment 4.19-B pages 2, 3 and 8	4/1/96	6/27/96	8/2/96
96-014	HealthCheck Other Services	Attachment 3.1-A Supplement 1 page 17 Attachment 4.19-B page 11 Attachment 3.1-B Supplement 1 page 16	4/1/96	6/27/96	9/12/96
96-015	Nursing Home Reimbursement Adjustment During Declared Emergencies	Attachment 4.19-D pages 4, 5 and 35a	4/1/96	6/27/96	12/17/96
96-016	Community Supported Living Arrangements	Attachment 3.1-F pages 1 and 2	4/1/96	6/27/96	8/2/96
96-017	Income Eligibility Levels	Attachment 2.6-A Supplement 1 pages 1 and 2a	5/1/96	6/27/96	7/26/96
96-018	Home Health Rates	Attachment 4.19-B page 8	6/28/96	6/28/96	9/25/96

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96-019	Inpatient Hospital Payment Rates Methodology	Attachment 4.19-A pages 33.6A and 33.6B	4/1/96	6/27/96	9/5/96
96-020	Payments for Nursing Facilities and ICF-MRs	Attachment 4.19-D pages 1 to 57	7/1/96	9/25/96	12/17/96
96-021	Inpatient Hospital Reimbursement	Attachment 4.19-A pages i to iv, 10, 10.2, 11, 18 to 20, 21, 25, 26, 28, 31 to 32, 33.1, 33.6, 33.6a, 33.6b, 33.6c, 38, 42, 42.1, 45, 54, 54.1, 55 to 57 and 58 to 60	7/1/96	9/25/96	12/4/96
96-022	Outpatient Hospital Reimbursement	Attachment 4.19-B pages i, ii, 1, 2, 4, 4.3, 4.4, 4.5, 7, 8, 14, 15 and 16	7/1/96	9/25/96	12/18/96
96-023	Reimbursement for Rural Health	Attachment 4.19-B pages 6, 6a and 7	7/1/96	9/25/96	12/18/96
96-024	Reorganization of DHFS	Text pages 1, 2, 9b, 42, 43 and 89 Attachment 1.1-A page 1 Attachment 1.2-A pages 1 to 3	7/1/96	9/25/96	12/4/96
96-025	Insurance Info Disclosure	Attachment 4.22-A page 2	7/1/96	9/25/96	12/4/96
96-026	Mental Health Crisis Intervention	Attachment 3.1-A Supplement 1 page 8d Attachment 3.1-B Supplement 1 page 7d Attachment 4.19-B page 16q	10/1/96	12/12/96	3/13/97
97-001	Resource Eligibility for Spousal Impoverishment	Attachment 2.6-A Supplement 13 page 1	1/1/97	3/27/97	5/1/97
97-002	Income Limits & Payment Standards	Attachment 2.6-A pages 4 to 5 Attachment 2.6-A Supplement 1 pages 4a and 8 Attachment 2.6-A Supplement 6 page 1 Attachment 2.6-A Supplement 14 page 1	1/1/97	3/27/97	5/1/97
97-003	MA Eligibility Determination Agencies	Text page 7 Attachment 1.2-D page 1 Attachment 2.2-A page i	1/1/97	3/27/97	Not approved
97-004	Obs & Peds	Attachment 4.19-B pages 1 to 35	7/1/97	3/27/97	5/27/97
97-005	Eligibility Under s. 1931 SSA	Attachment 2.6-A Supplement 12 pages 1 and 2	1/1/97	3/27/97	5/2/97
97-006	Payment Rates for State Mental Health Institutes	Attachment 4.19-A page 26 Assurances pages 1 to 5	4/1/97	6/25/97	8/28/97
97-007	Income Eligibility Levels - Pregnant Women, Infants and Children Between 6 & 19	Attachment 2.6-A Supplement 1 pages 1 and 2a	5/1/97	6/25/97	12/16/97
97-008	New Case Management Services Target Group	Attachment 3.1-A Supplement 1 pages 1-Q-1 to 1-Q-3	7/1/97	9/26/97	12/8/97
97-009	New Case Management Provider	Attachment 3.1-A Supplement 1 page 1-N-1	1/1/98	9/26/97	12/4/97
97-010	School Based Services	Attachment 3.1-A Supplement 1 page 8c	7/1/97	9/26/97	12/4/97
97-011	Respiratory Care Reimbursement Methodology	Attachment 4.19-B page 9	7/1/97	9/26/97	12/16/97
97-012	Hospital Outpatient Reimbursement	Attachment 4.19-B pages 3, 4, 4.3, 4.4 and 4.5	7/1/97	9/26/97	12/23/97
97-013	Hospital Inpatient Reimbursement	Attachment 4.19-A pages 1, 3, 3.1, 5, 7, 8, 10.1, 11, 14, 16, 17 to 21, 25, 27, 28, 32, 33.1, 33.2 to 33.6, 33.6c, 35, 37, 38, 43.1a, 43.2a, 43.8, 45, 46 and 52	7/1/97	9/26/97	6/4/98

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Trans. #	Subject	State Plan Section	Effective Date	Date Submitted	Date Approved
97-014	Payment for Nursing Facilities and ICF-MRs	Attachment 4.19-D pages 1 to 55 Assurances	7/1/97	9/26/97	3/5/98
97-015	MOU Between DHFS and DWD	Attachment 4.16-A pages 91 to 96	7/1/97	9/26/97	12/23/97
97-016	MOU Regarding MCH Block Grant Application	Attachment 4.16-A pages C1, C2, C3, C3a and C3b	7/1/97	9/26/97	12/4/97
97-017	MOU on Surveying Facilities and Administration of Traumatic Brain Injury Program	Attachment 4.16-A pages D1 to D7 Addendum I pages D8 and D9 Addendum II pages D-10 and D-16	7/1/97	9/26/97	12/19/97
97-018	Case Management Services for MA Recipients Enrolled in HMOs	Attachment 3.1-A Supplement 1 pages 13 and 13a Attachment 3.1-B Supplement 1 page 12	10/1/97	12/18/97	3/18/98
97-019	Sealants to Covered Dental Services	Attachment 3.1-A Supplement 1 page 17 Attachment 3.1-B Supplement 1 page 16	1/1/98	12/18/97	3/15/98
97-020	Mental Health and AODA Services Provided in the Individual's Home or in the Community	Attachment 3.1-A Supplement 1 pages 10 and 12 Attachment 3.1-B Supplement 1 pages 10 and 11	10/1/97	12/18/97	3/18/98
97-021	Adjustment in Copayments	Attachment 4.18-A pages 1, 2, 5, 6, 8 and 9 Attachment 4.18-C pages 1, 2, 5, 6, 8, 9 and 13	7/1/98	12/18/97	3/17/98
97-022	Process for the Investigation of Allegations of Resident Neglect and Abuse and Misappropriation of Residents' Property	Attachment 4.40-B page 1	10/1/97	12/18/97	3/17/98
98-001	Children's Health Insurance Program	Attachment 2.2-A page 23b	7/1/98	3/11/98	6/18/98
98-002	Income Limits and Payment Standard	Attachment 2.6-A pages 4, 4a, 4b, 4c, 5, 5a and 16a Attachment 2.6-A Supplement 1 pages 4a and 8 Attachment 2.6-A Supplement 6 page 1 Attachment 2.6-A Supplement 14 page 1	1/1/98	3/26/98	6/18/98
98-003	Kinship Care	Attachment 2.2-A page 14a	1/1/98	3/26/98	10/23/98
98-004	Termination of Cooperative Agreement with Louisiana	Attachment 2.6-A page 3	1/1/98	3/26/98	5/4/98
98-005	Buy-in Medicare for Qualified Individuals	Text pages 21, 21a, 29a and 29b	1/1/98	3/26/98	6/18/98
98-006	School-Based Services - physician's prescription	Attachment 3.1-A Supplement 1 pages 8a, 8b and 8c Attachment 3.1-B Supplement 1 pages 7a, 7b and 7c	1/1/98	3/26/98	08/23/01
98-007	Resource Eligibility of Spousal Impoverishment	Attachment 2.6-A Supplement 13 page 1	4/1/98	6/29/98	8/28/98
98-008	Income Limits for Eligibility of Pregnant Women and Infants and Children Between Ages 6 and 19	Attachment 2.6-A Supplement 1 pages 1 and 2a	4/1/98	6/30/98	8/28/98
98-009	Income Eligibility Levels - Qualified Medicare Beneficiaries	Attachment 2.6-A Supplement 1 page	4/1/98	6/30/98	8/28/98
98-010	Targeted Case Management for Child Welfare Clients in Out-of-Home Care	Attachment 4.19-B pages 7 and 8	4/1/98	6/29/98	02/15/01
98-011	Payment for Nursing Facilities and ICF-MRs	Attachment 4.19-D pages 1 to 63	7/1/98	9/25/98	12/19/98

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98-012	Outpatient Hospital Reimbursement	Attachment 4.19-B pages 3, 12.2, 15 and 16	7/1/98	9/25/98	11/24/98
98-013	Inpatient Hospital Reimbursement	Attachment 4.19-A pages 4, 10.1, 12, 14, 16, 19, 21, 33, 33.6, 33.6C, 43, 50, 51, 52, 56, 57 and 65	7/1/98	9/25/98	12/23/98
98-014	Buy-In to Medicare Part B - Correction	Text page 21a	7/1/98	9/25/98	10/23/98
98-015	Veterans Administration Domiciliary Payments	Attachment 2.6-A page 1	7/1/98	9/25/98	Withdrawn 03/26/01
98-016	Reorganization of DHFS, including creation of DHCF	Text page 7 Attachment 1.2-A pages 2 and 3 Attachment 1.2-B pages 1 and 10 Attachment 1.2-C pages 1 to 4	10/1/98	12/18/98	Approved
98-017	Process for the Investigation of Allegations of Client Neglect and Abuse and Misappropriation of Resident Property	Attachment 4.40-B pages 1 and 2	10/1/98	12/18/98	3/17/99
98-018	Targeted Case Management for Child Welfare Clients in out-of-Home Care	Attachment 4.19-B page 7	10/1/98	12/18/98	02/15/01
98-019	Rural Health Clinics	Attachment 4.19-B page 6a	10/1/98	12/18/98	3/17/99
99-001	Respiratory Care	Attachment 3.1-A Supplement 1 page 15	1/1/99	3/26/99	6/4/99
99-002	Nursing Home Rates Corrections	Attachment 4.19-D page 26	1/1/99	3/26/99	6/11/99
99-003	School Based Services - reimbursement rates	Attachment 4.19-B pages 16d and 16e	4/1/99	3/26/99	6/18/99
99-004	Memorandum of Understanding with Bureau of Quality Assurance on surveying facilities	Attachment 4.16-A pages D1 to D8	4/1/99	6/29/99	7/27/99
99-005	Medicaid Purchase Plan -Expanded Eligibility (250%FPL) for Disabled Individuals	Attachment 2.2-A page 23c Attachment 2.6-A pages 12c to 12e Attachment 2.6-A Supplement 8a pages 1a and 2 Attachment 2.6-A Supplement 8b page 2	1/1/00	3/26/99	9/2/99
99-006	Managed Care. Replaces current managed care waiver with state plan language	Attachment 2.1-A Supplement 1 pages 1 to 13	4/1/99	6/29/99	9/22/99
99-007	Resource Eligibility for Spousal Impoverishment	Attachment 2.6-A Supplement 13 page 1	4/1/99	6/29/99	9/2/99
99-008	Income Eligibility Levels - Pregnant Women and Infants and Children Between Ages 6 and 19	Attachment 2.6-A Supplement 1 pages 1 and 2a	4/1/99	6/29/99	9/9/99
99-009	Income Eligibility Levels - Qualified Medicare Beneficiaries	Attachment 2.6-A Supplement 1 page 6	4/1/99	6/29/99	9/9/99
99-010	Eligibility - Income Limits and Payment Standard. Technical changes from HCFA in the post-Eligibility preprint	Attachment 2.6-A pages 5a and 26a Attachment 2.6-A Supplement 1 pages 4a and 8 Attachment 2.6-A Supplement 6 page 1 Attachment 2.6-A Supplement 12 page 1	4/1/99	6/29/99	9/9/99

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		Attachment 2.6-A Supplement 14 page 1			
99-011	Nursing Home Rate Updates	Attachment 4.19-D pages 1 to 56	7/1/99	9/24/99	4/25/00
99-012	Hospital Outpatient Rate Updates	Attachment 4.19-B pages 3, 4, 4.05, 4.31, 4.5 and 12	7/1/99	9/24/99	Approved
99-013	Hospital Inpatient Rate Updates	Attachment 4.19-A pages 2, 3.1, 5, 6, 8, 10.1, 14, 14.1, 16, 21, 25.1, 27, 33.6, 43.2a, 48, 50, 51 and 52	7/1/99	9/24/99	Approved
99-014	Memorandum of Understanding with Bureau of Quality Assurance. Updates MOU on surveying facilities to reflect start of new fiscal year on July 1	---	---	---	Not submitted
99-015	Medicaid Purchase Plan. Updates state plan to reflect changes made by the Wisconsin Legislature in the 1999-2001 biennial budget process	Attachment 2.6-A pages 12d and 12e Attachment 2.6-A Supplement 8b page 2	3/15/00	9/29/99	12/9/99
99-016	School Based Services. Adopts changes made by the federal government relating to the allowability of common carrier transportation under the SBS benefit	Attachment 3.1-A Supplement 1 page 8c Attachment 3.1-B Supplement 1 page 7c	10/1/99	12/23/99	08/23/01
99-017	Private duty nursing services	Attachment 4.19-B page 13	10/1/99	12/23/99	3/14/00
00-001	Mental health services. Updates provisions relating to Medicaid mental health services. Adds comprehensive community services benefit	Attachment 3.1-A Supplement 1 pages 10a and 17 Attachment 4.19-B pages 11, 16c and 16g	1/1/00	3/28/00	Withdrawn
00-002	Exempts earnings of temporary census workers from calculation of Medicaid eligibility	Attachment 2.6-A page 26a.	1/1/00	3/28/00	5/16/00
00-003	Eligibility update for resource eligibility.	Attachment 2.6-A Supplement 8a page 3	2/1/00	3/28/00	approved
00-004	Updates spousal impoverishment levels based upon changes in the Social Security Act Cost of Living Adjustment Eligibility update for income eligibility	Attachment 2.6-A Supplement 12 page 3 Attachment 2.6-A pages 5a and 26a	4/1/00	6/23/00	9/20/00
00-005	Hospital outpatient rate updates	Attachment 2.6-A Supplement 1 pages 4a and 8 Attachment 2.6-A Supplement 6 page 1 Attachment 4.19-B pages 3 and 4.5	7/1/00	9/21/00	04/25/01
00-006	Nursing home rate updates	Attachment 4.19-D pages i and ii, 1 to 56	7/1/00	9/21/00	05/08/01
00-007	Hospital inpatient rate updates	Attachment 4.19-A pages 6, 7, 14, 14.1, 33.6, 50, 51, and 52	7/1/00	9/21/00	04/25/01
01-001	Annual COLA-related changes	Attachment 2.6-A page 26a	01/01/01	03/29/01	05/09/01
		Attachment 2.6-A Supplement 1 page 4a Attachment 2.6-A Supplement 13 page 1		— 1Q	

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01-002	Prospective payment system (PPS) for FQHCs and Rural Health Clinics	Attachment 4.19-B pages 6a and 10	01/01/01	03/29/01 — 1Q	01/04/02
01-003	Tuberculosis-related income limits	Attachment 2.6-A Supplement 14 page 1	01/01/01	03/29/01 — 1Q	04/19/01
01-004	Hospital outpatient rate updates	Attachment 4.19-B pages i, ii, 1, 2, 3, 4, 4.05, 4.1, 4.2, 4.3, 4.31, 4.4, 4.5, 6, 8, 9, 10, 11, 11.1, 12, 13	07/01/01	09/28/01 — 3Q	04/18/02
01-005	Hospital inpatient rate updates	i, ii, iii, iv, 6.3, 11, 14, 15, 33.1, 33.2, 33.3, 33.4, 33.7, 50, 51, 52, 53 Removed 33.5, 33.6, 33.6a	07/01/01	09/28/01 — 3Q	Not yet approved
01-006	Nursing home rate updates	Attachment 4.19-D pages I, ii, 1 to 57	07/01/01	09/28/01 — 3Q	05/13/02
01-007	Increase in personal needs allowance	Attachment 2.6-A page 4a	07/01/01	09/28/01 — 3Q	10/22/01
01-008	Changes to eligibility income limits, aka cost of living adjustments (COLAs)	Attachment 2.6-A Supplement 1 page 4a Attachment 2.6-A Supplement 6 page 1 Attachment 2.6-A Supplement 14 page 1	08/01/01	09/28/01 — 3Q	10/22/01
01-009	Rate change for prescription drugs	Attachment 4.19-B pages 5 & 5a	07/01/01	09/28/01 — 3Q	06/07/02
01-010	Removes asset test for Medicaid eligibility	Attachment 2.6-A Supplement 8b pages 1 & 2 Attachment 2.6-A Supplement 12 pages 1 & 2	10/01/01	12/21/01 — 4Q	02/20/02
01-011	Case management services/targeted case management – revision in description of children to whom the Random Moment Time Study rate methodology applies	Attachment 4.19-B page 7	10/01/01	12/21/01 — 4Q	02/22/02
02-001	Annual COLA-related changes	Attachment 2.6-A pages 5a & 26a Attachment 2.6-A Supplement 1 page 4a Attachment 2.6-A Supplement 6 page 1 Attachment 2.6-A Supplement 13 page 1 Attachment 2.6-A Supplement 14 page 1	01/01/02	03/25/02 — 1Q	06/__/02
02-002	Breast and cervical cancer benefit	Attachment 2.2-A page 23b	01/01/02	03/25/02 — 1Q	04/16/02
02-003	Changes to eligibility income limits based on updates in federal poverty line	Attachment 2.6-A Supplement 1 page 1 Attachment 2.6-A Supplement 1 page 2a Attachment 2.6-A Supplement 1 page 6	05/01/02	06/27/02	07/22/02
02-004	Hospital inpatient rate updates	Attachment 4.19-A pages 33.2, 33.3, 50-52	07/01/02	09/27/02	12/13/02
02-005	Nursing home rate updates.	Attachment 4.19-D pages i, ii, 1-62	07/01/02	09/27/02	06/11/03
02-006	PACE program	Resubmitted as # 03-001	N/A	09/27/02	N/A
02-007	PACE program	Resubmitted as # 03-001	N/A	11/13/02	N/A

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02-008	Hospital outpatient plan revision	Attachment 4.19-B page 4.5	10/01/02	12/20/02	01/29/03
03-001	PACE program	Text pages 19c and 20c Attachment 2.2-A Supplement 2 pages 1-10 Attachment 3.1-A page 11 Attachment 3.1-B page 10	01/01/03	Unclear	05/02/03
03-002	Cost of living adjustments for eligibility requirements	Attachment 2.6-A pages 5a and 26a Attachment 2.6-A Supplement 1 page 4a Attachment 2.6-A Supplement 6 page 1 Attachment 2.6-A Supplement 13 page 1 Attachment 2.6-A Supplement 14 page 1	01/01/03	03/28/03	05/01/03
03-003	Annual update to poverty guidelines	Attachment 2.6-A Supplement 1 page 1 Attachment 2.6-A Supplement 1 page 2a Attachment 2.6-A Supplement 1 page 6	03/01/03	03/28/03	05/01/03
03-004	Not submitted				
03-005	Reimbursement to local governments for certain services	Attachment 4.19-B pages 2 and 16a	01/01/03	03/28/03	06/03/04
03-006	School based services rate methodology	Attachment 4.9-B page 16d	01/01/03	03/28/03	08/12/04
03-007	Elimination of Qualifying Individual 2 category of coordination of Medicaid with Medicare and other insurance	Text pages 29a	01/01/03	03/28/03	05/02/03
03-008	Managed care preprints	List of Attachments	07/01/03	09/25/03	11/07/03
03-009	Hospital inpatient rate updates	Text pages 9, 11, 22, 41, 45a, 45b, 46, 50a, 55, 71, 77, 78a Attachment 2.2-A pages 10 and 10a Attachment 4.30 page 2 Attachment 4.19-A pages i, ii, iii, iv, 1, 3, 5, 6, 6.1 to 6.2, 7, 8, 11, 15, 20, 33.2, 33.3, 33.4, 34, 36, 43, 43.3, 43.4, 43.5, 46, 48, 50, 51, 52. Remove 6.3 to 6.5, 7.2, 7.4, 7.5, 10.1, 14.1, 26.1.a, 26.1.b., 26.1.c., 43.1.b, 43.2.b, 62, 63, 64. Renummer 7.3, 43.1.a., and 43.2.a. to be 7.1, 43.1, and 43.2.	07/01/03	09/25/03	04/29/04
03-010	Pharmacy services rate changes	Attachment 3.1A Supplement 1 pages 6, 6a, 6b	08/15/03	09/25/03	03/08/04
		Attachment 3.1B Supplement 1 pages 5, 5a, 5b, 6 Attachment 4.18A pages 3 and 11 Attachment 4.18C pages 3 and 11 Attachment 4.19-B page 5 Attachment 4.19-B Supplement 1 page 1			

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03-011	Nursing home rate updates	Attachment 4.19-D pages i to iv, 1 to 58	07/01/2003	09/25/2003	03/14/2005
03-012	Revision to the definition of an unemployed parent (100 hour rule)	Text page 18a	08/01/2003	09/25/2003	03/17/2004
04-001	Cost of Living Adjustment	Attachment 2.6-A pages 5a and 26a Attachment 2.6-A Supplement 1 page 4a Attachment 2.6-A Supplement 6 page 1 Attachment 2.6-A Supplement 13 page 1 Attachment 2.6-A Supplement 14 page 1	01/01/2004	03/29/2004	05/03/2004
04-002	Spousal Impoverishment Resource Standard	Attachment 2.6-A page 26a Attachment 2.6-A Supplement 13 page 1	01/01/2004	03/29/2004	05/24/2004
04-003	Federal Poverty Level (FPL) Adjustment	Attachment 2.6-A Supplement 1 page 1, 2a, 6	01/01/2004	03/29/2004	05/03/2004
04-004	Medicaid Agency Fraud Detection and Investigation	Text page 36a	04/01/2004	06/29/2004	08/13/2004
04-005	Supplemental Drug Rebate contract language	Attachment 3.1-A Supplement 1 page 6b Attachment 3.1-B Supplement 1 page 5b	07/01/2004	07/21/2004	09/07/2004
04-006	Inpatient hospital rates	Attachment 4.19-A pages 3.1, 4, 20, 25.1, 28.1, 32, 48, 50, 51, 52	07/01/2004	09/29/2004	05/10/2005
04-007	Outpatient hospital rates	Attachment 4.19-B pages 4.1, 4.3, 4.4	07/01/2004	09/29/2004	05/03/2005
04-008	Nursing home rates	Attachment 4.19-D pages i to iv, 1 to 58	07/01/2004	09/29/2004	05/31/2005
04-009	Reimbursement for ESRD freestanding facilities	Attachment 4.19B pages 7 and 7a	07/01/2004	09/29/2004	12/14/2004
04-010	Withdrawn				
04-011	Managed care delivery of Medicaid services	Attachment 3.1-F pages 1 to 10	03/01/2005	12/17/2004	02/24/2005
05-001	Managed care for recipients in rural areas	Attachment 2.1-A pages 4, 6, and 6a	07/01/2005	03/30/2005	06/01/2005
05-002	Cost of living adjustments for eligibility requirements	Attachment 2.6-A page 5a Attachment 2.6-A Supplement 1 page 4a Attachment 2.6-A Supplement 6 page 1 Attachment 2.6-A Supplement 14 page 1	01/01/2005	03/20/2005	06/21/2005
05-003	Federal poverty level adjustment	Attachment 2.6-A Supplement 1 pages 1, 2a, and 6	02/18/2005	03/20/2005	06/21/2005
05-004	Income limit for institutionalized persons	Attachment 2.6-A Supplement 1 page 4b	01/01/2005	03/20/2005	06/08/2005
05-005	Pay-in for spenddowns (Medicaid deductibles)	Attachment 2.6-A page 14a	01/01/2005	03/20/2005	06/08/2005
05-006	Multi-state pooling program for prescription drugs	Attachment 3.1-A Supplement 1 page 6b Attachment 3.1-B Supplement 1 page 5b	04/01/2005	06/29/2005	09/08/2005
05-007	Withdrawn				
05-008	Nursing home rates and reimbursement methodology	Attachment 4.19-D pages i to iv Attachment 4.19-D pages 1 to 29 and 30 to 54 Attachment 4.19-D pages 29A to 29D	07/01/2005	09/28/2005	05/03/2007
05-009	Hospital inpatient rates and reimbursement methodology	Attachment 4.19-A pages 33.2, 33.3, 33.4, 45, 51	07/01/2005	09/29/2005	09/28/2006

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05-010	Hospital outpatient rates and reimbursement methodology	Attachment 4.19-B pages 1, 4.2A, & 4.4 Attachment 3.1-A Supplement 1 page 6 Attachment 3.1-B Supplement 1 page 5	07/01/2005	09/29/2005	04/14/2006
05-011	Not submitted.				
05-012	Not submitted.				
05-013	End stage renal disease (ESRD)	Attachment 4.19-B page 7	11/01/2005	09/28/2005	12/28/2005
05-014	Eligibility - Part D low income subsidy applications	Attachment 2.2-A page 27	07/01/2005	09/28/2005	12/22/2005
05-015	School based services, cost reporting	Attachment 3.1-A Supplement 1 page 1, pages 1.a. to 1.e Attachment 3.1-B Supplement 1 page 1, pages 1.a. to 1.e Attachment 4.19-B page 16.d, 16.e.1. to 16.e.4	07/01/2005	09/29/2005	10/11/2006
05-016	Pharmacy - Part D Medicare drug coverage	Attachment 3.1-A Supplement 1 pages 6, 6c and 6d Attachment 3.1-B Supplement 1 pages 5, 5c and 5d	01/01/2006	12/22/2005	03/15/2006
05-017	Eligibility - Exemption of combat pay	Attachment 2.6-A Supplement 8a page 3 Attachment 2.6-A Supplement 12 page 3a	10/01/2005	12/22/2005	03/03/2006
06-001	Eligibility - Cost of living adjustments (COLA) for eligibility.	Attachment 2.6-A page 5a Attachment 2.6-A Supplement 1 page 4a Attachment 2.6-A Supplement 6 page 1 Attachment 2.6-A Supplement 14 page 1	01/01/2006	03/24/2006	06/07/2006
06-002	Eligibility - Federal poverty level (FPL) adjustment.	Attachment 2.6-A Supplement 1 pages 1, 2a and 6	01/24/2006	03/24/2006	06/07/2006
06-003	Withdrawn				
06-004	Nursing home - Act 211 FY 06 lump sum payment to nursing homes.	Attachment 4.19-D page 30	05/01/2006	06/02/2006	07/11/2007
06-005	Managed care - Expand managed care to include SSI recipients in counties other than Milwaukee.	Attachment 3.1-F pages 1 and 3	04/01/2006	06/29/2006	09/27/2006
06-006	Hospital - University of Wisconsin Hospital - Funding of inpatient Medicaid deficit in government hospitals.	Attachment 4.19-A page 33	04/01/2006	06/29/2006	07/20/2007
06-007	Hospital - University of Wisconsin Hospital - Funding of outpatient Medicaid deficit in government hospitals.	Attachment 4.19-B pages 12.1 and 12.2	04/01/2006	06/29/2006	06/08/2007
06-008	Nursing home rates and reimbursement methodology	Attachment 4.19-D pages i to iv and 1 to 64	07/01/2006	09/28/2006	07/11/2007
06-009	Hospital inpatient rates and reimbursement methodology	Attachment 4.19-A pages 4, 6, 23, 25.1, 33.2, 33.3, 33.4, 45, 50, 51 and 52	07/01/2006	09/28/2006	06/11/2007

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06-010	Hospital outpatient rates and reimbursement methodology	Attachment 4.19-B page 4.3	07/01/2006	09/28/2006	05/07/2007
06-011	Physician services - University of Wisconsin Hospital - Funding of Medicaid deficit for physician services in government hospitals.	Attachment 4.19-B pages 4, 4.a., 4.b., and 4.c	11/01/2006	12/01/2006	07/24/2007
07-001	Eligibility - Cost of living adjustments (COLA).	Attachment 2.6-A page 5a Attachment 2.6-A Supplement 1 page 4a Attachment 2.6-A Supplement 6 page 1 Attachment 2.6-A Supplement 14 page 1	01/01/2007	03/28/2007	06/15/2007
07-002	Eligibility - Federal poverty level (FPL) adjustment.	Attachment 2.6-A Supplement 1 pages 1, 2a and 6	01/24/2007	03/28/2007	06/27/2007
07-003	Employee Education About False Claims Recovery	Text pages 79y and 79z Attachment 4.42-A page 1	01/01/2007	03/28/2007	06/27/2007
07-004	Expansion of Medicare Savings Program	Attachment 2.6-A Supplement 8a pages 1.b. and 3	11/01/2007	05/08/2007	Withdrawn
07-005	Optional targeted low income children	Attachment 2.2-A page 23b	04/01/2007	06/29/2007	09/20/2007
07-006	Inpatient hospital rates and methodology	Attachment 4.19-A pages i to iv and 1 to 66	07/01/2007	06/29/2007	09/27/2007
07-007	BadgerCare Plus	Attachment 2.2-A pages 20, 23b, and 23c Attachment 2.6-A Supplement 1 pages 1, 2a, and 3 Attachment 2.6-A Supplement 8a pages 1a and 4 Attachment 2.6-A Supplement 12 pages 2 and 3 Attachment 3.1-C pages 1 to 7 Appendix B - BadgerCare Plus Benefits and Cost Sharing	01/01/2008 and 02/01/2008	08/28/2007	11/27/2007
07-008	Nursing home rates and methodology	Attachment 4.19-D pages i to iv and 1-68	07/01/2007	09/24/2007	06/12/2008
07-009	Not submitted				
07-010	Not submitted				
07-011	Reasonable limits on amounts for necessary medical or remedial care	Attachment 2.6-A Supplement 3 page 1	07/01/2007	09/24/2007	12/10/2007
07-012	Income disregard for parents and caretaker relatives.	Attachment 2.6-A Supplement 8a page 4	07/01/2007	09/24/2007	11/27/2007
07-013	Services excluded from coverage under managed care contracts (pharmacy consolidation)	Attachment 2.1-A Supplement 1 page 7 Attachment 3.1-F page 11	02/01/2008	12/21/2007	02/29/2008
07-014	Inpatient hospital rates and methodology	Attachment 4.19-A pages 10, 14, 15 and 16	01/01/2008	12/21/2007	08/13/2008
08-001	Long term care insurance partnerships.	Text page 53b	01/01/2009	02/24/2008	04/28/2008
08-002	Nursing home rate revision.	Attachment 2.6-A Supplement 8c pages 1 and 2 Attachment 4.19-D pages 20, 24, 25, 26, 35, 40, 42, 43	01/01/2008	03/28/2008	12/19/2008
	Payment of nursing facilities and ICF-MRs.	and 53			

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08-003	Eligibility. Cost of living adjustments for eligibility requirements.	Attachment 2.6-A page 5a Attachment 2.6-A Supplement 1 page 4a Attachment 2.6-A Supplement 6 page 1 Attachment 2.6-A Supplement 14 page 1	01/01/2008	03/28/2008	04/17/2008
08-004	Eligibility. Federal poverty level adjustment.	Attachment 2.6-A Supplement 1 page 6	01/23/2008	03/28/2008	04/17/2008
08-005	BadgerCare Plus - Expansion of eligibility through higher income limits and more liberal financial methodologies for pregnant women, children, and caretaker relatives.	Attachment 2.6-A Supplement 8a pages 1a and 4 Attachment 2.6-A Supplement 12 pages 2 and 3	02/01/2008	03/28/2008	04/22/2008
08-006	Cost sharing for Medicaid recipients.	Attachment 4.18-F pages 1a, 3a, 5a, 6, 8, 9 and 10	02/01/2008	03/28/2008	12/16/2008
08-007	Inpatient hospital rates and methodologies - Supplemental disproportionate share hospital payments for state and county hospitals.	Attachment 4.19-A pages 38.a., 38.b., 38.c., 38.d., 38.e. and 38.f	01/01/2008	03/28/2008	10/17/2008
08-008	BadgerCare Plus - Adding new eligibility groups to Benchmark Plan coverage.	Attachment 3.1-C page 3	02/01/2008	03/28/2008	2/19/2008
08-009	Pharmacy reimbursement rates - Increases reimbursement rates for prescription and other drugs by eliminating the 50 cent reduction in the dispensing fee.	Attachment 4.19-B Supplement 1 page 1	09/01/2008 and 11/08/2008	09/29/2008	08/28/2008
08-010	Program integrity - Provides reassurances to CMS that Wisconsin will cooperate with Medicaid integrity program efforts.	Attachment 4.43 page 1	04/01/2008	06/27/2008	07/17/2008
08-011	Third party liability - Third parties to provide coverage, eligibility and claims data.	Attachment 4.22-A Supplement 1 page 1	04/01/2008	06/27/2008	07/22/2008
08-012	Eligibility - Increase income limit for parents and caretaker relatives.	Attachment 2.6-A Supplement 8a page 4	04/01/2008	06/27/2008	07/22/2008
08-013	Inpatient hospital rates and methodologies	Attachment 4.19-A pages i to iv and 1 to 81	07/01/2008	06/26/2008	Withdrawn
08-014	Targeted case management	Attachment 3.1-A Supplement 1 page 1-C-9	06/30/2008	06/26/2008	Withdrawn
08-015	Cost sharing for Medicaid recipients.	Attachment 4.18-F pages 1 to 7	04/01/2008	06/30/2008	09/19/2008
08-016	HMO enrollment of caretakers.	Attachment 3.1-F page 4	04/01/2008	06/30/2008	07/28/2008
08-017	Maintenance of Insurance Eligibility Requirement.	Attachment 2.6-A page 3c	07/01/2008	09/29/2008	Withdrawn
08-018	Nursing home. SFY 08 update on rates and methodology for nursing home services.	Attachment 4.19-D pages i to iv and 1 to 68	07/01/2008	09/29/2008	04/23/2009
08-019	Not submitted.				
08-020	Not submitted.				
08-021	Exclusion of income earned by temporary census workers from calculation of Medicaid	Attachment 2.6-A Supplement 8a page 3 Attachment 2.6-A Supplement 12 pages 2 and 3	07/01/2008	09/29/2008	04/29/2009

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	eligibility.	Delete Attachment 2.6-A Supplement 12 page 3a			
08-022	Treatment of other available benefits.	Attachment 2.6-A Supplement 8a page 5	07/01/2008	09/29/2008	Withdrawn
08-023	Inpatient hospital rates and methodologies - "never events."	Attachment 4.19-A page 1	07/01/2008	09/29/2008	06/04/2009
08-024	Exclusion of tribal per capita payments.	Attachment 2.6-A Supplement 8a page 3 Attachment 2.6-A Supplement 12 pages 2 and 3	12/01/008	12/19/2008	05/14/2009
08-025	Eligibility. Increase income limits for pregnant women and infants.	Attachment 2.6-A Supplement 8a page 4 Attachment 3.1-C page 3 Attachment 4.18-F pages 3a and 5a	10/01/2008	12/19/2008	12/15/2009
08-026	Services excluded from coverage under managed care contracts - physician-administered prescription drugs.	Attachment 2.1-A Supplement 1 page 7 Attachment 3.1-F page 11	01/01/2009	12/19/2008	03/18/2009
08-027	Partnership asset exemption.	Attachment 2.6-A Supplement 8c page 2	01/01/2009	12/19/2008	01/20/2009
09-001	Nursing home. Adds Section 3.657 — Pressure Sore Prevention Incentive.	Attachment 4.19-D pages 33 and 62	01/01/2009	03/31/2009	09/24/2009
09-002	Eligibility — Cost of Living Adjustment (COLA).	Attachment 2.6-A page 5a Attachment 2.6-A Supplement 1 page 4a Attachment 2.6-A Supplement 6 page 1 Attachment 2.6-A Supplement 14 page 1	01/01/2009	03/31/2009	06/26/2009
09-003	Eligibility — Federal Poverty Level (FPL) Adjustment.	Attachment 2.6-A Supplement 1 page 6	01/01/2009	03/31/2009	06/08/2009
09-004	Premium payments for children under age 1 with incomes from 200 to 300% of the federal poverty level.	Attachment 4.18-F page 5a	02/01/2009	03/31/2009	Withdrawn
09-005	Eligibility — BadgerCare Plus - Independent Foster Care Adolescents.	Attachment 2.2-A page 23f	2/01/2009	03/31/2009	05/05/2009
09-006	Inpatient Hospital - Pay for Performance.	Attachment 4.19-A page 21.a	01/01/2009	03/31/2009	12/07/2009
09-007	Cost sharing for Medicaid recipients.	Attachment 4.18-F pages 5 and 7	04/01/2009	06/29/2009	12/15/2009
09-008	Eligibility - Divestment rules under the DRA.	Attachment 2.6-A Supplement 9(b) pages 1 to 6	04/01/2009	06/29/2009	09/25/2009
	Deficit Reduction Act transfer of assets provisions.	Attachment 2.6-A Supplement 17 page 1			
09-009	Eligibility/BadgerCare Plus - 12 Month	Attachment 2.6-A Supplement 12 page 4	07/01/2009	06/29/2009	09/25/2009
	Transitional Medical Assistance. Implements transitional Medical Assistance, providing Medicaid coverage for low-income families who no longer qualify due to increased earned income or working hours.				
09-010	Inpatient Hospital Rates and Methodologies.	Attachment 4.19-A pages i to iv, 1 to 38, 38.a., 38.b.,	07/01/2009	06/29/2009	03/15/2010

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	Annual update for SFY10 of rates and methodology for inpatient hospital services.	38.c., and 39 to 63			
09-011	Outpatient Hospital Rates and Methodologies. Annual update for SFY10 of rates and methodology for outpatient hospital services.	Attachment 4.19-B pages 1 to 14	07/01/2009	06/29/2009	03/18/2010
09-012	Ambulatory surgical centers. Creates an assessment on ambulatory surgical centers that will fund an increase in reimbursement rates.	Attachment 4.19-B page 4.d	07/01/2009	09/30/2009	04/26/2010
09-013	School-based services (SBS). Modifies rates and methodologies for reimbursing providers for services provided under the SBS benefit.	Attachment 3.1-A Supplement 1 pages 1.d. and 1.e Attachment 3.1-B Supplement 1 pages 1.d. and 1.e Attachment 4.19-B pages 16.d. and 16.e.1. to 16.e-4	07/01/2009	06/29/2009	10/31/2011
09-014	Self-directed care. Implements the self-directed personal care option created in the Deficit Reduction Act as section 1915 (j) of the Social Security Act.	Text pages 19d, 20d Attachment 3.1-A page 12 Attachment 3.1-A Supplement 2 pages 1-10 Attachment 3.1-B page 11 Attachment 3.1-B Supplement 2 pages 1-10	07/01/2009	06/29/2009	06/22/2010
09-015	Nursing home rates and methodologies. SFY 09 update on rates and methodology for nursing home services effective July 1, 2009.	Attachment 4.19-D pages i to iv and 1 to 70	07/01/2009	09/30/2009	05/18/2010
09-016	Nursing home rates and methodologies. Revised SFY 09 update on rates and methodology for nursing home services effective August 1, 2009. Includes rate reform measures.	Attachment 4.19-D pages i to iv and 1 to 70	08/01/2009	09/30/2009	05/18/2010
09-017	Home and Community-Based Psychosocial Rehabilitation. Implements section 1915 (i) of the Social Security Act.	Attachment 3.1-A pages 18-52 Attachment 4.19-B pages 18-26	10/01/2009	11/10/2009	06/03/2010
09-018	2009 H1N1 Influenza. Provides for reimbursement to pharmacists who administer the H1N1 flu vaccine.	Attachment 3.1-A Supplement 1 pages 4, 5a and 6 Attachment 3.1-B Supplement 1 pages 3, 4a and 5 Attachment 4.19-B page 18	10/01/2009	11/10/2009	07/16/2010
09-019	Birth to Three Program. Makes changes to billing procedures for the Birth to Three program.	Attachment 4.19-B page 16a	01/01/2010	12/21/2009	Withdrawn
09-020	Native American Involvement in the State Plan Amendment Process.	Text page 9	10/01/2009	12/21/2009	07/29/2010

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	Implements a requirement in the American Recovery and Reinvestment Act of 2009 that tribes be consulted as part of the process of submitting proposed Title 19 or 21 amendments and waiver applications to CMS.				
09-021	Eligibility - Premium Assistance Program. Implements a modified premium assistance program. Assists the state in qualifying for a CHIPRA bonus.	Text page 29d	10/01/2009	12/21/2009	03/21/2010
09-022	Eligibility - Resources Disregard for Children Under Age 19. Disregards all resources for children under age 19. Also assists the state in qualifying for a CHIPRA bonus.	Attachment 2.2-A page 20 Attachment 2.2-A Supplement 1 page 1 Attachment 2.6-A Supplement 8b page 3	10/01/2009	12/21/2009	12/16/2010
09-023	Eligibility - Exemption of Immigrant Children and Pregnant Women. Provides full Medicaid coverage to all otherwise eligible immigrant children or pregnant women, exempting them from the 5 year bar.	Attachment 2.6-A pages 1.a., 2, 2.a., 2.b. and 3	10/01/2009	12/21/2009	03/09/2010
10-001	Targeted Case Management. This amendment will expand coverage of Target Group P for case management services for postpartum women and their infants in Milwaukee County to cover the City of Racine as well.	Attachment 3.1 A Supplement 1 pages 1 P 1 to 1 P 5	01/01/2010	03/30/2010	12/17/2010
10-002	Estate Recovery.	Text page 53.a-1	01/01/2010	03/30/2010	05/19/2010
10-003	This amendment implements federal changes to requirements for estate recovery enacted in the Medicare Improvements for Patients and Providers Act of 2008 (MIPPA), and described in a State Medicaid Director letter, SMDL # 10-003, dated February 18, 2010. Eligibility - Asset Verification System.	Attachment 2.6-A Supplement 15 pages 1-15	09/30/2010	03/30/2010	06/28/2010
	This amendment complies with Title VII, section 7001(d) of page L. 110-252 (Supplemental Appropriations Act of 2008), which added a new section 1940 to the Social Security Act which requires all States to				

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	implement a system for verifying the assets of aged, blind or disabled applicants for Medicaid eligibility.				
10-004	Eligibility - Change in Asset Limitation for Medicare Beneficiaries. To comply with the Medicare Improvements for Patients and Providers Act of 2008 (PAGEL. 110-275) this amendment increases the asset limits for Qualified Medicare Beneficiaries (QMB), Specified Low-Income Medicare Beneficiaries (SLMB), and Qualifying Individuals (QI).	Attachment 2.2-A pages 9b, 9b1 Delete Attachment 2.2-A pages 9b, 9b2 Attachment 2.6-A pages 22, 23	01/01/2010	03/30/2010	06/28/2010
10-005	Eligibility - Technical Changes to Federal Poverty Limit. Because the Department of Health and Human Services has not yet issued new poverty guidelines, this amendment removes the actual dollar amounts of the limits, while retaining the statement that the limits are equal to 100% of the FPL.	Attachment 2.6-A Supplement 1 page 6	03/01/2010	03/30/2010	06/28/2010
10-006	Pharmacy - WPQC Program. This amendment implements the Wisconsin Pharmacy Quality Collaborative (WPQC), with enhanced reimbursements for medical therapy management.	Attachment 3.1-A Supplement 1 pages 4.aa. to 4.dd Attachment 3.1-B Supplement 1 pages 3.aa. to 3.dd Attachment 4.19-B page 5.b	07/01/2010	03/30/2010	11/15/2012
10-007	Inpatient Hospital Pay for Performance. This amendment implements pay for performance measures for inpatient hospital reimbursement.	Attachment 4.19-A pages 22 and 22-A	01/01/2010	03/30/2010	12/06/2010
10-008	Critical Access Hospital. This amendment changes reimbursement for critical access hospitals to 90% or alternative.	Attachment 4.19-A page 21	01/01/2010	03/30/2010	11/15/2010
10-009	Family Planning Services. This amendment will add family planning services, which currently are offered through a waiver, as state plan services, through revisions to eligibility categories.	Attachment 2.2-A page 23g Attachment 2.6-A Supplement 8a page 4 Attachment 3.1-A page 2	11/01/2010	06/29/2010	12/23/2010
10-010	Long term care insurance reciprocity.	Attachment 2.6-A Supplement 8c page 2	05/28/2010	06/29/2010	09/15/2010

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	A disregard of benefits under long term care insurance policies will be extended to apply to policies purchased in states other than Wisconsin which recognize policies purchased in Wisconsin. Currently only policies purchased in Wisconsin are recognized for the disregard.				
10-011	BadgerCare Plus Benchmark Plan Changes. The BadgerCare Plus benchmark plan will be revised to increase eligibility for EPSDT services from those up to age 19 to those up to age 21, and to add non-emergency transportation services.	Attachment 3.1-C page 7 Attachment 3.1-C Appendix pages 1-3	04/01/2010	06/29/2010	08/24/2012
10-012	Nursing home rates and methodologies. SFY 11 update on rates and methodology for nursing home services effective July 1, 2010.	Attachment 4.19-D pages i to iv and 1 to 73	07/01/2010	09/30/2010	06/20/2011
10-013	Inpatient hospital rates and methodologies. SFY 11 update on rates and methodology for inpatient hospital services effective July 1, 2010.	Attachment 4.19-A pages i to iii and 1 to 43	07/01/2010	09/30/2010	05/20/2011
10-014	Outpatient hospital rates and methodologies. SFY 11 update on rates and methodology for outpatient hospital services effective July 1, 2010.	Attachment 4.19-B pages 1 to 11	07/01/2010	09/30/2010	05/31/2011
10-015	Recovery Audit Contractors.	Text pages 79za and 79zb	12/31/2010	12/23/2010	03/14/2011
10-016	This amendment will implement new federal requirements that states have recovery audit contractors to identify underpayments and overpayments and to recoup overpayments to providers. Transportation broker.	Text page 19	07/01/2011	12/23/2010	08/08/2011
10-017	A transportation manager would be retained to coordinate all non-emergency transportation for Medicaid recipients in Wisconsin. Community recovery services.	Attachment 3.1-A pages 13 to 20 Attachment 3.1-B pages 12 to 19 Attachment 4.18-A pages 10 to 12 and 14 Attachment 4.18-C pages 10 to 12 and 14 Attachment 3.1-A pages 18 to 44	10/01/2010	12/16/2010	Withdrawn
	This updates amendment 09-017, which implemented section 1915 (i) of the Social Security Act. As required under amended	Attachment 4.19-B pages 18 to 26			

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	federal law, there are no longer limitations to the number of individuals receiving these services, and the services will be offered statewide.				
10-018	Prescribing professionals. A requirement will be established stating that a physician or other medical professional who prescribes drugs for a Medicaid recipient shall be enrolled as a participating provider for Wisconsin Medicaid.	Attachment 3.1-A Supplement 1 page 6 Attachment 3.1-B Supplement 1 page 5	10/01/2010	12/23/2010	Withdrawn
10-019	Hospice care services for children. A child who elects hospice will be entitled to payment for hospice services, as well as payment for all other Medicaid services, so long as those services do not duplicate the hospice services.	Attachment 3.1-A Supplement 1 pages 13.a. and 13.b Attachment 3.1-B Supplement 1 pages 12.a. and 12.b	10/01/2010	12/23/2010	Withdrawn
10-020	Health home. The health home has been described as "an approach to providing comprehensive primary care that facilitates partnerships between individual patients, their personal providers, and, when appropriate, the patient's family." This amendment will provide for coordinated care for AIDS/HIV patients.	Attachment 3.1-A Supplement 1 pages 13.c. and 13.d Attachment 3.1-B Supplement 1 pages 12.c. and 12.d Attachment 4.19-B page 7.c	01/01/2011	12/23/2010	Withdrawn
11-001	Public Assistance Information Reporting System (PARIS). This amendment will provide assurances to CMS that Wisconsin is participating in the Public Assistance Information Reporting System, as required by a recent change in federal law.	Text page 79	01/01/2011	03/28/2011	06/16/2011
11-002	Inpatient hospital pay for performance. This amendment will modify inpatient hospital pay for performance measures and associated payment rates for state fiscal year 2012.	Attachment 4.19-A pages 20 to 21	04/01/2011	06/29/2011	09/26/2011
11-003	Payments outside of the United States. This amendment will comply with requirements that States provide CMS assurances that State Medicaid programs are in compliance with the	Text page 79z-1	06/01/2011	06/29/2010	07/28/2011

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	Prohibition of Payments Outside the U.S. provisions of PPACA (Patient Protection and Affordable Care Act).				
11-004	Pharmacy Reimbursement. This amendment will change Wisconsin Medicaid's reimbursement for pharmacy services from rates based on average wholesale prices (AWP) to wholesale acquisition cost (WAC).	Attachment 4.19-B page 5 Attachment 4.19-B Supplement 1 page 1	10/01/2011	09/29/2011	05/24/2012
11-005	Eligibility - irrevocable burial trusts. Raises the Medicaid exemption amount for irrevocable burial trusts from \$3,000 to \$4,500.	Attachment 2.6-A Supplement 8b page 3	02/01/2012	09/29/2011	12/16/2011
11-006	Mental health services. Amends provisions relating to mental health services to reflect the fact that a physician's prescription is no longer needed to obtain services, and to update other requirements.	Attachment 3.1-A pages 10 and 11 Attachment 3.1-B pages 9 and 10	07/01/2011	09/29/2011	Withdrawn
11-007	Nursing home rates and methodologies. SFY 12 update on rates and methodology for nursing home services effective July 1, 2011.	Attachment 4.19-D pages i to iv and 1 to 71	07/01/2011	09/29/2011	06/04/2012
11-008	Inpatient hospital rates and methodologies. SFY 12 update on rates and methodology for inpatient hospital services effective July 1, 2011.	Attachment 4.19-A pages i to iii and 1 to 45	07/01/2011	09/29/2011	05/25/2012
11-009	Outpatient hospital rates and methodologies. SFY 12 update on rates and methodology for outpatient hospital services effective July 1, 2011.	Attachment 4.19-B pages 1 to 11	07/01/2011	09/29/2011	06/13/2012
11-010	Tobacco cessation. Assures CMS that Wisconsin provides tobacco cessation counseling services for pregnant women, and seeks federal mAttachment at the rate for administrative services for telephone quitlines.	Attachment 3.1-A pages 2 and 2.a Attachment 3.1-B page 2	07/01/2011	09/29/2011	04/27/2012
11-011	End stage renal disease. Changes reimbursement for end stage renal disease services (dialysis) from 100% of the Medicare rate to the lesser of the provider's	Attachment 4.19-B page	09/10/2011	09/29/2011	Withdrawn

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	usual and customary charge or the maximum fee established by the Department.				
11-012	Cost sharing — premiums.	Attachment 4.18-F pages 1, 3, and 5	07/01/2012	11/17/2011	04/19/2012
11-013	Cost sharing — co-payments.	Attachment 4.18-F pages 1, 1a, 2-4, 6-10	N/A	11/17/2011	Withdrawn
11-014	Presumptive eligibility.	Attachment 2.2-A page 23e	N/A	11/17/2011	Withdrawn
11-015	Benchmark Plan A. Family Medicaid Benchmark Plan.	Attachment 3.1-C pages 3-28	N/A	11/17/2011	Withdrawn
11-016	Benchmark Plan B. Foster Care Medical Home.	Attachment 3.1-C pages 29-43, 43a	N/A	11/17/2011	Withdrawn
11-017	Benchmark Plan C. Mental Health/Substance Abuse Medical Home Pilot.	Attachment 3.1-C pages 44-63	N/A	11/17/2011	Withdrawn
11-018	Benchmark Plan D. Medical Home Pilot for Persons With Chronic Conditions.	Attachment 3.1-C pages 64-81	N/A	11/17/2011	Withdrawn
11-019	Benchmark Plan E. Medical Home Pilot for Persons With Severe and Persistent Mental Illness Leaving Criminal Justice and Mental Health Institutes.	Attachment 3.1-C pages 82-97	N/A	11/17/2011	Withdrawn
11-020	Benchmark Plan F. Medical home to promote healthy birth outcomes for pregnant women.	Attachment 3.1-C pages 98-110	N/A	11/17/2011	Withdrawn
11-021	Benchmark Plan H. Community Recovery Services Benchmark Plan.	Attachment 3.1-C pages 111 to 131	07/01/2012	11/17/2011	Withdrawn
11-022	Benchmark Plan I. Birth to Three Benchmark Plan.	Attachment 3.1-C pages 132-147	N/A	11/17/2011	Withdrawn
11-023	Maintenance of documentation of payment rates. Provides detail as to how to find the actual rates paid, as well as the effective dates of rates for individual services.	Attachment 4.19-B page 3a	N/A	12/21/2011	Withdrawn
12-001	Provider screening and enrollment.	Attachment 4.46 pages 1 and 2	01/01/2012	03/30/2012	05/30/2012
12-002	This amendment will implement a new provision of the Social Security Act relating to provider screening. The Secretary of the U.S. Department of Health and Human Services is to determine the level of screening to be conducted according to the risk of fraud, waste and abuse with respect to each category of provider or supplier. Social Security Cost of Living Increase (COLA). Changes will be made to income thresholds	Attachment 2.6-A page 5a Attachment 2.6-A Supplement 1 page 4a Attachment 2.6-A Supplement 6 page 1	01/01/2012	03/30/2012	06/28/2012

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	within the state plan to reflect an increase in the cost of living. For the past two years these changes have not been made because the cost of living remained stable, or even declined slightly.	Attachment 2.6-A Supplement 14 page 1			
12-003	Ambulatory surgical centers. Amendment 09-012 created an assessment on ambulatory surgical centers that will fund an increase in reimbursement rates. This amendment is intended to correct clerical errors relating to the dollar amount and duration of the assessment.	Attachment 4.19-B page 4.d	04/01/2012	03/30/2012	10/22/2012
12-004	Hospital pay for performance. This amendment will modify inpatient hospital pay for performance measures and associated payment rates for state fiscal year 2012.	Attachment 4.19-A pages 20 and 21	04/01/2012	06/28/2012	01/28/2013
12-005	Recovery Audit Contractors. This will provide a more current effective date as the previously approved proposal has not yet been implemented.	Text pages 79za, 79zb	N/A	06/28/2012	Withdrawn
12-006	Transportation broker. The program will be expanded to 5 counties in southeastern Wisconsin which were initially excluded. Transportation will also be provided for Medicaid-eligible veterans to non-Medicaid facilities.	Attachment 3.1-A pages 13, 16, 17, and 20 Attachment 3.1-B pages 12, 15, 16, and 19 Attachment 3.1-D page 1	09/01/2012	06/28/2012	01/29/2012
12-007	Prior authorization (PA) for organ transplants.	Attachment 3.1-E pages 2 and 3	04/01/2012	06/28/2012	03/07/2014
12-008	PA will no longer be required for solid organ (heart, lung, liver, etc.) transplants. Transplants requests are reviewed by internal hospital transplant committees. Organs must be procured from United Network for Organ Sharing (UNOS). PA will still be required for stem cell and bone marrow transplants and experimental transplants. Health home.	Attachment 4.19-H pages 1 to 13	10/01/2012	06/28/2012	01/29/2013
12-009	Coordinated care will be provided for AIDS/HIV patients. Inpatient hospital rate methodologies.	MMDL Attachment 4.19-A pages 21a, 21b, and 21c	07/01/2012	09/27/2012	05/29/2013

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	Withhold hospital pay for performance (P4P)				
12-010	Outpatient hospital rate methodologies. Withhold hospital pay for performance (P4P)	Attachment 4.19-B Op pages 6, 6a, and 6b	07/01/2012	09/27/2012	06/10/2013
12-011	Inpatient hospital rate methodologies. Never events.	Attachment 4.19-A page 46	07/01/2012	09/27/2012	04/03/2013
12-012	Outpatient hospital rate methodologies. Never events.	Attachment 4.19-B Op page 12	07/01/2012	09/27/2012	03/26/2013
12-013	Inpatient hospital rate methodologies. Changes to access payments.	Attachment 4.19-A pages 9 and 39	07/01/2012	09/27/2012	06/06/2013
12-014	Outpatient hospital rate methodologies. Changes to access payments.	Attachment 4.19-B Op pages 4 and 5	07/01/2012	09/27/2012	06/13/2013
12-015	Nursing home rates and methodologies. SFY13 update on rates and methodology for nursing home services effective July 1, 2012.	Attachment 4.19-D pages i-iv, 1-59, 59a, and 60-72.	07/01/2012	09/27/2012	06/21/2013
12-016	Eligibility. Correction to a technical error relating to Miller trusts.	Attachment 2.6-A page 26	07/01/2012	09/27/2012	12/21/2012
12-017	Vaccine administration. Medicaid reimbursement for vaccine administration.	Text page 66(b)	01/01/2012	12/21/2012	02/08/2013
13-001	Eligibility — Cost of Living Adjustment (COLA). Implements annual cost of living adjustments to the SSI Benefit Amount announced in the Federal Register notice of October 30, 2012.	Attachment 2.6-A page 5a Attachment 2.6-A Supplement 1 page 4a Attachment 2.6-A Supplement 6 page 1 Attachment 2.6-A Supplement 14 page 1	01/01/2013	03/26/2013	04/30/2013
13-002	Medicare Part D drug coverage. Revises coverage of prescription drugs under Medicare Part D; specifically, circumstances under which benzodiazepines and barbiturates will be Medicare Part D-covered drugs.	Attachment 3.1-A Supplement 1 page 6d Attachment 3.1-B Supplement 1 page 5d	01/01/2013	03/26/2013	05/22/2013
13-003	Inpatient hospital rates and rate methodologies. Minor revisions to inpatient hospital rates and methodologies.	Attachment 4.19-A pages i-iii and 1-44	02/01/2013	03/26/2013	09/25/2013
13-004	Outpatient hospital rates and rate methodologies. Minor revisions to outpatient hospital rates and methodologies.	Attachment 4.19-B Op pages 1-6, 6a, 7-12	02/01/2013	03/26/2013	09/17/2013
13-005	PPACA primary care rate increase.	Attachment 4.19-B page 4.b.1., 4.b.2., 4.b.3	01/01/2013	03/26/2013	06/13/2013

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	Rates will be increased under the authority of the Patient Protection and Affordable Care Act (PPACA).				
13-006	Outpatient Hospital Rates-EAPG Rate Setting Methodology. The Enhanced Ambulatory Patient Groupings (EAPG) reimbursement system will be implemented as the new rate setting methodology for all outpatient hospital services. Slight modifications will be made to criteria for withhold pay for performance incentives for hospital services.	Attachment 4.19-B Op pages 1 to 16	04/01/2013	07/27/2013	02/05/2014
13-007	Recovery audit contractors. CMS is requested to allow Wisconsin to contract with a recovery audit contractor who hires or contracts with a medical director who is licensed to practice in a State other than Wisconsin.	Text page 79za	04/01/2013	06/27/2013	09/13/2013
13-008	Withhold pay for performance for inpatient hospital services. Slight modifications will be made to the criteria for the withhold pay for performance incentives for hospital services.	Attachment 4.19-A pages 21 and 22	05/15/2013	06/27/2013	02/05/2014
13-009	Assessment payments pay for performance for hospital services.	Attachment 4.19-A page 20	05/15/2013	06/27/2013	02/12/2014
13-010	Inpatient hospital pay-for-performance measures and associated payment rates will be modified for the current measurement cycle. Supplemental rebates for prescription drugs.	Attachment 3.1-A Supplement 1 page 6b	10/01/2013	06/27/2013	09/12/2013
	This amendment will introduce a different contract for the multi-state pooling supplemental rebate agreement.	Attachment 3.1-B Supplement 1 page 5b			
13-011	Inpatient Hospital Rates.	Attachment 4.19-A pages i-ii, 1-40, and 42-58	07/01/2013	09/30/2013	06/03/2014
	— Access Payments for Acute Care Hospitals, Children’s Hospitals, and Rehabilitation Hospitals will be updated and made in addition to the base payments. — Access Payments for Critical Access Hospitals will be updated and made in addition				

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	to the DRG base payments. — The methodology used to distribute disproportionate share payments to hospitals in state fiscal year 2013-14 will be defined.				
13-012	Outpatient Hospital Rates. — Access Payments for Acute Care Hospitals, Children's Hospitals, and Rehabilitation Hospitals will be updated and made in addition to the EAPG payments. — Access Payments for Critical Access Hospitals will be updated and made in addition to the Enhanced Ambulatory Patient Groupings (EAPG) payments.	Attachment 4.19-B Op page 6	07/01/2013	09/30/2013	05/28/2014
13-013	Medicaid Reimbursement for Inpatient Hospital Services: Psychiatric Hospitals. Supplemental payments will be made to the county-owned psychiatric hospital(s) in the state. The amount of the payments will equal the difference between current rates and their cost of providing services to Medicaid patients.	Attachment 4.19-A page 41	09/01/2013	09/30/2013	06/03/2014
13-014	Medicaid Reimbursement for Outpatient Hospital Services: Psychiatric Hospitals. Supplemental payments will be made to the county-owned psychiatric hospital(s) in the state. The amount of the payments will equal the difference between current rates and their cost of providing services to Medicaid patients.	Attachment 4.19-B Op page 12	09/01/2013	09/30/2013	05/28/2014
13-015	Nursing home rates and methodologies. SFY14 update on rates and methodology for nursing home services effective July 1, 2013.	Attachment 4.19-D pages i, 1-73	07/01/2013	09/27/2013	09/16/2014
13-016	Benchmark plan repeal. Terminates the application of a benchmark plan to certain pregnant women, infants, and newborns.	Remove Attachment 3.1-C pages 3-9 Remove Appendix pages 1-3	01/01/2014	09/27/2013	07/31/2017
13-017	Irrevocable burial trust limits. This change will remove the option of having an irrevocable burial trust be provided by friends or family, rather than the applicant or member.	Attachment 2.6-A Supplement 8b page 3	10/01/2013	12/23/2013	07/07/2014

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13-018	Behavioral health health home. This amendment will create a health home for people with needs for mental health services.	MMDL form pages 1-46	04/01/2014	12/23/2013	Withdrawn
13-019	Rate increase for preventive services. A 1% increase in federal share (FMAP) is available for preventive services, provided certain criteria are met. This amendment assures CMS that Wisconsin will meet those criteria.	Attachment 3.1-A page 6 Attachment 3.1-B page 5	01/01/2014	12/23/2013	03/21/2014
13-020	Number not used				
13-021	Medicaid MAGI Eligibility & Benefits Amendments. Group 1. WI MAGI-based eligibility groups.	MMDL S.25, 28, 30, 32, 33, 50, 51, 52, 53, 54, 55, 57, 59, and 14	01/01/2014	09/13/2013	10/30/2013
13-022	Medicaid MAGI Eligibility & Benefits Amendments. Group 2. WI eligibility process SPA.	MMDL s.94	01/01/2014	09/13/2013	03/17/2014
13-023	Medicaid MAGI Eligibility & Benefits Amendments. Group 3. MAGI income methodology.	MMDL S.10	01/01/2014	09/13/2013	11/01/2013
13-024	Medicaid MAGI Eligibility & Benefits Amendments. Group 4. Single state agency.	MMDL A.1, 2, 3	01/01/2014	09/13/2013	04/24/2014
13-025	Medicaid MAGI Eligibility & Benefits Amendments. Group 5. Residency.	MMDL S.88	01/01/2014	09/13/2013	12/05/2013
13-026	Medicaid MAGI Eligibility & Benefits Amendments. Group 6. Citizenship and immigration status.	MMDL S.89	01/01/2014	09/13/2013	12/05/2013
13-027	Prescription drug coverage. Medicaid will no longer cover certain drugs (barbiturates), for dual eligibles. The drugs will be covered under Medicare Part D. Also, certain diagnosis restrictions are being removed for Part D.	Attachment 3.1-A Supplement 1 page 6d Attachment 3.1-B Supplement 1 page 5d	01/01/2014	12/23/2013	12/05/2013
13-028	CHIP MAGI Eligibility Amendments. Group 1. MAGI Eligibility/Methods.	MMDL CS.7, 9, 15	01/01/2014	09/27/2013	08/12/2014
13-029	CHIP MAGI Eligibility Amendments. Group 2. XXI Medicaid Expansion.	MMDL CS.3	01/01/2014	09/27/2013	10/23/2013
13-030	CHIP MAGI Eligibility Amendments.	MMDL CS. 14	01/01/2014	09/27/2013	10/23/2013

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	Group 3. Establish 2101(f) Groupage				
13-031	CHIP MAGI Eligibility Amendments. Group 4. CHIP eligibility process.	MMDL CS. 24	01/01/2014	09/27/2013	03/26/2014
13-032	CHIP MAGI Eligibility Amendments. Group 5. Non-financial eligibility.	MMDL CS.17, 18, 19, 20, 21, 23	01/01/2014	09/27/2013	11/22/2016
13-033	Medically needy income limits. This amendment adjusts Medically Needy income limits for children and pregnant women to disregard income under the authority of section 1902(r)(2) to set the Medically Needy income limits for pregnant women and children to coincide with BadgerCare Plus deductible limits.	Attachment 2.6-A Supplement 8a page 1	01/01/2014	12/23/2013	03/21/2014
13-034	Resubmission of foster care medical home benchmark plan. This is the resubmission of amendment 11-016, approved by CMS on July 10, 2012, with an effective date of July 1, 2012. CMS staff requested that Wisconsin resubmit this information in a new format to fulfill the Alternative Benefit Plan (ABP) requirements of the Affordable Care Act.	MMDL APB 1, 2b, 3, 4, 5, 7, 8, 9, 10, and 11	01/01/2014	01/21/2014	04/18/2014
14-001	Presumptive eligibility (PE) for hospitals. Hospitals will determine eligibility for the various population groups. Wisconsin is implementing the Affordable Care Act requirement that states allow qualified hospitals to make PE determinations for certain populations.	MMDL S.21	04/01/2014	03/28/2014	06/25/2014
14-002	Graduate Medical Education. This will facilitate the Department's expenditures of funds for graduate medical education.	Attachment 4.19-A page 53	01/01/2014	03/28/2014	12/10/2014
14-003	Inpatient Hospital Rates. The Department will make changes and updates to inpatient hospital rates.	Attachment 4.19-A pages i-ii, 1-52, 54-60	01/01/2014	03/28/2014	12/10/2014
14-004	Outpatient Hospital Rates. The Department will make changes and updates	Attachment 4.19-B Op pages i, 1-14	01/01/2014	03/28/2014	12/02/2014

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	to outpatient hospital rate methodologies.				
14-005	Medicaid MAGI Eligibility effective date change. The effective date of eligibility groups whose status would change on January 1 will instead change effective April 1. This amendment sets the threshold for Medicaid eligibility at roughly 200% FPL as of January 1, 2014.	MMDL S.25, 51	01/01/2014	03/28/2014	04/23/2014
14-006	Single state agency. Wisconsin will change from a determination state to an assessment state effective January 1, 2014.	MMDL A.1-3	01/01/2014	03/28/2014	06/12/2014
14-007	Cost of Living Adjustment (COLA). Changes will be made effective January 1, 2014 to implement annual cost of living adjustments to the SSI Benefit Amount. An amendment will not be needed to reflect the annual update to the Federal Poverty Level.	Attachment 2.6-A page 5a Attachment 2.6-A Supplement 1 page 4a Attachment 2.6-A Supplement 6 page 1	01/01/2014	03/27/2014	06/25/2014
14-008	Changing Copayments For Children. Copayments will be charged to Continuously Eligible Newborns with income between 150% and 200% of the FPL but will no longer be collected from children with incomes from 100% to 133% of the FPL.	Attachment 4.18-F pages 1a, 3a MMDL	01/01/2014	03/27/2014	Withdrawn 11/16/2018
14-009	Eliminate Premiums for Infants.	Attachment 4.18-F pages 5a, 6	02/01/2014	03/27/2014	12/21/2018
	Premiums will no longer be charged to infants under one year of age with incomes over 200% of the FPL, effective February 1, 2014.				
14-010	End Interstate Residency Agreement with Florida. Effective February 1, 2014, the State of Florida will end its interstate residency agreement with Wisconsin, which dates back to April 1982. Wisconsin will modify the state plan to reflect this change.	MMDL S.88	02/01/2014	03/28/2014	06/24/2014
14-011	Medicaid MAGI Eligibility effective date change. Effective April 1, this amendment sets the	MMDL S.25, 51	04/01/2014	03/28/2014	04/23/2014

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	threshold for Medicaid eligibility at roughly 100% FPL.				
14-012	Deleting Reference to Copayments From Benchmark Plan Recipients. Benchmark Plan copayment levels will be removed from the State Plan because the benchmark plan is being terminated as of 04/01/2014.	Add Attachment 4.18-F pages 3a, 5 Remove Attachment 4.18-F pages 8-10 MMDL pages	04/01/2014	03/27/2014	08/14/2019
14-013	CHIP eligibility processing. For purposes of CHIP, Wisconsin will transition from being a determination State to become an assessment State, effective January 1.	MMDL CS.24	01/01/2014	03/28/2014	06/17/2014
14-014	Medicaid Reimbursement for Inpatient Hospital Services: Measurement Year 2015 Pay-for-Performance Program Updates. Updates P4P performance measures.	Attachment 4.19-A pages 27, 28, 29	04/01/2014	06/18/2014	01/21/2015
14-015	Medicaid Reimbursement for Outpatient Hospital Services: Measurement Year 2015 Pay-for-Performance Program Updates. Updates P4P performance measures.	Attachment 4.19-B Op pages 7, 8	04/01/2014	06/18/2014	12/12/2014
14-016	Medicaid Reimbursement for Inpatient Hospital Services for Department of Corrections Inmates: Acute Care Hospitals and Critical Access Hospitals. Provides Medicaid funding for inpatient hospital services for inmates.	Attachment 4.19-A pages i-ii, 1-26, 30-62	04/01/2014	06/18/2014	01/22/2015
14-017	Inpatient Hospital Rates. The Department will make its annual update to inpatient hospital rate methodologies:	Attachment 4.19-A pages i-iii, 1-53	07/01/2014	09/30/2014	04/09/2015
14-018	Outpatient Hospital Rates. The Department will make its annual update to outpatient hospital rate methodologies:	Attachment 4.19-B Op pages 2-6, 10	07/01/2014	09/30/2014	03/04/2015
14-019	Nursing home rates and methodologies. The Department will provide the SFY15 update on rates and methodology for nursing home services effective July 1, 2014.	Attachment 4.19-D pages i, 1-72	07/01/2014	09/30/2014	07/21/2015
14-020	Estate Recovery. This amendment will make changes mandated	Text pages 53, 53a Attachment 4.17-A pages 1-5, 5A	08/01/2014	09/30/2014	02/27/2015

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	by the Legislature in 2013 Acts 20 and 92 as well as housekeeping changes relating to estate recovery.				
14-021	Eligibility. This amendment will make changes concerning the use of the MAGI budgeting methodology for Medically Needy children and pregnant women.	Attachment 2.6-A page 14	10/01/2014	12/22/2014	03/19/2015
14-022	Residential Care Centers. This amendment adds language relating to residential care centers, which provide comprehensive behavioral health treatment to children in out-of-home-care who are in need of services in a structured setting.	Attachment 3.1-A Supplement 1 page 17 Attachment 3.1-B Supplement 1 page 16 Attachment 4.19-B page 11a	01/01/2015	12/22/2014	Withdrawn 08/23/2018
15-001	Inpatient Hospital Rates. Update to inpatient hospital rate methodologies.	Attachment 4.19-A pages i-iii, 1-53	01/01/2015	03/25/2015	12/18/2015
15-002	Outpatient Hospital Rates. Update to outpatient hospital rate methodologies.	Attachment 4.19-B Op pages i, 1-15	01/01/2015	03/25/2015	11/12/2015
15-003	Cost of living adjustment for eligibility. Changes income eligibility thresholds within the state plan to reflect an increase in the cost of living, implementing annual cost of living adjustments to the SSI Benefit Amount.	Attachment 2.6-A page 5a Attachment 2.6-A Supplement 1 page 4a Attachment 2.6-A Supplement 6 page	01/01/2015	03/25/2015	06/04/2015
15-004	PACE. Updates Program of All-Inclusive Care for the Elderly.	Text pages 19c, 20c Attachment 2.2-A page 11 Attachment 2.2-A Supplement 2 pages 1, 2, 6, 7, 8, 9	01/01/2015	03/25/2015	05/26/2015
15-005	Psychosocial Rehabilitation Services. Consolidates the authority for similar mental health services under one section of the state plan.	Attachment 3.1-A Supplement 1 pages 7, 8, 8a, 8b, 8c Attachment 3.1-B Supplement 1 pages 6, 7, 7a, 7b, 7c Attachment 4.19-B pages 3, 16a	01/01/2015	03/25/2015	04/25/2016
15-006	Presumptive Eligibility. Adds ad hoc organizations to the list of entities who may make a presumptive eligibility determination for a pregnant individual under age 19 as a pregnant woman and not as a child.	MMDL - S.28	01/01/2015	03/25/2015	05/08/2015
15-007	Inpatient Hospital Pay-for-Performance (P4P)	Attachment 4.19-A page 22 to 24		06/25/2015	03/09/2016
15-008	Outpatient Hospital Pay-for-Performance (P4P)	Attachment 4.19-B page 8 to 9		06/25/2015	10/21/2016
15-009	Non-Institutional Rate Methodologies	Attachment 4.19-B page 16.h to 16.h-7, 16.h-9 to 16.h-		06/25/2015	05/09/2017

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		15			
15-0091	Eliminates benchmark plan	CHIP plan		06/26/2015	07/21/2016
15-0102	Health Services Initiative for Poison Control Centers	CHIP plan pages		06/26/2015	06/24/2016
15-011	Inpatient hospital access payments	Attachment 4.19-A page 47		09/28/2015	05/04/2017
15-012	Outpatient hospital access payments	Attachment 4.19-B page 7		09/28/2015	05/09/2017
15-013	Behavioral treatment services	Attachment 3.1-A Supplement 1 page 4.cc to 4.ee, 17.a Attachment 3.1-B Supplement 1 page 3.cc to 3.ee, 16.a Attachment 4.19-B page 11.a, 16.h-8		09/28/2015	05/13/2016
15-014	Nursing home rates and methodologies	Attachment 4.19-D page i, 2 to 72		09/28/2015	07/12/2016
15-015	Inpatient Hospital Services	Attachment 4.19-A, page 42		12/15/2015	06/22/2017
16-0001	Inpatient Hospital Rates	Attachment 4.19-A page i – 53	01/01/2016	03/31/2016	06/21/2017
16-0002	Outpatient Hospital Rates	Attachment 4.19-B page i – 15	01/01/2016	03/31/2016	08/23/2017
16-0003	Licensed midwife services	Attachment 3.1-A Supplement 1 page 4.ff Attachment 3.1-B Supplement 1 page 3.ff Attachment 4.19-B page 18a	01/01/2017	06/29/2016	08/23/2016
16-0004	End of the three month waiting period (CHIP)	CS20		06/29/2016	11/23/2016
16-0005	Inpatient hospital rates and methodologies	Attachment 4.19-A page 22 to 24	04/01/2016	06/29/2016	07/14/2017
16-0006	Outpatient hospital rates and methodologies	Attachment 4.19-B page 8 to 9	04/01/2016	06/29/2016	08/23/2017
16-0007	Access payments - inpatient hospital services	Attachment 4.19-A page 46 to 47	07/01/2016	09/28/2016	07/24/2017
16-0008	Access payments - outpatient hospital services	Attachment 4.19-B page 7	07/01/2016	09/28/2016	09/27/2017
16-0009	Nursing home rates and methodologies	Attachment 4.19-D page i to 74	07/01/2016	09/28/2016	12/19/2016
16-0010	Dental targeted rate increase	Attachment 4.19-B page 14	10/01/2016	09/28/2016	12/15/2016
16-0011	Hospice services	Attachment 4.19-B page 8, 8a	10/01/2016	09/28/2016	12/15/2016
16-0012	Medication Therapy Management	Attachment 3.1-A Supplement 1 page 4.aa Attachment 3.1-B Supplement 1 page 3.aa Attachment 4.19-B page 4c	04/01/2017	12/23/2016	03/15/2017
16-0013	Managed Care	Attachment 3.1-F page 4	10/01/2016	12/23/2016	03/13/2017
16-0014	Third Party Liability	Text page 69, 69a, 70 Attachment 4.22 page 1 Attachment 4.22-A page 1 to 5 Attachment 4.22-B page 1 to 4 Attachment 4.22-C page 1 to 5	10/01/2016	12/23/2016	Pending

¹ Transmittal Number 15-009 (and/or WI-15-0009) was used first on June 16, 2015 for updating non-institutional rate methodologies. It was used again on June 26, 2015 for ending CHIP coverage under the Benchmark Plan.

² Transmittal Number 15-010 was used first on June 16, 2015 for CHIP funded Poison Control Centers. It was used again on September 9, 2015 for Nursing Facility rates. CMS ordered that this second transmittal be retagged at 15-014.

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		Attachment 4.22 Supplement 1 page 1			
16-0015	Disproportionate Share Hospital (DSH) Payments	Attachment 4.19-A page 41	10/01/2016	12/23/2016	10/03/2017
17-0001	Pharmacy Services	Attachment 4.19-B page 5 to 5b	04/01/2017	01/31/2017	08/28/2017
17-0002	Inpatient Hospital Rates	Attachment 4.19-A (all)	01/01/2017	03/30/2017	03/27/2018
17-0003	Outpatient Hospital Rates	Attachment 4.19-B (all)	01/01/2017	03/30/2017	07/19/2018
17-0004	Social Security Cost of Living Increase (COLA)	Attachment 2.6-A page 5a Attachment 2.6-A Supplement 1 page 4a Attachment 2.6-A Supplement 6 page 1	01/01/2017	03/30/2017	05/19/2017
17-0005	Inpatient Hospital Rate Methodologies	Attachment 4.19-A page 20	04/01/2017	06/27/2017	04/05/2018
17-0006	Outpatient Hospital Rate Methodologies	Attachment 4.19-B page 8 to 9	04/01/2017	06/27/2017	09/10/2018
17-0007	Targeted Case Management Services	Attachment 3.1-A Supplement 1A page 1-R-1 to 1-R-5 Attachment 4.19-B page 7b	09/01/2017	09/29/2017	12/05/2017
17-0008	State Prison Inmate Inpatient Hospital Stays	Attachment 4.19-A page 23	07/01/2017	09/29/2017	04/17/2018
17-0009	Personal Care Services	Attachment 4.19-B page 16.h-11	07/01/2017	09/29/2017	11/06/2017
17-0010	Federally Qualified Health Centers (FQHCs)	Attachment 4.19-B pages 10, 10.a-10.h	07/01/2017	09/29/2017	06/21/2018
17-0011	Skilled Nursing Facilities and ICF-IIDs	Attachment 4.19-D pages i, 2-74	07/01/2017	09/29/2017	06/28/2018
17-0012	End Ambulatory Surgical Center Payments	Attachment 4.19-B pages 4.d	10/01/2017	12/20/2017	02/08/2018
18-0001	Social Security COLA	Attachment 2.6-A pages 5a Attachment 2.6-A Supplement 1 page 4a Attachment 2.6-A Supplement 6 page 1	01/01/2018	03/27/2018	05/23/2018
18-0002	Inpatient Hospital Rates	Attachment 4.19-A	01/01/2018	03/30/2018	06/25/2018
18-0003	Outpatient Hospital Rates	Attachment 4.19-B	01/01/2018	03/27/2018	09/13/2018
18-0004	Managed Care for SSI Expansion	Attachment 3.1-F	01/01/2018	03/27/2018	06/21/2018
18-0005	Foster Care Youth	MACPro	01/01/2018	03/28/2018	06/13/2018
18-0006	Outpatient Hospital Services – discontinue ANAH	Attachment 4.19-B pages 6 to 7	04/01/2018	06/28/2018	09/17/2018
18-0007	Home Health Services	Attachment 3.1-A Supplement 1 page 4.a Attachment 3.1-B Supplement 1 pages 3.a, 4	07/01/2018	06/28/2018	09/24/2018
18-0008	Mental Health Parity & Addiction Equity Act CHIP	CHIP page 1, 2, 38	07/01/2018	06/29/2018	08/16/2018
18-010	Nursing Home Rates	Attachment 4.19-D	07/01/2018	09/28/2018	12/11/2018
19-0001	Enhanced Reimbursement for SNP Dental	Attachment 4.19-B Section 20	01/01/2019	03/22/2019	04/16/2020
19-0002	Family Care Partnership form update	Attachment 3.1-F	01/01/2019	03/22/2019	04/22/2019
19-0003	PACE Rates with AWOP	Attachment 2.2-A Supplement 2	01/01/2019	03/22/2019	06/03/2019
19-0004	CHIP Lead HSI	CHIP	07/01/2018	03/25/2019	09/10/2019
19-0005	21 st Century DME Rates	Attachment 4.19-B Section 5	01/01/2019	03/22/2019	05/17/2019
19-0006	Inpatient Hospital Appeal Reasons	Attachment 4.19-A	03/01/2019	03/22/2019	05/16/2019

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19-0007	Outpatient Hospital Appeal Reasons	Attachment 4.19-B (Outpatient) §6200	03/01/2019	03/22/2019	04/15/2019
19-0008	Cost of Living Adjustment	MACPro	01/01/2019	03/22/2019	04/17/2019
19-0009	CHIP Managed Care Rule Changes	CHIP	07/01/2019	06/28/2019	03/22/2021
19-0010	Cost of Living Adjustment for Home Maintenance Deduction	Attachment 2.6-A page 5a Attachment 2.6-A Supplement 1 page 4a	04/01/2019	06/28/2019	07/12/2019
19-0011	Elderly, Blind, and Disabled Medically Needy Income Limit Modification	MACPro	09/01/2019	09/30/2019	12/13/2019
19-0012	Nursing Home Rate Modification	Attachment 4.19-D	07/01/2019	09/30/2019	12/18/2019
19-0013	Drug Utilization Review Program Provisions	Page 74d	10/01/2019	12/20/2019	03/05/2020
19-0014	Katie Beckett Cost Effectiveness Methodology Modification	MACPro	10/01/2019	12/20/2019	02/28/2020
19-0015	Partnership Program Covered Outpatient and Prescription Drug Carve-Out	Attachment 3.1-F page 23	01/01/2020	12/20/2019	01/31/2020
19-0016	Personal Care Services Maximum Allowable Fee Modification	Attachment 4.19-B page 16.h-11	01/01/2020	12/20/2019	03/02/2020
19-0017	Disproportionate Share Hospital Payment Modification	Attachment 4.19-A pages 36-37	12/11/2019	12/20/2019	02/24/2020
20-0001	Hospital Rate Modification	Att. 4.19-A Inpatient pages ii, iii, 6, 11, 14, 18, 38; Att. 4.19-B Outpatient page 8	01/01/2020	03/31/2020	06/24/2020
20-0002	Cost of Living Adjustment	Attachment 2.6-A page 5a	01/01/2020	03/31/2020	04/30/2020
20-0003	Cost of Living Adjustment	MACPro	01/01/2020	03/31/2020	04/18/2020
20-0004	Disaster Relief SPA	Pages 89-97	04/18/2020	04/24/2020	05/07/2020
20-0005	CHIP Disaster Relief SPA	Disaster relief pages	03/01/2020	06/10/2020	08/19/2020
20-0006	CHIP Disaster Relief SPA	Disaster relief pages	04/01/2020	06/01/2020	Withdrawn
20-0007	Disaster Relief SPA	Pages 89-97	03/01/2020	06/01/2020	06/12/2020
20-0008	Disaster Relief SPA	Pages 89-97	03/03/2020	06/01/2020	Withdrawn
20-0009	Disaster Relief SPA	Pages 89-97	03/23/2020	06/01/2020	06/12/2020
20-0010	Disaster Relief SPA	Pages 89-97	04/01/2020	06/01/2020	06/12/2020
20-0011	Disaster Relief SPA	Pages 89-97	05/01/2020	06/01/2020	06/30/2020
20-0012	Electronic Visit Verification System	Att. 3.1-A p.21, Att. 3.1-B p.20	04/30/2020	06/30/2020	07/29/2020
20-0013	Disregard Reimbursement for Incorrect Cost Share Charges	MACPro	06/01/2020	06/30/2020	11/06/2020
20-0014	CHIP SUPPORT Act	CHIP	10/24/2019	06/30/2020	09/02/2020
20-0015	Nursing Home Reimbursement Modification	Att. 4.19-D	07/01/2020	09/28/2020	12/14/2020
20-0016	Medically Needy Spenddown Modification	MACPro	07/01/2020	09/28/2020	11/23/2020
20-0017	MAPP Work Incentive Modification	MACPro	08/01/2020	09/28/2020	12/21/2020
20-0018	Cost-Share Modification	MMDL	07/01/2020	09/28/2020	12/23/2020
21-0001	Disaster Relief SPA	Pages 89-97	12/11/2020	03/31/2021	06/04/2021

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21-0002	Disaster Relief SPA	Pages 89-97	07/01/2020	03/31/2021	05/19/2021
21-0003	COVID-19 Vaccine Administration	Page 9b; Att. 3.1-A Supp. 1 page 4; Att. 3.1-B Supp. 1	02/01/2021	03/31/2021	06/16/2021
	Reimbursement Rate	page 3; Att. 4.19-B Non-Institutional pages 5b and 18			
21-0004	COVID-19 Vaccine Administration	Att. 4.19-D	02/01/2021	03/31/2021	06/28/2021
	Reimbursement Carved Out of Nursing Home				
	Daily Rate				
21-0005	Update Reimbursement to Local Governments	Att. 4.19B page 16a-4	01/01/2021	03/31/2021	12/02/2021
	for Ambulance Services				
21-0006	Modify CCS to allow for manual cash payments	Att. 4.19-B pages 16a through 16a-3	01/01/2021	03/31/2021	8/30/2022
	and to allow Tribes to conduct CCS cost reporting separately from other cost reporting				
21-0007	Cost of Living Adjustment	Attachment 2.6-A page 5a	01/01/2021	03/31/2021	05/11/2021
21-0008	Cost of Living Adjustment	MACPro	01/01/2021	03/31/2021	05/20/2021
21-0009	Identify Medication-Assisted Therapy as Standalone Service	Att. 3.1-A page 21, Att. 3.1-A Supp. 3, Att. 3.1-B page 20, Att. 3.1-B Supp. 3, Att. 4.19-B Non-Institutional	01/01/2021	03/31/2021	06/23/2021
		page 16.h-16.			
21-0010	Establish Residential SUD as a Covered Service	Att. 4.19-B page 3, Att. 3.1-A Supp. 1 page 10a-1 – 10a-3	02/01/2021	03/31/2021	06/14/2021
21-0011	Disaster Relief SPA	Pages 89-97	10/01/2020	03/31/2021	Withdrawn
21-0012	SUD Health Home	MACPro	07/01/2021	06/30/2021	09/21/2021
21-0013	Disaster Relief SPA	Pages 89-97	03/28/2021	06/30/2021	09/22/2021
21-0014	Recovery Audit Contract	Pages 79za-79zb	11/01/2021	06/30/2021	09/07/2021
21-0015	CHIP Copayments and HSI	CHIP	07/01/2020	06/30/2021	09/08/2021
21-0016	Nursing Home Reimbursement	Pages 1060-1089	07/01/2021		
21-0017	Covid Treatment	SPA Withdrawn	N/A		
21-0018	Hospital Reimbursement	Superseded by 22-0005	12-01-2021	12/30/2021	03/01/2022
21-0019	Disaster Relief SPA- Hospital	Page 232-239	12/01/2021	12/30/2021	2/25/2022
21-0020	NEMT	Page 476 and 783	12/01/2021	12/30/2021	2/23/2022
21-0021	Passive Enrollment	Page 797-802	12/01/2021	12/30/2021	2/17/2022
21-0022	CHIP HSI Housing SPA	CHIP	12/01/2021	12/30/2021	Not approved yet

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22-0001	Tribal Estate Recovery	Pg 867-871	01/01/2022	3/31/2022	4/28/2022
22-0002	MA FFS Reimbursement Rates	980s-1000s (4.19b Reimbursement section)	01/01/2022	3/31/2022	6/2/2022
22-0003	Ambulance Reimbursement	Superseded by 22-0004	01/01/2022	3/31/2022	5/26/2022
22-0004	Ambulance Reimbursement	Pg 977	03/01/2022	3/31/2022	5/31/2022
22-0005	ARPA HCBS Rates	Pg 980-1047	01/01/2022	3/31/2022	6/22/2022
22-0006	CURSE ACT for DME	Pg 944	01/01/2022	3/31/2022	5/31/2022
22-0007	Clinical Trials	Pg 481 and pg 688	01/01/2022	3/31/2022	6/22/2022
22-0008	SSI COLA	Pg 352	01/01/2022	3/31/2022	6/23/2022
22-0009	SSI COLA	Page 1350-1369	01/01/2022	3/31/2022	6/23/2022
22-0010	COVID Disaster SPA- Treatment	Superseded by 22-0011	01/01/2022	3/31/2022	6/22/2022
22-0011	COVID Disaster SPA- Treatment	Pg 241-249	01/01/2022	3/31/2022	6/16/2022
22-0012	Collaborative Care Model	Pg 961	06/01/2022	6/27/2022	08/23/2022
22-0013	Hub and Spoke Reimbursement	Updating 21-0012 Pg 1455-1481	05/01/2022	6/27/2022	9/15/2022
22-0014	CHIP Disaster SPA	CHIP	03/20/2020	6/27/2022	7/29/2022
22-0015	Nursing Home Rate Changes	Nursing home plan Attachment 4.19D	7/1/2022	9/30/22	03/23/2023
22-0016	SDPC SPA	Pg 667-672 and _____	7/1/2022	9/30/22	12/02/2022
22-0017	Continuously Eligible Newborns	MacPRO SPA- Eligibility	7/1/2022	9/30/2022	12/15/2022
22-0018	Disregard of Guaranteed Income for EBD Pop.	MacPRO SPA- Eligibility	7/1/2022	9/30/2022	12/15/2022
22-0019	1915(i) Housing Benefit		1/1/2023	9/30/2022	Pending

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22-0020	Behavioral Health Treatment Group	Attachment 3.1-A Supplement 1 Page 4.dd. Attachment 3.1-B Supplement 1 Page 3.dd.	12/01/2022	12/29/2022	02/20/23
22-0021	MPX Vaccine Admin Rate	Attachment 4.19-B Page 4.b.3.	10/01/2022	12/29/2022	03/15/23
22-0022	Vaccine Admin Rate	Attachment 4.19-B Page 4.b.3.	12/30/2022	12/29/2022	03/15/23
22-0023	Hospital Rate Process	Inpatient Hospital plan	10/01/2022	12/29/2022	03/01/2023
23-0001	Crisis Intervention	Supplement 1 to Attachment 3.1-B Page 7e.1	01/01/2023	03/30/2023	05/12/2023
23-0002	WI GEMT Ambulance		01/01/2023	03/30/2023	Pending
23-0003	Nursing Home Reimbursement	Nursing home Plan- Attachment 4.19-D	01/01/2023	03/30/2023	05/01/2023
23-0004	Hospital Reimbursement	Inpatient Hospital Plan	01/01/2023	03/30/2023	06/22/2023
23-0005	Coverage of Former Foster Care Youth	Eligibility MACPro SPA	01/01/2023	03/30/2023	06/12/2023
23-0006	Personal Care Rates	4.19B Pages	01/01/2023	03/30/2023	05/22/2023
23-0007	COLA SPAs	ATTACHMENT 2.6-A Page 5a	01/01/2023	03/30/2023	04/24/2023
23-0008	Midwifery Rate Updates	Attachment 4.19B Page 15, 19 Attachment 4.19B -Obstetric and Pediatric Plan Page 2,19	01/01/2023	03/30/2023	06/16/2023
23-0009	Ambulance Rate increase	Attachment 4.19-B, Page 16a-4	01/01/2023	03/30/2023	05/18/2023

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23-0010	CHIP D-SPA (COVID-19)	CHIP Plan	01/01/2023	03/30/2023	05/10/2023
23-0011	MAPP D-SPA (COVID-19)	Section 7.4.B., Page 99	01/01/2023	03/30/2023	05/18/2023
23-0012 and 23-0013	Vaccine Counseling	Attachment 3.1-A Page 6 Attachment 3. 1 -B Page 5	04/01/2023	06/30/2023	07/27/2023
23-0014	Physician Administered Drugs	Attachment 4.19-B Page 5b	04/01/2023	06/30/2023	08/25/2023
23-0015	OIG RAC Exemption SPA	Page 79za- Page 79zb	04/01/2023	06/30/2023	09/14/2023
23-0016	Third Party Assurance SPA	Attachment 4.22B Page 1.	04/01/2023	06/30/2023	09/14/2023
23-0017	Drug Testing	Supplement 1 to Attachment 3.1A page 11 and page 12 Supplement 1 to Attachment 3.1B page 10 and page 11	07/01/2023	09/29/2023	10/24/2023
23-0018	Tax Assessment EMS		07/01/2023	09/29/2023	Pending
23-0019	Nursing Home Rate Change	Attachment 4.19-D	07/01/2023	09/29/2023	11/08/2023
23-0020	MAPP Premium Reinstatement		01/01/2024	09/29/2023	Pending
23-0021	Hub and Spoke Geographic expansion	Health Home MACPro SPA	10/01/2023	12/28/2023	Pending
23-0022 and 23-0023	Vaccine Coverage Update MA and CHIP		10/01/2023	12/28/2023	Pending
23-0024	Hospital Reimbursement Update		10/01/2023	12/28/2023	Pending
23-0025	Pharmacist as Provider		10/01/2023	12/28/2023	Pending