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**State/Territory Name: Wisconsin**

**State Plan Amendment (SPA) #: 25-0001**

This file contains the following documents in the order listed:

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

**DEPARTMENT OF HEALTH & HUMAN SERVICES**

Centers for Medicare & Medicaid Services  
601 E. 12th St., Room 355  
Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

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May 15, 2025

William Hanna, Medicaid Director  
Division of Medicaid Services  
Wisconsin Department of Health Services  
1 W. Wilson St  
Madison, WI 53701

Re: Wisconsin State Plan Amendment (SPA) – 25-0001

Dear Director Hanna:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 25-0001. This amendment updates the qualifications and duties of Child Care Coordination (CCS) providers.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing 42 Code of Federal Regulation (CFR) 440.169(b). This letter informs you that Wisconsin's Medicaid SPA TN 25-0001 was approved on May 15, 2025, with an effective date of February 1, 2025.

Enclosed are copies of Form CMS-179 and approved SPA pages to be incorporated into the Wisconsin State Plan.

If you have any questions, please contact Mai Le-Yuen via email at [mai.le-yuen@cms.hhs.gov](mailto:mai.le-yuen@cms.hhs.gov).

Sincerely,

Shantrina Roberts, Acting Director  
Division of Program Operations

Enclosures

cc: Alexandra Merfeld, DHS

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b> <b>FOR: CENTERS FOR MEDICARE &amp; MEDICAID SERVICES</b>	1. TRANSMITTAL NUMBER <u>2</u> <u>5</u> — <u>0</u> <u>0</u> <u>0</u> <u>1</u>	2. STATE <u>WI</u>
	3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT <input checked="" type="radio"/> XIX <input type="radio"/> XXI	
TO: CENTER DIRECTOR CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE <u>2/1/2025</u>	
5. FEDERAL STATUTE/REGULATION CITATION <u>42 CFR 440.169(b)</u>	6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY <u>25</u> \$ <u>0</u> b. FFY <u>26</u> \$ <u>0</u>	
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT <u>3.1-A Supplement 1 pg. 1-P-3</u>	8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) <u>3.1-A Supplement 1 pg. 1-P-3</u>	

9. SUBJECT OF AMENDMENT

Updating provider qualifications for child care coordination services (TCM group P).

10. GOVERNOR'S REVIEW (Check One) <input checked="" type="radio"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="radio"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="radio"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL <input type="radio"/> OTHER, AS SPECIFIED: <div>Signed by: <u>Nathan Belluor</u> <small>100-014304047473</small></div>	
11. SIGNATURE OF STATE AGENCY OFFICIAL	15. RETURN TO Allie Merfeld State Plan Amendment Coordinator Department of Health Services 1 W. Wilson St. P.O. Box 309 Madison, WI 53701-0309
12. TYPED NAME Bill Hanna	
13. TITLE Medicaid Director	
14. DATE SUBMITTED 3/28/2025	
<b>FOR CMS USE ONLY</b>	
16. DATE RECEIVED March 28, 2025	17. DATE APPROVED May 15, 2025
<b>PLAN APPROVED - ONE COPY ATTACHED</b>	
18. EFFECTIVE DATE OF APPROVED MATERIAL February 1, 2025	
20. TYPED NAME OF APPROVING OFFICIAL Shantrina Roberts	21. TITLE OF APPROVING OFFICIAL Acting Director, Division of Program Operations
22. REMARKS	

**State Plan under Title XIX of the Social Security Act  
State/Territory: Wisconsin**

**TARGETED CASE MANAGEMENT SERVICES  
Target Group P**

- **A face-to-face or telephone contact with the recipient every 90 days after the first year of the child's life**

**The case manager must document the reason for less frequent contacts.**

Case management includes contacts with non-eligible individuals that are directly related to identifying the eligible individual's needs and care, for the purposes of helping the eligible individual access services; identifying needs and supports to assist the eligible individual in obtaining services; providing case managers with useful feedback, and alerting case managers to changes in the eligible individual's needs.  
(42 CFR 440.169(e))

Qualifications of providers (42 CFR 441.18(a)(8)(v) and 42 CFR 441.18(b)):

**Agencies must have at least one qualified professional with at least 2 years experience in coordinating services for at-risk and low-income children and families. The experience should be in a health care or family services setting. Qualified professionals include registered nurses, nurse practitioners, public health nurses, social workers, health educators, physicians, physician assistants, and employees with an Infant Mental Health Endorsement (IMH-E) or a Bachelor's degree and two years of experience in health promotion, health advocacy, health education, case management or care coordination, community outreach, child welfare, or a related field. Trained paraprofessionals may provide services under the general supervision of a qualified professional. The qualified professional must review and signoff on assessments developed by paraprofessionals, and must develop and signoff on care plans.**

**Providers must demonstrate that they are knowledgeable about the local health and social services delivery system. They must indicate that they have referral and/ or working relationships with key health care and other service providers (e.g., WIC, transportation, child care).**

Freedom of choice (42 CFR 441.1B(a)(1)):

The State assures that the provision of case management services will not restrict an individual's free choice of providers in violation of section 1902(a)(23) of the Act.

1. Eligible individuals will have free choice of any qualified Medicaid provider within the specified geographic area identified in this plan.
2. Eligible individuals will have free choice of any qualified Medicaid providers of other medical care under the plan.