

Table of Contents

State/Territory Name: Wisconsin

State Plan Amendment (SPA) #: 24-0024

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS Form 179
- 3) Approved SPA Pages

WI - Submission Package - WI2024MS00100 - (WI-24-0024) - Health Homes

[Summary](#) [Reviewable Units](#) [Versions](#) [Analyst Notes](#) [Approval Letter](#) [Transaction Logs](#) [News](#) [Related Actions](#)

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Medicaid and CHIP Operations Group
601 E. 12th St. Room 355
Kansas City, MO 64106



Center for Medicaid & CHIP Services

January 08, 2025

William Hanna
Medicaid Director
Wisconsin Department of Health Services
1 West Wilson Street
Madison, WI 53701

Re: Approval of State Plan Amendment WI-24-0024 SUD Health Home

Dear Director Hanna:

On December 20, 2024, the Centers for Medicare and Medicaid Services (CMS) received Wisconsin State Plan Amendment (SPA) WI-24-0024 for the SUD Health Home program. This amendment provides the required assurances regarding the reporting of mandatory Health Home Core Set measures by the state to CMS in accordance with all requirements in 42 CFR §§ 437.10 through 437.15.

We approve Wisconsin State Plan Amendment (SPA) WI-24-0024 with an effective date(s) of December 31, 2024.

If you have any questions regarding this amendment, please contact Mai Le-Yuen at mai.le-yuen@cms.hhs.gov.

Sincerely,
James G. Scott
Director, Program Operations
Center for Medicaid & CHIP Services

WI - Submission Package - WI2024MS00100 - (WI-24-0024) - Health Homes

- Summary
- Reviewable Units
- Versions
- Analyst Notes
- Approval Letter
- Transaction Logs
- News
- Related Actions

Submission - Summary

MEDICAID | Medicaid State Plan | Health Homes | WI2024MS00100 | WI-24-0024 | SUD Health Home-SUD-focused

CMS-10434 OMB 0938-1188

Package Header

Package ID	WI2024MS00100	SPA ID	WI-24-0024
Submission Type	Official	Initial Submission Date	12/20/2024
Approval Date	01/08/2025	Effective Date	N/A
Superseded SPA ID	N/A		

State Information

State/Territory Name:	Wisconsin	Medicaid Agency Name:	Department of Health Services
-----------------------	-----------	-----------------------	-------------------------------

Submission Component

- State Plan Amendment
- Medicaid
- CHIP

Submission - Summary

MEDICAID | Medicaid State Plan | Health Homes | WI2024MS00100 | WI-24-0024 | SUD Health Home-SUD-focused

Package Header

Package ID	WI2024MS00100	SPA ID	WI-24-0024
Submission Type	Official	Initial Submission Date	12/20/2024
Approval Date	01/08/2025	Effective Date	N/A
Superseded SPA ID	N/A		

SPA ID and Effective Date

SPA ID WI-24-0024

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
Health Homes Monitoring, Quality Measurement and Evaluation	12/31/2024	WI-22-0013

Submission - Summary

MEDICAID | Medicaid State Plan | Health Homes | WI2024MS00100 | WI-24-0024 | SUD Health Home-SUD-focused

Package Header

Package ID	WI2024MS00100	SPA ID	WI-24-0024
Submission Type	Official	Initial Submission Date	12/20/2024
Approval Date	01/08/2025	Effective Date	N/A
Superseded SPA ID	N/A		

Executive Summary

Summary Description Including Goals and Objectives Required attestation related to reporting for 1945 HHQM - WI SUD HH.

Federal Budget Impact and Statute/Regulation Citation

Federal Budget Impact

	Federal Fiscal Year	Amount
First	2025	\$0
Second	2026	\$0

Federal Statute / Regulation Citation

The Social Security Act, section 1945(h)(2) Medicaid Health Homes

Supporting documentation of budget impact is uploaded (optional).

Name	Date Created	
No items available		

Submission - Summary

MEDICAID | Medicaid State Plan | Health Homes | WI2024MS00100 | WI-24-0024 | SUD Health Home-SUD-focused

Package Header

Package ID	WI2024MS00100	SPA ID	WI-24-0024
Submission Type	Official	Initial Submission Date	12/20/2024
Approval Date	01/08/2025	Effective Date	N/A
Superseded SPA ID	N/A		

Governor's Office Review

- ☒ No comment
- ☐ Comments received
- ☐ No response within 45 days
- ☐ Other

PRA Disclosure Statement: Centers for Medicare & Medicaid Services (CMS) collects this mandatory information in accordance with (42 U.S.C. 1396a) and (42 CFR 430.12); which sets forth the authority for the submittal and collection of state plans and plan amendment information in a format defined by CMS for the purpose of improving the state application and federal review processes, improve federal program management of Medicaid programs and Children's Health Insurance Program, and to standardize Medicaid program data which covers basic requirements, and individualized content that reflects the characteristics of the particular state's program. The information will be used to monitor and analyze performance metrics related to the Medicaid and Children's Health Insurance Program in efforts to boost program integrity efforts, improve performance and accountability across the programs. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. 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 0938-1188. The time required to complete this information collection is estimated to range from 1 hour to 80 hours per response (see below), 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.

This view was generated on 1/17/2025 9:47 AM EST

WI - Submission Package - WI2024MS00100 - (WI-24-0024) - Health Homes

- Summary
- Reviewable Units
- Versions
- Analyst Notes
- Approval Letter
- Transaction Logs
- News
- Related Actions

Health Homes Monitoring, Quality Measurement and Evaluation

MEDICAID | Medicaid State Plan | Health Homes | WI2024MS00100 | WI-24-0024 | SUD Health Home-SUD-focused

CMS-10434 OMB 0938-1188

Package Header

Package ID	WI2024MS00100	SPA ID	WI-24-0024
Submission Type	Official	Initial Submission Date	12/20/2024
Approval Date	01/08/2025	Effective Date	12/31/2024
Superseded SPA ID	WI-22-0013		
	System-Derived		

Monitoring

Describe the state's methodology for calculating cost saving (and report cost savings annually in Quality Measure Report). Include savings that result from improved coordination of care and chronic disease management achieved through the Health Homes Program, including data sources and measurement specifications, as well as any savings associated with dual eligibles, and if Medicare data was available to the state to utilize in arriving at its cost-savings estimates:

The state will use paid claims data to compare costs for providing health care services to members enrolled in the H&S program prior to the implementation of the health home and annually thereafter to identify the areas of cost reduction. The state will also assess the costs of providing services to members with SUD and a co-occurring condition who are not enrolled in the health home and compare these costs and outcomes to those of members in the health home. The calculation method will be the same for dual-eligibles. Medicare data is not available to the State and therefore is not considered in cost-savings estimates.

Describe how the state will use health information technology in providing Health Homes services and to improve service delivery and coordination across the care continuum (including the use of wireless patient technology to improve coordination and management of care and patient adherence to recommendations made by their provider).

The state will require H&S providers to electronically store care plans in an electronic medical record (EMR) format or via a care coordination software platform in order to securely share information across provider sites. In addition, the state will strongly encourage the use of health information technology (HIT) within the first year of implementation. This will include the use of electronic medical records (EMRs) and the state selected health information exchange (HIE) to interface between Hubs, Spokes, and other relevant providers identified in the care plan and that the member may interact with. Finally, the state will provide the necessary technical assistance to support the implementation and use of HIT among H&S providers.

Health Homes Monitoring, Quality Measurement and Evaluation

MEDICAID | Medicaid State Plan | Health Homes | WI2024MS00100 | WI-24-0024 | SUD Health Home-SUD-focused

Package Header

Package ID	WI2024MS00100	SPA ID	WI-24-0024
Submission Type	Official	Initial Submission Date	12/20/2024
Approval Date	01/08/2025	Effective Date	12/31/2024
Superseded SPA ID	WI-22-0013		
	System-Derived		

Quality Measurement and Evaluation

- ☒ The state provides assurance that all Health Homes providers report to the state on all applicable quality measures as a condition of receiving payment from the state.
- ☒ The state provides assurance that it will identify measureable goals for its Health Homes model and intervention and also identify quality measures related to each goal to measure its success in achieving the goals.
- ☒ The state provides assurance that it will report to CMS information to include applicable mandatory Core Set measures submitted by Health Home providers in accordance with all requirements in 42 CFR §§ 437.10 through 437.15 no later than state reporting on the 2024 Core Sets, which must be submitted and certified by December 31, 2024 to inform evaluations, as well as Reports to Congress as described in Section 2703(b) of the Affordable Care Act and as described by CMS. In subsequent years, states must report annually, by December 31st, on all measures on the applicable mandatory Core Set measures that are identified by the Secretary.
- ☒ The state provides assurance that it will track avoidable hospital readmissions and report annually in the Quality Measures report.

PRA Disclosure Statement: Centers for Medicare & Medicaid Services (CMS) collects this mandatory information in accordance with (42 U.S.C. 1396a) and (42 CFR 430.12); which sets forth the authority for the submittal and collection of state plans and plan amendment information in a format defined by CMS for the purpose of improving the state application and federal review processes, improve federal program management of Medicaid programs and Children's Health Insurance Program, and to standardize Medicaid program data which covers basic requirements, and individualized content that reflects the characteristics of the particular state's program. The information will be used to monitor and analyze performance metrics related to the Medicaid and Children's Health Insurance Program in efforts to boost program integrity efforts, improve performance and accountability across the programs. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. 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 0938-1188. The time required to complete this information collection is estimated to range from 1 hour to 80 hours per response (see below), 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.

This view was generated on 1/17/2025 9:47 AM EST