

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

1. TRANSMITTAL NUMBER:
09-020

2. STATE
Wisconsin

FOR: HEALTH CARE FINANCING ADMINISTRATION

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE
SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE
10/01/2009

5. TYPE OF PLAN MATERIAL (Check One):

- NEW STATE PLAN
- AMENDMENT TO BE CONSIDERED AS NEW PLAN
- AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:
Section 1902(a)(73) SSA

7. FEDERAL BUDGET IMPACT:
a. FFY 2010\$OK
b. FFY 2011\$OK

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:
Page 9.

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):
Same

10. SUBJECT OF AMENDMENT:

Tribal consultation requirements.

11. GOVERNOR'S REVIEW (Check One):

- GOVERNOR'S OFFICE REPORTED NO COMMENT
- COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
- NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL
- OTHER, AS SPECIFIED:

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:
Jason A. Helgerson

14. TITLE:
State Medicaid Director

15. DATE SUBMITTED:
December 21, 2009

16. RETURN TO:
Jason A. Helgerson
State Medicaid Director
Division of Health Care Access and Accountability
1 W. Wilson St.
P.O. Box 309
Madison, WI 53701-0309

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:
December 21, 2009

18. DATE APPROVED: JUL 29 2010

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:
October 1, 2009

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:
Verlon Johnson

22. TITLE:
Associate Regional Administrator

23. REMARKS:

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Wisconsin

- Citation 1.4 State Medical Care Advisory Committee
42 CFR
431.12(b) There is an advisory committee to the Medicaid agency director on health and medical
AT-78-90 care services established in accordance with and meeting all the requirements of 42
CFR 431.12.
- 42 CFR The State enrolls recipients in MCO, PIHP, PAHP, and/or PCCM programs. The State
438.104 assures that it complies with 42 CFR 438.104(c) to consult with the Medical Care
Advisory Committee in the review of marketing materials.
- 1902(a)(73) Tribal Consultation Requirements
SSA Section 1902(a)(73) of the Social Security Act requires a State in which one or more
Indian Health Programs or Urban Indian Organizations furnish health care services to
establish a process for the State Medicaid agency to seek advice on a regular, ongoing
basis from designees of the Indian Health Service (IHS), including programs operated
by Indian tribes under P.L. 93-638, and Urban Indian Organizations concerning
Medicaid matters having a direct impact on these IHS and Urban Indian Organizations.
Please indicate below whether the State, as part of its consultation process, appoints an
advisory committee or appoints a designee of the IHS and Urban Indian Organizations
to the State medical care advisory committee, both of these, or something else.
- State appoints a tribal advisory committee.
- State appoints a designee of the IHS and Urban Indian Organizations to the
State medical care advisory committee.
- Other. Specify:
**Wisconsin Department of Health Services staff will meet with tribal Health
Directors and designees of Indian Health Service and Urban Indian
Organizations during the last month in each quarter to discuss state plan
amendments before they are submitted to CMS. A Consultation
Implementation Plan is maintained which documents what the State and the
tribes have agreed to do for the next period.**
- Not applicable because the State does not have at least one Indian Health
Program or Urban Indian Organization furnishing health care services.