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State/Territory Name: Wisconsin

State Plan Amendment (SPA) #: WI-25-0008

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Children and Adults Health Programs Group

January 27, 2026

William Hanna
Medicaid Director
Wisconsin Department of Health Services
1 West Wilson Street, Room 350
PO Box 309
Madison, WI 52701-0309

Dear Director Hanna:

Your Title XXI Children's Health Insurance Program (CHIP) State Plan Amendment (SPA) WI-25-0008, submitted June 27, 2025, with additional information submitted on January 27, 2026, has been approved. The effective date for this SPA is January 1, 2025.

Through WI-25-0008, Wisconsin demonstrates compliance with section 5121 of the Consolidated Appropriations Act, 2023 (CAA, 2023) by modifying CHIP eligibility requirements for the treatment of incarcerated youth and providing pre-release services to eligible juveniles. Additionally, the state clarifies its policies for this population related to cost sharing, the delivery system for pre-release services, and the availability of targeted case management services.

The approval for the provision of pre-release services under WI-25-0008 will sunset on December 31, 2026, and the state must complete the actions outlined in the companion letter by the sunset date. We encourage Wisconsin to provide an update to CMS on their implementation status by April 1, 2026.

Your Project Officer is Chanelle Parkar. She is available to answer your questions concerning this amendment and other CHIP-related matters and can be reached at Chanelle.Parkar@cms.hhs.gov.

If you have additional questions, please contact Mary Beth Hance, Acting Director, Division of State Coverage Programs, at (410) 786-4299. We look forward to continuing to work with you and your staff.

Sincerely,
/Signed by Jessica Stephens/

Jessica Stephens
Acting Director

Children and Adults Health Programs Group

January 27, 2026

William Hanna
Medicaid Director
Wisconsin Department of Health Services
1 West Wilson Street, Room 350
PO Box 309
Madison, WI 52701-0309

Dear Director Hanna:

This letter is being sent as a companion to the Centers for Medicare & Medicaid Services (CMS) approval of state plan amendment (SPA), WI-25-0008, approved on January 27, 2026. Through this SPA, the state provides coverage of screenings, diagnostic services, and case management services (“pre-release services”) otherwise available under the CHIP state plan to targeted low-income children who are within a 30-day period prior to their release from a carceral facility. Additionally, Wisconsin modifies the state’s treatment of children who are inmates of a public institution when determining CHIP eligibility. This SPA, WI-25-0008, is effective on July 1, 2025, with the exception of the remaining actions needed to comply with section 2102(d) of the Social Security Act (the Act) listed below. Due to these outstanding actions, the approval under this SPA to provide pre-release services will sunset on December 31, 2026. We appreciate the state’s efforts to come into compliance with section 2102(d) of the Act.

The following are the actions that the state must complete to fully implement section 2102(d) of the Act:

1. **Create a new provider type: “Correctional Facility”:** This will allow carceral facilities to enroll as billing providers, provide services, and submit claims directly to Medicaid and CHIP as rendering providers of screening and diagnostic services and targeted case management (TCM) for eligible juveniles incarcerated in a public institution within 30 days of release post-adjudication of charges. Any service provided post release will be provided by providers who are already enrolled under existing provider types.
2. **Create training modules and conduct training with carceral providers:** After the new provider type of “Correctional Facility” is completed, training videos will be created using screen shots from the state’s systems portal. Provider Enrollment staff will conduct training to help carceral facilities understand the provider enrollment process. Claims system staff will conduct training to educate carceral facilities about Medicaid and CHIP reimbursement requirements and the billing/claims submission process.
3. **Continue outreach and engagement with carceral providers:** Wisconsin State Medicaid implementation staff will continue meeting with individual carceral facilities to ensure readiness to deliver services. The goal is to establish readiness and/or document for each facility which facilities will:
 - a. enroll in Medicaid/CHIP and submit claims to Medicaid/CHIP and/or contract with

- community-based screening and diagnostic and TCM providers,
- b. furnish required services without enrolling in or billing Medicaid/CHIP, or
- c. determine it is not feasible to provide the required services.

4. **Implement internal and external communications:** The state will publish internal and external communications to provide resources and policies related to implementation of these services for staff, providers, beneficiaries, and other interested parties. This will include, but are not limited to, staff policy and procedures, updates to provider manuals, billing guides, websites, Medicaid and CHIP policy updates, provider trainings, beneficiary fliers, provider Q&A documents, and several forms. The state is also considering future updates to state administrative code and statute to further bolster this implementation.
5. **Create data sharing agreements between Wisconsin's Department of Health Services (DHS) and non-Department of Corrections (DOC) carceral facilities:** Carceral facilities will have the option to enter into a data sharing agreement with DHS that allows access to secure, specific, and limited data for eligible members under the age of 18. These data sharing agreements will allow DHS to receive incarceration information in county jails for people under 18, informing DHS when a CHIP-enrolled youth becomes incarcerated. This will also allow the carceral facilities to have access to limited enrollment and eligibility data for these youth to comply with requirements under Section 5121.

Once these outstanding actions have been completed, the state should submit a SPA to remove the sunset date for the pre-release services provisions from the CHIP state plan. CMS is available to provide technical assistance through this process to achieve timely completion of these remaining actions to ensure compliance with section 2102(d) of the Act.

If you have questions about this letter, please contact Chanelle Parkar at 410-786-0557 or Chanelle.Parkar@cms.hhs.gov, your CHIP state lead.

Sincerely,
/Signed by Mary Beth Hance/

Mary Beth Hance
Acting Director
Division of State Coverage Programs

Amendment #20 Purpose of SPA: The state is assuring that it covers age-appropriate vaccines and their administration, without cost sharing.

Proposed effective date: 10/01/2023

Proposed implementation date: 10/01/2023

Amendment #21 Purpose of SPA: The state will allow 12 months of continuous eligibility for children under age 19 in Medicaid and CHIP, with some limited exceptions, as per Section 5112 of the Consolidated Appropriations Act, 2023.

Proposed effective date: 1/1/2024 Proposed implementation date: 6/21/2025

Amendment #22 Purpose of SPA: Non-Payment of Premiums Does Not Result In Loss of CHIP Eligibility

Proposed effective date: 7/1/2024

Proposed implementation date: 5/1/2024

Amendment #23 Purpose of SPA: Providing required TCM and EPSDT services pre- and post-release for incarcerated youth, as required by CAA 2023 (25-0008).

Proposed effective date: 1/1/2025

Proposed implementation date: 1/1/2025

Amendment #23-24 Purpose of SPA: Access to Health Insurance is no longer a consideration when determining eligibility (SPA-WI-25-0009). This amendment simultaneously updates CS20 to reflect this change. (SPA-WI-25-0010).

Proposed effective date: 2/22/2025

Proposed implementation date: 2/22/2025

Tribal Consultation (Section 2107(e)(1)(C)) Describe the consultation process that

1.4-TC occurred specifically for the development and submission of this State Plan Amendment, when it occurred and who was involved.

The Wisconsin Tribal Health Directors Association (WTHDA) held its bimonthly meeting on Wednesday, May 14, 2025. Several Wisconsin Department of Health Services (DHS) staff attended. Wisconsin DHS staff presented an overview of SPA 25-0008. The health directors did not have questions or concerns related to the SPA.

Section 2. General Background and Description of Approach to Children's Health Insurance Coverage and Coordination

Guidance:

The demographic information requested in 2.1 can be used for State planning and will be used strictly for informational purposes. THESE NUMBERS WILL NOT BE USED AS A BASIS FOR THE ALLOTMENT. that the State may consider in the provision of this information are age breakouts, income brackets, definitions of insurability, and geographic location, as well as race and ethnicity. The State should describe its information sources and the assumptions it uses for the development of its description.

- Population
- Number of insured
- Race demographics
- Age Demographics
- Info per region/Geographic information

2.1. Describe the extent to which, and manner in which, children in the State (including targeted low-income children and other groups of children specified), identified by income level and other relevant factors, such as race, ethnicity and geographic location, currently have creditable health coverage (as defined in 42 CFR 457.10). To the extent feasible, distinguish between creditable coverage under public health insurance programs and public-private partnerships (See Section 10 for annual report requirements). (Section 2102 (a)(1)); (42 CFR 457.80(a))

primary care case management entities (PCCM entities), and primary care case managers (PCCM); (2) contracts with indemnity health insurance plans; (3) fee-for-service (FFAS) paid by the State to health care providers; and (4) any other arrangements for health care delivery. The State should describe any variations based upon geography and by population (including conception to birth population). States must submit the managed care contract(s) to CMS' Regional Office for review.

3.1. **Delivery Systems** (Section 2102(a)(4)) (42 CFR 457.490; Part 457, Subpart L)

3.1.1 **Choice of Delivery System**

3.1.1.1 Does the State use a managed care delivery system for its CHIP populations? Managed care entities include MCOs, PIHPs, PAHPs, PCCM entities and PCCMs as defined in 42 CFR 457.10. Please check the box and answer the questions below that apply to your State.

- No, the State does not use a managed care delivery system for any CHIP populations.
- Yes, the State uses a managed care delivery system for all CHIP populations.
- Yes, the State uses a managed care delivery system; however, only some of the CHIP population is included in the managed care delivery system and some of the CHIP population is included in a fee-for-service system.

If the State uses a managed care delivery system for only some of its CHIP populations and a fee-for-service system for some of its CHIP populations, please describe which populations are, and which are not, included in the State's managed care delivery system for CHIP. States will be asked to specify which managed care entities are used by the State in its managed care delivery system below in Section 3.1.2.

Populations not enrolled in managed care for CHIP and instead receive services on a fee-for-service basis:

- Pregnant mothers and their unborn children in the BadgerCare Plus Prenatal Program. This program provides services to pregnant women from 0% - 301% of the FPL who are ineligible for BadgerCare Plus solely due to their immigration status but meet all other financial and non-financial requirements for BadgerCare Plus.
- **Individuals who are incarcerated.**

All other WI CHIP populations are enrolled into managed care.

of the FPL: \$23; Incomes at or above 251 percent up to, but not including 261 percent of the FPL: \$34;
Incomes at or above 261 percent up to, but not including 271 percent of the FPL: \$44; Incomes at or above 271 percent up to, but not including 281 percent of the FPL: \$55;
Incomes at or above 281 percent up to, but not including 291 percent of the FPL: \$68; Incomes at or above 291 percent up to, but not including 301 percent of the FPL: \$82;
Incomes at 301 percent up to and including 306 percent of the FPL: \$97.53.

Wisconsin will waive all premiums for all enrollees through December 31, 2023. Effective January 1, 2024, the state will resume the collection of premiums for all enrollees who have had a renewal within the last 12 months, or had an application filed on or after April 1, 2023. The state will resume the implementation of these policies on a rolling basis as renewals are conducted through the state's COVID-19 PHE unwinding period, scheduled to end May 31, 2024. Effective June 1, 2024, the state will resume the standard, approved state plan premium policies.

For eligible incarcerated youth, premiums are waived during the duration of their carceral stay.

8.2.2. Deductibles:

8.2.3. Coinsurance or copayments:

8.2.3. Other:

8.2-DS **Supplemental Dental** (CHIPRA #7, SHO #09-012 issued October 7, 2009) For children enrolled in the dental-only supplemental coverage, describe the amount of cost-sharing, specifying any sliding scale based on income. Also describe how the State will track that the cost sharing does not exceed 5 percent of gross family income. The 5 percent of income calculation shall include all cost-sharing for health insurance and dental insurance. (Section 2103(e)(1)(A); 42 CFR 457.505(a), 457.510(b) and (c), 457.515(a) and (c), and 457.560(a)) Please update Sections 1.1-DS, 4.1-DS, 4.2-DS, 6.2-DS, and 9.10 when electing this option.

8.2.1-DS Premiums:

8.2.2-DS Deductibles:

8.2.3-DS Coinsurance or copayments:

8.2.4-DS Other:

8.3. Describe how the public will be notified, including the public schedule, of this cost sharing (including the cumulative maximum) and changes to these amounts and any differences based on income. (Section 2103(e)(1)(A); 42 CFR 457.505(b))

Attachment 2**Wisconsin Description of the Amount, Duration and Scope of Services Covered**

From Section 6.2, the following chart shows the amount, duration and scope of covered benefits provided to members.

BadgerCare Plus Standard Plan	
Case Management Services	Limited to case management provided by public entities, Independent Living Centers, or AIDS service organizations. <u>Targeted case management services are available to eligible juveniles up to 19 years of age who are determined eligible for CHIP as a targeted low-income child immediately before becoming an inmate of a public institution or while an inmate of a public institution, for 30 days prior to release and 30 days post-release. The case managers provide services that are identical to Medicaid as defined in 42 CFR 440.169.</u>
Chiropractic Services	Full coverage
Dental Services	Full coverage
Disposable Medical Supplies (DMS)	Full Coverage
Drugs	Comprehensive drug benefit with coverage of generic and brand name prescription drugs, and some over-the-counter (OTC) drugs
Durable Medical Equipment (DME)	Full coverage
Health Screenings for Children	Full coverage of HealthCheck screenings and other services for individuals under age 21 years
Hearing Services	Full coverage
Home Care Services (Home Health, Private Duty Nursing and Personal Care)	Full coverage of private duty nursing, home health services, and personal care
Hospice Services	Full coverage
Inpatient Hospital Services	Full coverage
Mental Health and Substance Abuse Treatment*	Full coverage (not including room and board)
Nursing Home Services	Full coverage

BadgerCare Plus Standard Plan, continued	
Outpatient Hospital – Emergency Room	Full coverage
Outpatient Hospital Services	Full coverage
Physical Therapy (PT), Occupational Therapy (OT), and Speech Therapy (ST)	Full coverage
Physician Services	Full coverage, including laboratory and radiology
Podiatry Services	Full Coverage
Prenatal /Maternity Care	Full coverage, including prenatal care coordination, and preventive mental health and substance abuse screening and counseling for women at risk of mental health or substance abuse problems
Reproductive Health Services	Full coverage, excluding infertility treatments, surrogate parenting and the reversal of voluntary sterilization
Routine Vision	Full coverage including coverage of eyeglasses
Smoking Cessation Services	Coverage includes prescription and OTC tobacco cessation products.
Transportation – Ambulance, Specialized Medical Vehicle (SMV), Common Carrier	Full coverage of emergency and non-emergency transportation to and from an enrolled provider for a BadgerCare Plus covered service.



CHIP Eligibility

State Name:

OMB Control Number: 0938-1148

Transmittal Number: WI - 25 - 0008

Incarcerated CHIP Beneficiaries

CS31

2102(d) and 2110(b)(7) of the SSA

Targeted Low-Income Children Who Become Incarcerated

The state assures that it does not terminate eligibility for children enrolled in a separate CHIP because the child is an inmate of a public institution.

States may either suspend CHIP coverage or continue to provide CHIP state plan (or waiver of such plan) services otherwise not covered by the carceral facility to children who are incarcerated. States that elect to suspend CHIP coverage for the duration of a child's incarceration may implement a benefits or eligibility suspension.

The state elects to suspend CHIP coverage for the duration of a child's incarceration

If yes, then check an option below:

Benefits suspension
 Eligibility suspension

The state assures that it redetermines eligibility for any child prior to their release if it has been longer than 12 months since the child's last redetermination and restores coverage for child health assistance to eligible children upon their release.

Within the 30 days prior to release (or within one week of release, or as soon as practicable after release), the state assures that it provides eligible children with any screenings, diagnostic services, or case management services that would otherwise be available to children under the CHIP state plan (or waiver of such plan).

Additional information regarding implementation of mandatory provisions of section 5121 of the Consolidated Appropriations Act, 2023 (CAA, 2023), including providing screenings, diagnostic services, or case management services:

The state may determine that it is not feasible to provide the required services during the 30-day pre-release period (or within one week of release, or as soon as practicable after release) in certain carceral facilities (e.g., identified local jails, youth correctional facilities, and state prisons) and/or certain circumstances (e.g. unexpected release or short-term stays). The state will maintain clear documentation in its internal operational plan regarding+

Under section 5122 of the CAA, 2023, states may consider otherwise eligible children who are inmates pending disposition of charges as eligible for CHIP and provide all services covered under the CHIP state plan.

The state elects to provide all CHIP state plan benefits (or waiver of such plan) to eligible children who are inmates pending disposition of charges.

PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1148. The time required to complete this information collection is estimated to average 50 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

V.20240322



CHIP Eligibility

Children Determined Eligible for CHIP While Incarcerated

Generally, children who apply for CHIP when they are in a carceral facility are not eligible because of the eligibility exclusion for inmates of a public institution under section 2110(b) of the Act. However, section 2110(b)(7) of the Act provides an exception to this eligibility exclusion for children who are within 30 days prior to their release.

- The state assures that they will process any application submitted on behalf of a child and make an eligibility determination for child health assistance upon their release from the institution.
- Children who apply and are found eligible within 30 days prior to their release will be provided screening and diagnostic services, and case management services that are otherwise available under the CHIP state plan (or waiver of such plan).

PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1148. The time required to complete this information collection is estimated to average 50 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

V.20240322