
July 20, 2012

Mr. Brett Davis
Medicaid Director
Division of Health Care Access and Accountability
1 West Wilson Street
P.O. Box 309
Madison, Wisconsin 53701

Dear Mr. Davis:

The Centers for Medicare & Medicaid Services (CMS) is pleased to inform you that Wisconsin's renewal application for the §1915(b) waiver is approved. This waiver is authorized under §1915(b)(2), §1915(b)(4), §1902(a)(1), §1902(a)(10)(B), and §1902(a)(23) of the Social Security Act. This waiver also operates concurrently with two §1915(c) waivers, allowing the State to provide home and community based services to Medicaid eligible persons over the age of sixty-five and persons of all ages with disabilities who meet a nursing facility level of care, as well as Medicaid eligible persons over the age of eighteen with mental retardation, a developmental disability, or both, who meet an intermediate care facility for the mentally retarded (ICF/MR) level of care.

This decision is based on the evidence submitted to CMS demonstrating that the information contained in the State's renewal application is consistent with the purposes of the Medicaid program and will meet all the applicable statutory and regulatory requirements for operating a §1915(b) waiver program. The approval period for this waiver is from July 23, 2012 to December 31, 2014. The assigned control number is WI-07.R05. Please reference this control number in all correspondence related to the waiver.

The CMS understands that between July 1, 2011 and April 3, 2012 the State instituted an enrollment cap on long term care programs, including Family Care. During this time CMS is aware that eligible individuals in entitlement counties were on waiting lists, both during the period of enrollment cap and after the State indicated that the enrollment cap had been lifted. The State's denial of services to these individuals violates the terms of the State's approved §1915(c) waivers associated with this concurrent §1915(b) waiver. Therefore, if such individuals appeal to the State from service or eligibility denials, the State should reimburse the individuals improperly placed on a waiting list for any health care costs incurred while on the waiting list.

Additionally, CMS expects the State will submit waiver expenditure and the member month information to the Regional Office on a quarterly basis for the duration of the approved waiver period for purposes of ongoing cost effectiveness monitoring. Likewise, CMS reminds the State that modifications to the Family Care program, including waivers of statute, or modification to the policy affecting the program's delivery system, geographic service areas, populations, services, monitoring activities, rates, or costs that affect the projected cost effectiveness

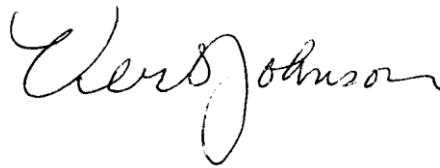
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calculations are subject to CMS approval and must be evaluated through the submission of a formal waiver amendment. Since CMS reviews and approves §1915(b) waiver amendments prospectively, planning and communication with Regional Office staff in advance of waiver amendments is strongly encouraged.

At this end of the waiver approval period, Wisconsin may request renewal of this waiver authority and should submit such a request to the Regional Office no later than Thursday, October 2, 2014. If you have any questions, please contact Maria Chickering at (312) 886-0326 or by email at maria.chickering@cms.hhs.gov.

Sincerely,

A handwritten signature in black ink that reads "Verlon Johnson". The signature is written in a cursive style with a large, looped "V" and "J".

Verlon Johnson
Associate Regional Administrator
Division of Medicaid and Children's Health Operations

cc: Pris Boroniec, DHS