



WISCONSIN DEPARTMENT  
*of* HEALTH SERVICES

# Medicaid Advisory Committee SPA and Waiver Updates

**Medicaid Advisory Committee Update**

December 4, 2024



# Agenda

- **Waiver Updates:**
  - BadgerCare Plus Approval
  - FamilyCare Approval
  - SeniorCare Interim Evaluation Report Submission
  
- **SPA Updates**
  - Q4 SPAs to be submitted
  - Approved SPAs
  - Pending SPAs and Expected Approvals





# Waiver Updates

Waivers are approvals from CMS to operate our Medicaid programs differently, such as covering new benefits or populations.

Waiver	Waiver Background	Timing
BadgerCare Reform	Coverage for: <ul style="list-style-type: none"><li>• Childless adults</li><li>• People with incomes over 100% of the federal poverty level who were previously enrolled in Medicaid</li><li>• Former foster care youth from other states</li></ul>	Five-year approval 10/29/2024 – 12/31/2029
FamilyCare & FamilyCare Partnership	Home and community-based services for: <ul style="list-style-type: none"><li>• Adults age 65+</li><li>• Adults age 18-64 with disabilities who need a nursing home level of care</li></ul>	Five-year approval 1/1/2025 – 12/31/2029



# Waiver Updates

Waiver	Waiver Background	Timing
SeniorCare	<p>Prescription drug benefits and optional Medication Therapy Management (MTM)</p> <ul style="list-style-type: none"><li>Adults 65+ with incomes at or below 200% of the Federal Poverty Level (FPL)</li></ul>	<p>Interim evaluation report submitted on 10/2/2024. Renewal 12/31/2028.</p>



# Q4 State Plan Amendments

SPA	Type	SPA Overview	Effective Date
Per-diem hospital start up periods	Admin	Modifies hospital cost reporting: reporting period, ad hoc reports from psychiatric hospitals receiving start up reimbursement. Adjusts the default rate paid to per-diem providers with insufficient claims volume to the median of rates paid to other in-state, non-start-up providers of the same hospital type.	11/1/2024
Mandatory Reporting for Core Reporting Set - Adult & Child Measures	Admin	Submits Wisconsin Medicaid's intent to comply with CMS quality reporting requirements for the Child and Adult Core Sets, including adult behavioral health measures.	10/1/2024



# Q4 State Plan Amendments

SPA	Type	SPA Overview	Effective Date
Mandatory Reporting for Core Reporting Set - Adult & Child Measures	Admin	Submits Wisconsin Medicaid's intent to comply with CMS quality reporting requirements for the Child and Adult Core Sets, including adult behavioral health measures.	10/1/2024
1945 HHQM Reporting - SUD	Admin	Implements an update to the HIV/AIDS and Substance Use Disorder (SUD) Health Home State Plan sections, per Section 1945 of the Social Security Act and CMS final rule, which requires Medicaid to attest that it will reply with new reporting requirements.	10/1/2024
1945 HHQM Reporting - HIV/AIDS			10/1/2024



# Q4 State Plan Amendments

SPA	Type	SPA Overview	Effective Date
IOP - Intensive Outpatient	Benefits	A newly-certified level of care. Wisconsin Medicaid is establishing enrollment requirements, coverage policy, and reimbursable services & codes for the DHS 75.51 certification. Available in fee-for-service and HMO & MCO programs through DHS 75.51 agencies and FQHCs (both tribal and non-tribal) with IOP in their approved scope. IOP is part of the American Society of Addiction Medicine (ASAM) continuum of care and falls between outpatient services and day treatment services.	11/1/2024



# Q4 State Plan Amendments

SPA	Type	SPA Overview	Effective Date
Act 182 Complex Rehab Tech Rates	Rates	The Department is making the following changes to comply with 2023 Wisconsin Act 182. The Act states the department shall, for healthcare common procedure coding system codes relating to complex rehabilitation technology wheelchair repair and accessories, apply a reimbursement rate under the Medical Assistance program equivalent to the maximum fee paid in Wisconsin under the federal Medicare program, including fees under the KU modifier, if applicable.	1/1/2025





# Recently Approved SPAs

Since the September MAC meeting, CMS approved four state plan amendments:

SPA	Type	SPA Overview	Effective Date
1915(i) HCBS – Housing	Benefit	Improves housing stability and health outcomes for Medicaid members experiencing homelessness who have behavioral health and substance abuse needs. Members must have either a substance abuse condition or mental health condition, be 18 years or older, and be experiencing homelessness.	1/1/2025



# Recently Approved SPAs

SPA	Type	SPA Overview	Effective Date
Personal Needs Allowance	Rate	Medicaid members in a long-term care facility are required to contribute some of their income toward the cost of their long-term care services. This contribution is referred to as “patient liability.” When the patient liability amount is calculated, an allowance is deducted for the member’s personal needs, such as clothing and other personal items. This is called the “personal needs allowance.” The personal needs allowance increased from \$45 to \$55, effective July 1, 2024.	7/1/2024



# Recently Approved SPAs

SPA	Type	SPA Overview	Effective Date
Medicare Advantage Supplemental Benefits Disregard	Eligibility	<p>Insurance companies offer Dual Special Needs Plans (D-SNPs) for members who are eligible for both Medicare and Medicaid. Through these D-SNPs, members may receive prepaid cards or vouchers to purchase healthy foods or over the counter (OTC) products. These funds are issued and expire on a monthly, quarterly, or yearly basis depending on the plan type.</p> <p>These benefits are not taxable and are not considered countable income. When calculating member eligibility for the Elderly, Blind and Disabled Medicaid program (EBD Medicaid, this SPA formalizes the Wisconsin Medicaid policy to disregard these D-SNP vouchers when applying income and asset tests.</p>	4/1/2024



# Recently Approved SPAs

SPA	Type	SPA Overview	Effective Date
Weight Loss Drug Coverage	Admin	<p>This amendment is to modify language in the Medicaid State Plan drug coverage pages to better reflect coverage information by referencing the state's webpage resource for coverage information.</p> <p>Given the frequency of drug market changes, it is recommended that the State Plan language reference the State's website detailing the most current drug products rather than listing specific drug product names in the Medicaid State Plan.</p>	4/1/2024



# SPAs Pending Approval

Several SPAs submitted in 2022, 2023, and 2024 are pending approval by CMS. This list does not include SPA submitted in Q3 2024, are still undergoing review within the normal timeline.

SPA	SPA Overview	Effective Date
WI Ground Emergency Medical Transport Ambulance (WIGEMT)	Would implement a supplemental payment program to help close the gap between actual costs and Medicaid reimbursement, per 2021 Wisconsin Act 228. Allows Wisconsin Medicaid participating public ambulance providers to voluntarily submit an annual cost report and receive additional payments.	1/1/2023



# SPAs Pending Approval

SPA	SPA Overview	Effective Date
WI Ambulance Service Provider Fee Reimbursement Program	Would implement an Ambulance Service Provider Fee Reimbursement Program to help supplement Medicaid reimbursement for eligible Wisconsin Medicaid private ambulance providers, per 2021 Wisconsin Act 228. Requires private ambulance providers, including not for profit providers not owned by a municipality or group of municipalities, to submit a tax assessment fee. Fees are collected no more than quarterly and distributed to supplement reimbursement for eligible ambulance service providers for Medicaid member services.	7/1/2023



# SPAs Pending Approval

SPA	SPA Overview	Effective Date
ABP Vaccine SPA	Would cover additional vaccines, per section 1905(a)(13)(B) of the Social Security Act (SSA) and the requirements of the federal Inflation Reduction Act (IRA) in the State plan and the CHIP plan. Aligns the Alternative Benefit Plan (ABP) with the state plan.	10/1/2023



# SPAs Pending Approval

SPA	SPA Overview	Effective Date
CHIP Continuous Enrollment	Would provide 12 months of continuous eligibility for children under age 19 in Medicaid and CHIP, with some limited exceptions. Applies to all children eligible for Medicaid and CHIP, except those enrolled under presumptive eligibility and required to meet deductibles. Per section 5112 of the Consolidated Appropriations Act, 2023 [P.L. 117-328] (CAA, 2023) amended section 1902(e)(12) and 2107(e)(1) of the Social Security Act.	1/1/2024