

2025 Q2 State Plan Amendments

#	Name	Brief Summary	Effective
Programmatic SPAs			
25-0008	Pre-Release Services for Incarcerated Youth (CHIP)	DHS will provide preventive screenings and diagnostic care (EPSDT) and case management services for youth in carceral facilities starting in 2025. This change to the Children’s Health Insurance Program (CHIP) follows a similar Q1 2025 SPA for youth enrolled in Medicaid. Required by: 2023 Consolidated Appropriations Act (CAA).	1/1/2025
25-0009	Suspending Full CHIP Coverage for Incarcerated Youth	DHS will suspend, rather than terminate, children’s full CHIP coverage when they are incarcerated. Members will continue to receive inpatient hospital services, and preventive screenings and case management described under SPA 25-0008. This aligns with current Medicaid policy. Required by: 2023 Consolidated Appropriations Act (CAA) and related federal guidance.	1/1/2025
25-0010	Access to Health Insurance as CHIP Eligibility Condition	Access to insurance coverage will no longer impact CHIP eligibility – only current enrollment in other insurance coverage. Required by: Streamlining Medicaid and CHIP Eligibility and Enrollment Final Rule that prohibits CHIP waiting periods.	2/22/2025
25-0011	Updating Hospital Inpatient State Plan Outpatient Services	When a member is admitted as an inpatient at one hospital, DHS will directly reimburse outpatient services provided at another hospital. There is no member experience impact.	4/1/2025
25-0012	HMO Exemptions for Sickle Cell and Gene Access Model	Provides care to the following member populations in Medicaid fee-for-service and excludes them from BadgerCare Plus and SSI HMO managed care: stem cell or bone marrow transplant recipients, sickle cell disease (SCD) gene therapy recipients.	4/1/2025
25-0013	Child Care Coordination Managed Care Carve-in	BadgerCare Plus and SSI HMOs cover Child Care Coordination (CCC) services for members who are enrolled in the HMO and eligible for this service.	7/1/2025
25-0014	School-Based Services	Allows additional types of care plans to demonstrate medical necessity for school-based services and includes some additional service types, such as physician and dental services. First introduced in Q1 as SPA 25-0009.	7/1/2025
Administrative/Clean Up SPAs			
None			

2025 Q1 SPA Status Update

#	Name	Brief Summary	Effective	Status
Programmatic SPAs				
25-0001	Child Care Coordination Provider Enrollment	Aligns with recent administrative rule updates that enhance enrollment requirements for the new Child Care Coordination (CCC) provider type.	2/1/2025	Approved
25-0003	Inpatient Hospital Rate Increases	Increases rates for several inpatient hospital services. Adds details on the new health information exchange (HIE) pay-for-performance program.	1/1/2025	Submitted
25-0004	Outpatient Hospital Rate Increases	Increases the rate for deep sedation provided in outpatient hospitals during dental services. Adds details on the new HIE pay-for-performance program.	1/1/2025	Submitted
25-0005	Pre-Release Services for Incarcerated Youth (Medicaid)	DHS will provide preventive screenings and diagnostic care (EPSDT) and case management services for youth in carceral facilities starting in 2025. Required by: 2023 Consolidated Appropriations Act (CAA).	1/1/2025	Submitted
25-0006	Disregard cash received with medical or social services as an asset	Exempts cash or other benefits received in conjunction with medical or social services provided under a federal, state, or local program as an asset for Elderly, Blind and Disabled (EBD) Medicaid members.	1/1/2025	Submitted
25-0007	Yearly Cost of Living Adjustment Updates	Updates the yearly Cost of Living Adjustment (COLA) per federal guidelines for EBD Medicaid members.	1/1/2025	Approved
Administrative/Clean Up SPAs				
25-0002	Family Care Partnership	Clean up to remove Wisconsin's authority to operate Family Care Partnership from the state plan. CMS approved Family Care Partnership as an addition to the Family Care Waiver in November 2024. Since WI now gets that authority from the waiver, it can be removed from the state plan.	1/1/2025	Not Submitted
25-0008	Treat-in-Place/No-Transport in Ground Emergency Medical Transport Assessment	Updates the list of services eligible for supplemental reimbursement under the Ambulance Service Provider Fee Reimbursement program to include services provided by emergency medical services providers to members who do not require transportation ("Treat-in-Place/No Transport").	1/1/2025	Submitted

2025 Q2 State Plan Amendments (SPA) Summaries

25-0008: 2023 CAA – Pre-Release Services for Incarcerated Youth (CHIP)

Effective January 1, 2025

Provides two types of services for incarcerated youth who are Children’s Health Insurance Program (CHIP) members:

- Early and Periodic Screening, Diagnostic and Treatment screenings (EPSDT, also called HealthCheck in Wisconsin) 30 days prior to release and one week (or as soon as practical) after release. Screenings are intended to diagnose and prevent illness early.
- Targeted case management (TCM) services 30 days prior to release and at least 30 days after release. These are services to identify member needs, develop a care plan and clear goals, provide referrals to services, and monitor progress.

CMS defines incarcerated youth as: members under the age of 21, or members currently under age 26 who were formerly in foster care, subsidized guardianship, or court-ordered Kinship Care.

Required by the [2023 Consolidated Appropriations Act \(CAA\)](#).

25-0009: Suspending Full CHIP Coverage for Incarcerated Youth

Effective January 1, 2025

When a child is incarcerated, their Children’s Health Insurance Program (CHIP) benefits will be suspended, rather than terminated. This is the same practice for incarcerated children covered under Medicaid. During incarceration, CHIP coverage is limited to: services received for an inpatient admission at a medical institution and certain screening and targeted case management services before release.

Required by the [2023 Consolidated Appropriations Act \(CAA\)](#) and related federal guidance.

25-0010: Access to Health Insurance as a CHIP Eligibility Condition

Effective February 22, 2025

Allows eligible individuals with access to employer-sponsored insurance to enroll in the Children’s Health Insurance Program (CHIP). Having access to employer-sponsored insurance no longer disqualifies individuals from CHIP coverage. The current policy effectively acts as a waiting period because children and pregnant people who are not enrolled in other health insurance are kept from enrolling in BadgerCare Plus. These individuals will be disqualified from CHIP only if they are enrolled in employer sponsored insurance.

CHIP requires states to take reasonable steps to prevent the crowd-out of private health insurance, also known as substitution of coverage. Today, as part of the strategy to prevent crowd-out, people are ineligible for CHIP if they have current access, future access within the next three months, or past access within the previous twelve months to employer-sponsored health insurance.

Required by the [Streamlining Medicaid and CHIP Eligibility and Enrollment final rule](#) published in April 2024 that prohibits waiting periods in CHIP effective June 2025.

25-0011: Outpatient Services Related to Inpatient Stays

Effective April 1, 2025

Permits reimbursement of hospital outpatient services provided to a recipient during an inpatient stay at another hospital without restricting reimbursement to the day of admission or discharge. This change allows the outpatient service provider to receive direct reimbursement, improves access to care, and simplifies provider billing processes.

Under previous policy, these outpatient charges would be considered part of the inpatient stay and separate claims would be denied. The hospitals providing the outpatient services would have to work out a separate agreement with the inpatient hospital to receive reimbursement.

25-0012: HMO Exemptions for Sickle Cell and Gene Access Model

Effective April 1, 2025

Members receiving cell and gene therapy and members receiving bone marrow or stem cell transplants will get care through Medicaid fee-for-service, rather than through managed care. May also exclude certain other members from managed care for a short-term basis, as appropriate. These members will receive all Medicaid services on a fee-for-service basis.

No impact to Medicaid eligibility. These members can use any Medicaid-enrolled provider. If a member who is receiving a transplant or sickle cell disease gene therapy is enrolled in an HMO, DHS will disenroll them using existing processes.

Tribal Medicaid members can continue to choose to enroll in an HMO or access Medicaid services through the fee-for-service model. There is no change to the current process for Tribal members.

Wisconsin Medicaid was recently accepted to participate in the new Centers for Medicare and Medicaid Services Cell and Gene Therapy (CGT) Access Model, intended to improve access to therapies for sickle cell disease. Cell and gene therapy is only available as fee-for-service, which is why these members are now excluded from HMOs. The CGT Access Model will provide new resources to members receiving CGT: education, peer-counseling, health-related social needs screening, clinical navigators, and non-emergency medical transportation (NEMT) rides, including same-day rides for vaso-occlusive crises.

25-0013: Child Care Coordination Managed Care Carve-in

Effective July 1, 2025

Provides Child Care Coordination (CCC) through BadgerCare Plus and SSI managed care for members who are enrolled in the HMO and eligible for this service. CCC providers will be required

to contract with HMOs, and members will seek care from providers enrolled with their HMO. CCC services are available to members who reside in the City of Racine and in Milwaukee County. Previously, CCC was available as fee-for-service.

Updates HMO requirements to provide dental services in Milwaukee, Waukesha, Racine, Kenosha, Ozaukee, and Washington counties. Makes non-substantive changes to align the list of carved out services with other sources.

25-0014: School-Based Services Expansion

Effective July 1, 2025

Expands reimbursement for medically necessary health care services provided at school to Medicaid-enrolled students:

1. To include additional types of care plans that document medical necessity
2. To allow more school-based service types, including physician services, dental services, and case management services.

Students with Medicaid coverage receive a variety of health care services in school. These health services are considered school-based services when provided by school staff, like a school nurse or counselor. Currently, Medicaid reimburses for a range of school-based services provided only to Medicaid-enrolled students who have an Individualized Education Plan (IEP) that documents the specific service.

Some health care services are provided in a school setting by federally qualified health centers (FQHC). For Tribal FQHCs, services provided in schools are paid through the all-inclusive rate.

Allowed through Centers for Medicaid and Medicare Services guidance, 2023.

2025 Q1 State Plan Amendments (SPA) Summaries

25-0001: Child Care Coordination Provider Enrollment

Effective February 1, 2025.

Enhances provider enrollment requirements for the new CCC provider type, including provider qualifications and duties. These updates support program integrity and clarify provider qualifications to be specific to the CCC services and population.

Aligns with administrative rule updates.

25-0002: Removing Partnership from the State Plan

Effective January 1, 2025

Moves Wisconsin's authority for Family Care Partnership from the State Plan to Family Care 1915(b) Waiver, approved November 2024. Family Care Partnership provides health and long-term care services to older adults and adults with disabilities in home and community-based settings. It also serves dual eligible members and is operated through managed care organizations.

25-0003: Hospital Inpatient Rate Updates

Effective January 1, 2025

Increases per-diem rates with inflation for several inpatient services exempt from the DRG-based payment system, including: inpatient payments for ventilator-assisted recipients, inpatient payments for brain injury care claims, and inpatient payments for postpartum insertion of Long-Acting Reversible Contraception (LARC).

Updates details on the new withhold-based health information exchange (HIE) Pay-for-Performance program. Performance targets are based on the Measurement Year 2024 HIE incentive.

25-0004: Outpatient Hospital Rate Increases

Effective January 1, 2025

Provides an add-on payment for outpatient hospital deep sedation dental services. This change increases the dental add-on rate listed in the Outpatient Hospital State Plan from \$700 to \$1,075.

Includes details on the new withhold-based HIE Pay-for-Performance program. Performance targets are based on the previous-year HIE incentive program, ending Measurement Year 2024.

25-0005: 2023 CAA – Pre-Release Services for Incarcerated Youth

Effective January 1, 2025

Pays for two types of services for incarcerated youth who are Medicaid members:

- Early and Periodic Screening, Diagnostic and Treatment screenings (EPSDT, also called HealthCheck in Wisconsin) 30 days prior to release and one week (or as soon as practical) after release. These screenings are intended to diagnose and prevent illness.
- Targeted case management (TCM) services 30 days prior to release and at least 30 days after release. These services identify member needs, develop a care plan and clear goals, provide referrals to services, and monitor progress.

CMS defines incarcerated youth: members under the age of 21, or members currently under age 26 who were formerly in foster care, subsidized guardianship, or court-ordered Kinship Care.

Required by the 2023 Consolidated Appropriations Act (CAA).

25-0006: Disregard cash received in conjunction with medical or social services

Effective January 1, 2025

Entirely exempts cash and other benefits received in conjunction with medical or social services provided under a federal, state, or local program as an asset for EBD Medicaid programs.

25-0007: Yearly Cost of Living Adjustment Updates

Effective January 1, 2025

Updates the yearly Cost of Living Adjustment (COLA) per the federal guidelines for the Elderly, Blind and Disabled (EBD) population.

25-0008: Adding Treat-in-Place/No-Transport to GEMT Assessment

Effective January 1, 2025

Updates the list of services eligible for supplemental reimbursement to include services provided by emergency medical services providers without transporting the member (“Treat-in-Place/No Transport”).

Wisconsin Medicaid created an Ambulance Service Provider Fee Reimbursement program for eligible private emergency medical transport providers effective January 1, 2023.