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State/Territory Name: Wisconsin

State Plan Amendment (SPA) #: 25-0024

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services

601 E. 12th St., Room 355

Kansas City, Missouri 65106

Medicaid and CHIP Operations Group

June 16, 2026

Amanda Dreyer
Medicaid Director
Wisconsin Department of Health Services
Division of Medicaid Services
201 E. Washington Ave, Room 8300
Madison, WI 53703

Re: Wisconsin State Plan Amendment (SPA) – 25-0024

Dear Director Dreyer:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 25-0024. This amendment proposes to update the state's alternative benefit plan (ABP).

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations 42 Code of Federal Regulation (CFR) 440.347. This letter informs you that Wisconsin's Medicaid SPA TN 25-0024 was approved on June 16, 2026, with an effective date of January 1, 2026.

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.

Sincerely,

Nicole McKnight
Acting Director, Division of Program Operations

Enclosures

cc: Alexandra Merfeld, DHS

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER
2 5 — 0 0 2 4

2. STATE
WI

3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT
 XIX XXI

TO: CENTER DIRECTOR
CENTERS FOR MEDICAID & CHIP SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE
1/1/2026

5. FEDERAL STATUTE/REGULATION CITATION
42 CFR 440.347

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)
a. FFY 26 \$ 301,500
b. FFY 27 \$ 402,000

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT
ABP1
ABP2a (NEW)
ABP2b
ABP3.1
ABP5
ABP8

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)
ABP1 (WI-13-034)
ABP2b (WI-13-034)
ABP3.1 (WI-24-0029)
ABP5 (WI-24-0029)
ABP8 (WI-13-034)

9. SUBJECT OF AMENDMENT

Updating the ABP with historical state plan updates

10. GOVERNOR'S REVIEW (Check One)

- GOVERNOR'S OFFICE REPORTED NO COMMENT
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

OTHER, AS SPECIFIED:

11. SIGNATURE OF STATE AGENCY OFFICIAL

12. TYPED NAME
Bill Hanna

13. TITLE
Medicaid Director

14. DATE SUBMITTED
12/19/25

15. RETURN TO
Allie Merfeld
State Plan Amendment Coordinator
Department of Health Services
201 East Washington Ave
Room B300
Madison, WI 53701-0309

FOR CMS USE ONLY

16. DATE RECEIVED
December 19, 2025

17. DATE APPROVED
June 16, 2026

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL
January 1, 2026

19. SIGNATURE OF APPROVING OFFICIAL

20. TYPED NAME OF APPROVING OFFICIAL

21. TITLE OF APPROVING OFFICIAL

22. REMARKS



Alternative Benefit Plan

State Name:

Attachment 3.1-L-

OMB Control Number: 0938-1148

Transmittal Number: WI - 25 - 0024

Alternative Benefit Plan Populations ABP1

Identify and define the population that will participate in the Alternative Benefit Plan.

Alternative Benefit Plan Population Name:

Identify eligibility groups that are included in the Alternative Benefit Plan's population, and which may contain individuals that meet any targeting criteria used to further define the population.

Eligibility Groups Included in the Alternative Benefit Plan Population:

Add	Eligibility Group:	Enrollment is mandatory or voluntary?	Remove
Add	<input type="text" value="Children with Title IV-E Adoption Assistance, Foster Care or Guardianship Care"/>	<input type="text" value="Voluntary"/>	Remove
Add	<input type="text" value="Children with Non-IV-E Adoption Assistance"/>	<input type="text" value="Voluntary"/>	Remove
Add	<input type="text" value="Former Foster Care Children"/>	<input type="text" value="Voluntary"/>	Remove
Add	<input type="text" value="Optional Targeted Low Income Children"/>	<input type="text" value="Voluntary"/>	Remove

Enrollment is available for all individuals in these eligibility group(s).

Geographic Area

The Alternative Benefit Plan population will include individuals from the entire state/territory.

Select a method of geographic variation:

- By county.
- By region.
- By city or town.
- Other geographic area.

Specify counties:

The service area includes the following six Southeast counties:

- Kenosha
- Milwaukee
- Ozaukee
- Racine
- Washington
- Waukesha

Any other information the state/territory wishes to provide about the population (optional)

1. Children in a secure facility or residential care center are excluded, but allowed 90 days of Care Coordination prior to enrollment. Members' children who are enrolled in Medicaid are able to enroll in the health plan.
2. Children in OHC can remain enrolled if they leave the catchment area but stay the responsibility of one of the 6 counties if the health



Alternative Benefit Plan

plan can evidence assurances of a sufficient provider network.

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 5 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.20181119



Alternative Benefit Plan

State Name:

Attachment 3.1-L-

OMB Control Number: 0938-1148

Transmittal Number: WI - 25 - 0024

Voluntary Benefit Package Selection Assurances - Eligibility Group under Section 1902(a)(10)(A)(i)(VIII) of the Act **ABP2a**

The state/territory has fully aligned its benefits in the Alternative Benefit Plan using Essential Health Benefits and subject to 1937 requirements with its Alternative Benefit Plan that is the state's approved Medicaid state plan that is not subject to 1937 requirements. Therefore the state/territory is deemed to have met the requirements for voluntary choice of benefit package for individuals exempt from mandatory participation in a section 1937 Alternative Benefit Plan.

Yes

Explain how the state has fully aligned its benefits in the Alternative Benefit Plan using Essential Health Benefits and subject to 1937 requirements with its Alternative Benefit Plan that is the state's approved Medicaid state plan that is not subject to 1937 requirements.

The state has selected (the) UnitedHealthcare Insurance Company-Choice Plus base benchmark and has chosen to align the benefits with its currently approved section 1905(a) Medicaid State 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 5 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.20160722



Alternative Benefit Plan

State Name:

Attachment 3.1-L-

OMB Control Number: 0938-1148

Transmittal Number: WI - 25 - 0024

Voluntary Enrollment Assurances for Eligibility Groups other than the Adult Group under Section 1902(a)(10)(A)(i)(VIII) of the Act **ABP2b**

These assurances must be made by the state/territory if the ABP Population includes any eligibility groups other than or in addition to the Adult eligibility group.

When offering voluntary enrollment in an Alternative Benefit Plan (Benchmark or Benchmark-Equivalent), prior to enrollment:

- The state/territory must inform the individual they are exempt and the state/territory must comply with all requirements related to voluntary enrollment.
- The state/territory assures it will effectively inform individuals who voluntary enroll of the following:
 - a) Enrollment is voluntary;
 - b) The individual may disenroll from the Alternative Benefit Plan at any time and regain immediate access to full standard state/territory plan coverage;
 - c) What the process is for disenrolling.
- The state/territory assures it will inform the individual of:
 - a) The benefits available under the Alternative Benefit Plan; and
 - b) The costs of the different benefit packages and a comparison of how the Alternative Benefit Plan differs from the approved Medicaid state/territory plan.

How will the state/territory inform individuals about voluntary enrollment? (Check all that apply.)

- Letter
- Email
- Other:

Describe:

The Department will inform individuals about voluntary enrollment at various points following either their child's placement into out-of-home care, the individual themselves being deemed Former Foster Child status, or after the birth of a current member's child. Parent(s)/legal guardians/potential members will receive a notice and a call when the potential enrollee becomes eligible, which identifies the benefits of the program and explains the voluntary nature of the Care4Kids program. The Department will make multiple attempts to communicate with the parent(s) or legal guardians to review the program and confirm the parent(s) or legal guardians choice of health care plan. During contact parent(s) or legal guardians are informed the program is voluntary, there is no cost sharing, the benefits provided by Care4Kids, and that they are able to disenroll at any time for any reason. Parents who determine they do not wish to enroll their child will receive a letter reminding them of their option to enroll and the benefits of enrolling in the Care4Kids Program. Parent(s) or legal guardians who do not have a phone number will receive a letter providing them with information regarding the voluntary nature of the Care4Kids program, the benefits their child will receive if they choose to enroll, and the process for disenrollment. The document will provide contact information should they have questions regarding the Care4Kids program. Parent(s) or legal guardians of children in OHC will also be notified that if they do not contact the department the courts may give consent for the child to be enrolled in the Care4Kids program.

Provide a copy of the letter, email text or other communication text that will be used to inform individuals about voluntary enrollment.



Alternative Benefit Plan

An attachment is submitted.

When did/will the state/territory inform the individuals?

For children in OHC: Following the removal of a child from their home, the Department of Children and Families (DCF) will promptly provide the parent(s) or legal guardian with a Department approved handout describing the voluntary nature of the Care4Kids program. The handout will provide additional information including a short list of benefits available to the child if he/she enrolls in the Care4Kids program, notice of the parent(s) or legal guardian's right to disenroll the child from the program at any time, and that the Department will be attempting to make contact with the parent(s) or legal guardian in the very near future.

After the child's placement in out-of-home care, the Department will begin multiple attempts to make contact with the parent(s) or legal guardians if contact information was provided. When contact is made with the parent(s) or legal guardian, the Department will provide a verbal comparison of the benefits of the Care4Kids and the state Medicaid plan. The Department will also emphasize the voluntary nature of the program, that there is no cost sharing, and the parent(s) or legal guardian's right to disenroll from the program at any time.

For Children of Members: Members will be informed that their children are enrolled into C4K but can be disenrolled at any time.

For FFCY: Will be informed at initial eligibility and then when they are initially eligible. Individuals who determine they would like to enroll themselves and/or their child in Care4Kids are informed they will receive a "member handbook" from the provider in the near future. The member handbook informs parents that they have the right to voluntarily disenroll their child from Care4Kids at any time and for any reason. Individuals who determine they do not wish to enroll themselves or their child will receive a letter reminding them of their options to enroll and the benefits of enrolling in the Care4Kids Program. When the Department is not able to make contact, the Department will send a letter. The letter will provide information regarding the voluntary nature of the Care4Kids program, the benefit comparison between the state Medicaid plan and the Care4Kids plan, and the right to disenroll at any time. The Department will provide a description of the process to disenroll and contact information should they have questions or wish to disenroll.

In summary, information will be sent regarding enrollment, disenrollment, and benefits at the following points:

- When initially eligible.
- When the Enrollment Specialist receives contact information, three attempts will be made to contact the parent(s) by phone to share benefit information including the difference between the Medicaid benefit and the Care4Kids benefit, the parent(s) ability to choose either program, the disenrollment process, and to obtain and document their enrollment decision.
- When the Enrollment Specialist is not able to contact someone via a working phone, they will send a letter providing information on the benefits, the disenrollment process and their option to enroll their child in the Care4Kids benefit.
- When the parent/member determines, after conversation with the Enrollment Specialist, that they do not wish to have themselves or their child enrolled in Care4Kids, the Enrollment Specialist will send the letter reminding them of the benefits of Care4Kids, providing information on their right to enroll their child, if eligible, at any time, and the contact information for the Enrollment Specialist.
- When the parent/member determines, after conversation with the Enrollment Specialist, that they want to have their child or themselves enrolled in the Care4Kids benefit, they will receive a Member Handbook that includes additional information related to benefits, their right to disenroll their child at any time, and contact information.
- For children in OHC, when the parent is not available and the courts allow enrollment in the Care4Kids program, the parent will receive a Member Handbook that includes additional information related to benefits, their right to disenroll their child at any time, and contact information.

Please describe the state/territory's process for allowing voluntarily enrolled individuals to disenroll.

If at any time after the member is enrolled and they or their parent/legal guardian is no longer interested in the child receiving the ABP health for any reason, they will contact the Enrollment Specialist. The the contact information for the Enrollment Broker is available via the Member Handbook, the Child Welfare Worker and/or the child's Health Care Coordinator. A toll-free number will be provided to the parent or legal guardian with all informational mailings.

The state/territory assures it will document in the exempt individual's eligibility file that the individual:

- a) Was informed in accordance with this section prior to enrollment;



Alternative Benefit Plan

- b) Was given ample time to arrive at an informed choice; and
- c) Voluntarily and affirmatively chose to enroll in the Alternative Benefit Plan.

Where will the information be documented? (Check all that apply.)

- In the eligibility system.
- In the hard copy of the case record.
- Other:

Describe:

Information will be documented in the state's MMIS.

What documentation will be maintained in the eligibility file? (Check all that apply.)

- Copy of correspondence sent to the individual.
- Signed documentation from the individual consenting to enrollment in the Alternative Benefit Plan.
- Other:
- The state/territory assures that it will maintain data that tracks the total number of individuals who have voluntarily enrolled in an Alternative Benefit Plan and the total number who have disenrolled.

Other Information Related to Enrollment Assurance for Voluntary Participants (optional):

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 5 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.20160722



Alternative Benefit Plan

State Name:

Attachment 3.1-L-

OMB Control Number: 0938-1148

Transmittal Number: WI - 25 - 0024

Selection of Benchmark Benefit Package or Benchmark-Equivalent Benefit Package ABP3.1

Select one of the following:

- The state/territory is amending one existing benefit package for the population defined in Section 1.
- The state/territory is creating a single new benefit package for the population defined in Section 1.

Name of benefit package:

Selection of EHB-Benchmark Plan

The state/territory must select an EHB-benchmark plan as the basis for providing Essential Health Benefits in its Benchmark or Benchmark-Equivalent Package.

EHB-benchmark plan name:

The EHB-benchmark plan is the same as the Section 1937 Coverage option:

Selection of the Section 1937 Coverage Option

The state/territory selects as its Section 1937 Coverage option the following type of Benchmark Benefit Package or Benchmark-Equivalent Benefit Package under this Alternative Benefit Plan (check one):

- Benchmark Benefit Package.
- Benchmark-Equivalent Benefit Package.

The state/territory will provide the following Benchmark Benefit Package (check one that applies):

- The Standard Blue Cross/Blue Shield Preferred Provider Option offered through the Federal Employee Health Benefit Program (FEHBP).
- State employee coverage that is offered and generally available to state employees (State Employee Coverage):
- A commercial HMO with the largest insured commercial, non-Medicaid enrollment in the state/territory (Commercial HMO):
- Secretary-Approved Coverage.
 - The state/territory offers benefits based on the approved state plan.
 - The state/territory offers an array of benefits from the section 1937 coverage option and/or base benchmark plan benefit packages, or the approved state plan, or from a combination of these benefit packages.
 - The state/territory offers the benefits provided in the approved state plan.
 - Benefits include all those provided in the approved state plan plus additional benefits.
 - Benefits are the same as provided in the approved state plan but in a different amount, duration and/or scope.
 - The state/territory offers only a partial list of benefits provided in the approved state plan.
 - The state/territory offers a partial list of benefits provided in the approved state plan plus additional benefits.



Alternative Benefit Plan

Please briefly identify the benefits, the source of benefits and any limitations:

The plan includes all benefits, including EPSDT, in the state's approved Medicaid state plan. Care4Kids will also cover additional services focused on specific needs of individuals in out-of-home care, Former Foster Care Children, and children of members. A key component of the additional services is health care coordination, enhanced periodicity of visits, and population specific required screenings and assessments. Care4Kids will provide care coordination and enhanced services for members.

For members residing in an ineligible setting, such as a secure facility or residential care center, prior to enrollment in the health plan, the health plan is able to provide up to 90 days of Health Care Coordination to support the member's discharge and re-integration into their community.

Other Information Related to Selection of the Section 1937 Coverage Option and the EHB-Benchmark Plan (optional):

The state's intent is to provide members who themselves or their parent have been at some point placed in out-of-home care with all the services identified the state's approved state plan. The state's approved plan includes all services listed in the Base Benchmark Plan (see ABP 5). The state's intent is also to link members with identified health needs to services and resources in a coordinated manner to ensure the achievement of desired health outcomes and the effectiveness of health and related health care services.

The state assures that all services in the base benchmark have been accounted for throughout the benefit chart found in ABP 5. The state assures the accuracy of all information in ABP 5 depicting amount, duration and scope parameters of services authorized in the currently approved Medicaid state plan. However, in recognition of the special needs of the PIHP population, the PIHP will have the flexibility to offer services in an amount, duration or scope that may be greater than those identified in the state plan. All members in Care4Kids will be provided with services in response to their individual health care needs, as determined by a comprehensive evaluation of their medical, mental, dental and developmental status.

The results of the initial assessments will dictate the amount, duration and scope of services provided to each child. Each member will have a comprehensive health care plan, developed with input from a multidisciplinary team of professionals, with the child's primary care provider and child welfare worker at the center of the team. Other members of the team will depend on the needs of the individual child. Given this framework of service identification, prioritization and delivery, traditional prior authorization requirements could add an unnecessary and redundant barrier to efficient service provision to a population that often require services posthaste. The PIHP will make the determination regarding the need for traditional prior authorization.

PRA Disclosure Statement

Centers for Medicare & Medicaid Services (CMS) collects this mandatory information in accordance with (42 U.S.C. 1396a) for the purpose of standardizing data. 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 average 5 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.20190813



Alternative Benefit Plan

State Name:

Attachment 3.1-L-

OMB Control Number: 0938-1148

Transmittal Number: - -

Benefits Description	ABP5
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The state/territory proposes a "Benchmark-Equivalent" benefit package.

Benefits Included in Alternative Benefit Plan

Enter the specific name of the base benchmark plan selected:

Enter the specific name of the section 1937 coverage option selected, if other than Secretary-Approved. Otherwise, enter "Secretary-Approved."



Alternative Benefit Plan

1. Essential Health Benefit: Ambulatory patient services

Collapse All

Benefit Provided:	Source:	Remove
Physicians' Services	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
None		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:		
Services as described in the approved State Plan, attachment 3.1-A and 3.1b, service 5a, and as allowed under Section 1905(a)(5). Physician services are covered whether furnished in the office, the patient's home, a hospital, a nursing facility or elsewhere.		
Benefit Provided:	Source:	Remove
Outpatient Hospital Services	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
None		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:		
Services as described in the state plan and allowed under 1905(a)(2)(A).		
Benefit Provided:	Source:	Remove
Chiropractors' Services	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
None		



Alternative Benefit Plan

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Services as described in the approved state plan, supplement 3.1-A and 3.1-B, service 6c, and allowed under 1905(a)(6).

Benefit Provided:

Podiatrists' Services

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Services as described in the state plan, supplement 3.1-A and 3.1-B, service 6a, and allowed under Section 1905(a)(6) of the Social Security Act.

Benefit Provided:

Hospice Care

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Services described in the state plan and allowed under 1905(a)(18). Children are allowed concurrent curative care as required under Section 2302 of the ACA.

Benefit Provided:

Ambulatory Surgery Centers

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None



Alternative Benefit Plan

Scope Limit:

None

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

No authorization. As allowed under Section 1905(a)(9) of the Social Security Act.

Benefit Provided:

Dialysis Services

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

No authorization. As allowed under Section 1905(a)(9) of the Social Security Act.

Add



Alternative Benefit Plan

2. Essential Health Benefit: Emergency services

Collapse All

Benefit Provided: Emergency Room Services	Source: State Plan 1905(a)	Remove
Authorization: None	Provider Qualifications: Medicaid State Plan	
Amount Limit: None	Duration Limit: None	
Scope Limit: None		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: 		

Benefit Provided: Emergency Transportation/Ambulance	Source: State Plan 1905(a)	Remove
Authorization: None	Provider Qualifications: Medicaid State Plan	
Amount Limit: None	Duration Limit: None	
Scope Limit: None		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: Coverage includes ground and air ambulance services.		

Benefit Provided: Urgent Care Centers or Facilities	Source: State Plan 1905(a)	Remove
Authorization: None	Provider Qualifications: Medicaid State Plan	
Amount Limit: None	Duration Limit: None	
Scope Limit: 		



Alternative Benefit Plan

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

No authorization. Authorized by State Plan Amendment, section 3.1-A and 3.1-B, service 9, and as allowed under Section 1905(a)(9) of the Social Security Act.

Add



Alternative Benefit Plan

3. Essential Health Benefit: Hospitalization

Collapse All

Benefit Provided:

Inpatient Hospitalization

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Services as allowed under 1905(a)(1). Includes hospice care. Certain specific items and services are covered with prior authorization; for example, certain transplants.

Benefit Provided:

Inpatient Physician and Surgical Services

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Medicaid State Plan Attachment 3.1-A and 3.1-B, Service 1 Inpatient Hospital Service and Service 5.a. Physicians' Services

Benefit Provided:

Transplant

Source:

State Plan 1905(a)

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None



Alternative Benefit Plan

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Medicaid State Plan Attachment 3.1-A and 3.1-B, Service 1 Inpatient Hospital Service

Benefit Provided:

Reconstructive Surgery

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Medicaid State Plan Attachment 3.1-A and 3.1-B, Service 1 Inpatient Hospital Service

Add



Alternative Benefit Plan

4. Essential Health Benefit: Maternity and newborn care

Collapse All

Benefit Provided:

Prenatal and Postnatal Care

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Services described in State Plan and allowed under 1905(a)(5)(A). Services include routine prenatal care, labor, delivery, routine post-partum care and any other service related to treating pregnancy or delivery complications.

Benefit Provided:

Delivery & Inpatient Services for Maternity Care

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Reference approved State Plan, Supplement to Attachment 3.1A and 3.1B for Service 2c Federally Qualified Health Center Services, 5a Physicians' Services, 6(d) Other Practitioners' Services, 9 Clinic Services, 13c Preventive Services, and 17 Nurse Midwife Services. And reference approved State Plan, Supplement to Attachment 3.1A for Services 20(a) & (b) Extended Services to Pregnant Women and 21 Ambulatory Prenatal Care

Add



Alternative Benefit Plan

5. Essential Health Benefit: Mental health and substance use disorder services including behavioral health treatment

Collapse All

The state/territory assures that it does not apply any financial requirement or treatment limitation to mental health or substance use disorder benefits in any classification that is more restrictive than the predominant financial requirement or treatment limitation of that type applied to substantially all medical/surgical benefits in the same classification.

Benefit Provided:	Source:	Remove
Mental /Behavioral Health Outpatient Services	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
None		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:		
Reference the Medicaid State Plan Attachment 3.1-A and 3.1-B, Service 6.d. Other Practitioners' Services, Service 6(d) Psychologists' Services, 6(d) Clinical Social Worker Services, and 6(d) Licensed Practitioner Counselor Services. Coverage of inpatient psychiatric hospital services is for individuals under age 21 years old.		
Benefit Provided:	Source:	Remove
Psychotherapy Services	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
None		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:		
Services as allowed under 1905(a)(5), 1905(a)(6) and 1905(a)(13) of the Social Security Act.		
Benefit Provided:	Source:	Remove
Alcohol and Other Drug Abuse (AODA) Inpatient	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	



Alternative Benefit Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Reference the Medicaid State Plan Attachment 3.1-A and 3.1-B, Service 1 Inpatient Hospital Services.

Benefit Provided:

Mental/Behavioral Health Inpatient Services

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Reference the Medicaid State Plan Attachment 3.1-A and 3.1-B, Service 1, Inpatient Hospital Services and Service 6.d. Other Practitioners' Services.

Benefit Provided:

Alcohol and Other Drug Abuse (AODA) Outpatient

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Reference the Medicaid State Plan Attachment 3.1-A and 3.1-B, Service 6.d. Other Practitioners' Services, Service 6(d) Psychologists' Services, 6(d) Clinical Social Worker Services, and 6(d) Licensed Practitioner Counselor Services.

Benefit Provided:

Intensive Outpatient

Source:

State Plan 1905(a)

Remove



Alternative Benefit Plan

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Reference the Medicaid State Plan Attachment 3.1-A and 3.1-B, Service 13.d

Add



Alternative Benefit Plan

6. Essential Health Benefit: Prescription drugs

- The state/territory assures that the ABP prescription drug benefit plan is the same as under the approved Medicaid State Plan for prescribed drugs.

Benefit Provided:

Coverage is at least the greater of one drug in each U.S. Pharmacopeia (USP) category and class or the same number of prescription drugs in each category and class as the base benchmark.

Prescription Drug Limits (Check all that apply.):

- Limit on days supply
- Limit on number of prescriptions
- Limit on brand drugs
- Other coverage limits
- Preferred drug list

Authorization:

Yes

Provider Qualifications:

State licensed

Coverage that exceeds the minimum requirements or other:

The State of Wisconsin's ABP prescription drug benefit plan is the same as under the approved Medicaid state plan for prescribed drugs and 1905(a)(12). Coverage of prescription drugs meets all reporting requirements and provisions of section 1927 of the social security act.



Alternative Benefit Plan

7. Essential Health Benefit: Rehabilitative and habilitative services and devices

Collapse All

- The state/territory assures that it is not imposing limits on habilitative services and devices that are more stringent than limits on rehabilitative services (45 CFR 156.115(a)(5)(ii)). Further, the state/territory understands that separate coverage limits must also be established for rehabilitative and habilitative services and devices. Combined rehabilitative and habilitative limits are allowed, if these limits can be exceeded based on medical necessity.

Benefit Provided:	Source:	Remove
Home Health Care-Supplies, Equipment, Appliances	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
None		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:		
Services as allowed in the state plan and 1905(a)(7). Services include, the rental, purchase, replacement and repair of equipment. Orthotics, prosthetics, cochlear implants and hearing instruments are covered in this category also. Disposable medical supplies include diabetic and incontinence supplies.		

Benefit Provided:	Source:	Remove
Physical Therapy and Related Services - PT	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
Rehabilitative and habilitative services are provided within the scope of practice as defined under state law.		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:		
Services as described in the state plan and allowed under Section 1905(a)(11) of the Social Security Act.		

Benefit Provided:	Source:	Remove
Physical Therapy and Related Services - OT	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	



Alternative Benefit Plan

Scope Limit:

Rehabilitative and habilitative services are provided within the scope of practice as defined under state law.

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Services as described in the state plan and allowed under Section 1905(a)(11) of the Social Security Act.

Benefit Provided:

Physical Therapy and Related Services - ST

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

Rehabilitative and habilitative services are provided within the scope of practice as defined under state law.

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Services as described in the state plan and allowed under Section 1905(a)(11) of the Social Security Act.
Services include hearing services and other services provided by an audiologist

Benefit Provided:

Home Health Care - Therapy Services

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Benefit Provided:

Respiratory Services for Ventilator Dependent

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan



Alternative Benefit Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Services as covered in the state plan and allowed under Section 1905(a)(13) and 1902(e)(9)(A) through (C) of the Social Security Act.

Benefit Provided:

Prosthetic Services

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Services as covered in the state plan and allowed under Section 1905(a)(12) of the Social Security Act.

Benefit Provided:

Durable Medical Equipment

Source:

State Plan 1905(a)

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Reference the Medicaid State Plan Attachment 3.1-A and 3.1-B, Service 7.c. Medical Equipment and Supplies and Service 12.c. Prosthetic Devices. The Department requires prior authorization or imposes payment and benefit limitations for the repair, modification, rental, or purchase of most medical supplies and equipment to enable the Department to monitor and regulate the following: cost, frequency, place where the recipient receives the service, and recipient's medical diagnosis or fundamental conditions under which the items will be reimbursed.



Alternative Benefit Plan

Benefit Provided: Skilled Nursing Facility Services	Source: State Plan 1905(a)	Remove
Authorization: Prior Authorization	Provider Qualifications: Medicaid State Plan	
Amount Limit: None	Duration Limit: None	
Scope Limit: Services to be stipulated by the recipient's plan of care.		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: Reference the Medicaid State Plan Attachment 3.1-A and 3.1-B, Service 4.a.		
		Add



Alternative Benefit Plan

8. Essential Health Benefit: Laboratory services

Collapse All

Benefit Provided:	Source:	Remove
Other Laboratory & X-ray Services - Diagnostic Lab	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
None		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:		
Services are as covered under the state plan and allowed under Section 1905(a)(3) of the Social Security Act.		

Benefit Provided:	Source:	Remove
Laboratory Outpatient Services	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
None		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:		
Reference the Medicaid State Plan Attachment 3.1-A and 3.1-B, Service 2.a. Outpatient Hospital Services, Service 2.b. Rural Health Clinic Services, and Service 3 Other Laboratory and X-ray Services.		

Benefit Provided:	Source:	Remove
X-Rays and Diagnostic Imaging	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
None		



Alternative Benefit Plan

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Reference the Medicaid State Plan Attachment 3.1-A and 3.1-B, Service 2.a. Outpatient Hospital Services, Service 2.b. Rural Health Clinic Services, Service 3 Other Laboratory and X-ray Services, and Service 13.a. Diagnostic Services.

Benefit Provided:

Imaging (CT/PET scans, MRIs)

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Reference the Medicaid State Plan 3.1-A and 3.1-B, Service 2.a. Outpatient Hospital Services, Service 2.b. Rural Health Clinic Services, Service 3 Other Laboratory and X-ray Services, and Service 13.a. Diagnostic Services.

Add



Alternative Benefit Plan

9. Essential Health Benefit: Preventive and wellness services and chronic disease management

Collapse All

The state/territory must provide, at a minimum, a broad range of preventive services including: “A” and “B” services recommended by the United States Preventive Services Task Force; Advisory Committee for Immunization Practices (ACIP) recommended vaccines; preventive care and screening for infants, children and adults recommended by HRSA’s Bright Futures program/project; and additional preventive services for women recommended by the Institute of Medicine (IOM).

Benefit Provided:	Source:	<input type="button" value="Remove"/>
Preventive Care/Screening/Immunizations	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
None		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:		
Wisconsin covers preventive services as allowed under Section 1905(a)(13)(A) of the Social Security Act and reference the Medicaid State Plan 3.1-A and 3.1-B, Service 13a (other diagnostic, screening, preventive, and rehabilitative services, i.e., other than those provided elsewhere in the plan).		
		<input type="button" value="Add"/>



Alternative Benefit Plan

10. Essential Health Benefit: Pediatric services including oral and vision care Collapse All

Benefit Provided: Medicaid State Plan EPSDT Benefits	Source: State Plan 1905(a)	<input type="button" value="Remove"/>
Authorization: None	Provider Qualifications: Medicaid State Plan	
Amount Limit: None	Duration Limit: None	
Scope Limit: None		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: EPSDT services are covered for members under the age of 21 years. Coverage are as included in the state plan and as described under 1905(a)(4)(B) , including all items and services delineated in subsection (r).		
		<input type="button" value="Add"/>



Alternative Benefit Plan

11. Other Covered Benefits from Base Benchmark

Collapse All



Alternative Benefit Plan

12. Base Benchmark Benefits Not Covered due to Substitution or Duplication

Collapse All

Base Benchmark Benefit that was Substituted:

Diabetes Services

Source:

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Duplication: covered under the Wisconsin Medicaid state plan as Physician and OLP-Podiatry services, and under EHB 1. Ambulatory Patient Services.

Base Benchmark Benefit that was Substituted:

Home Health Care

Source:

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Duplication: covered under the Wisconsin Medicaid state plan as home health services and under EHB 1. Ambulatory Patient Services.

Base Benchmark Plan: Limited to 60 visits per year. One visit equals up to 4 hours of skilled care services. Limit does not include any service which is billed only for the administration of intravenous infusion.

Base Benchmark Benefit that was Substituted:

Hospice Care

Source:

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Duplication: covered under the Wisconsin Medicaid state plan as hospice care services and under EHB 1. Ambulatory Patient Services and EHB 3 - Inpatient Hospitalization.

Base Benchmark Plan: No limitation

Base Benchmark Benefit that was Substituted:

Laboratory Outpatient and Professional Services

Source:

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Duplication: covered under the Wisconsin Medicaid state plan as physician services and other lab and x-ray services, and under EHB 1. Ambulatory Patient Services and EHB 8. Laboratory Services.

Base Benchmark Plan: No limitation

Base Benchmark Benefit that was Substituted:

Ostomy Supplies

Source:

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Duplication: Covered under the Wisconsin Medicaid state plan as home health care-supplies, equipment, and appliances and under EHB 7. Rehabilitative and habilitative services and devices.



Alternative Benefit Plan

<input type="text" value="Base Benchmark Plan: No limitation"/>		
Base Benchmark Benefit that was Substituted: <input type="text" value="Pharmaceutical Products - Outpatient"/>	Source: <input type="text" value="Base Benchmark"/>	<input type="button" value="Remove"/>
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: <input type="text" value="Duplication: covered under the Wisconsin Medicaid state plan as home health care-supplies, equipment, and appliances and under EHB 7. Rehabilitative and Habilitative Services and Devices."/> Base Benchmark Plan: No limitation		
Base Benchmark Benefit that was Substituted: <input type="text" value="Physician Fees for Surgical and Medical Services"/>	Source: <input type="text" value="Base Benchmark"/>	<input type="button" value="Remove"/>
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: <input type="text" value="Duplication: covered under the Wisconsin Medicaid state plan as Physician services, and under EHB 1. Ambulatory Patient Services."/> Base Benchmark Plan: No limitation		
Base Benchmark Benefit that was Substituted: <input type="text" value="Physician Office Services - Sickness and Injury"/>	Source: <input type="text" value="Base Benchmark"/>	<input type="button" value="Remove"/>
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: <input type="text" value="Duplication: covered under the Wisconsin Medicaid state plan as Physician services, and under EHB 1. Ambulatory Patient Services."/> Base Benchmark Plan: No limitation		
Base Benchmark Benefit that was Substituted: <input type="text" value="Preventive Care Services - Physician Office"/>	Source: <input type="text" value="Base Benchmark"/>	<input type="button" value="Remove"/>
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: <input type="text" value="Duplication: covered under the Wisconsin Medicaid state plan as Physician services, and under EHB 1. Ambulatory Patient Services and EHB 9. Preventive and Wellness Services and Chronic Disease Management."/> Base Benchmark Plan: No limitation		
Base Benchmark Benefit that was Substituted: <input type="text" value="Preventive Care Services - Lab, X-Ray, Other Tests"/>	Source: <input type="text" value="Base Benchmark"/>	<input type="button" value="Remove"/>



Alternative Benefit Plan

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Duplication: covered under the Wisconsin Medicaid state plan as Physician services, and under EHB 1. Ambulatory Patient Services and EHB 9. Preventive and Wellness Services and Chronic Disease Management.

Base Benchmark Plan: No limitation

Base Benchmark Benefit that was Substituted:

Reconstructive Procedures

Source:

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Duplication: covered under the Wisconsin Medicaid state plan as Physician services, Inpatient and Outpatient Hospital and under EHB 1. Ambulatory Patient Services and EHB 3. Hospitalization.

Base Benchmark Plan: No limitation

Base Benchmark Benefit that was Substituted:

Scopic Procedures-Outpatient Diagnostic/Therapeuti

Source:

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

section 1937 benchmark benefit(s) included above under Essential Health Benefits:
Duplication: covered under the Wisconsin Medicaid state plan as Physician services, and under EHB 1. Ambulatory Patient Services

Base Benchmark Plan: No limitation

Base Benchmark Benefit that was Substituted:

Respiratory Care Services

Source:

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Duplication: covered under the Wisconsin Medicaid state plan as respiratory care services and under EHB 7. Rehabilitative and Habilitative Services.

Base Benchmark Plan: Limited to 60 visits per year.

Base Benchmark Benefit that was Substituted:

Surgery - Outpatient

Source:

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Duplication: covered under the Wisconsin Medicaid state plan as outpatient hospital services, and under EHB 1. Ambulatory Patient Services

Base Benchmark Plan: No limitation



Alternative Benefit Plan

Base Benchmark Benefit that was Substituted:

Therapeutic Treatments - Outpatient

Source:

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Duplication: covered under the Wisconsin Medicaid state plan as outpatient hospital and clinic services, and under EHB 1. Ambulatory Patient Services

Base Benchmark Plan: No limitation

Base Benchmark Benefit that was Substituted:

Urgent Care Center Services

Source:

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Duplication: covered under the Wisconsin Medicaid state plan as outpatient hospital and clinic services, and under EHB 1. Ambulatory Patient Services

Base Benchmark Plan: No limitation

Base Benchmark Benefit that was Substituted:

Temporomandibular Joint Disorders

Source:

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Duplication: covered under the Wisconsin Medicaid state plan as Physician services, and under EHB 1. Ambulatory Patient Services

Base Benchmark Plan: Benefits for diagnostic procedures and non-surgical treatment are limited to \$1,250 per calendar year.

Base Benchmark Benefit that was Substituted:

Emergency Health Services - Outpatient

Source:

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Duplication: covered under the Wisconsin Medicaid state plan as hospital outpatient services and under EHB 2. Emergency Services.

Base Benchmark Plan: No limitation

Base Benchmark Benefit that was Substituted:

Outpatient Hospital - Emergency Transportation

Source:

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Duplication: covered under the Wisconsin Medicaid state plan as outpatient hospital services - emergency transportation and under EHB 2. Emergency Services.



Alternative Benefit Plan

Base Benchmark Plan: Prior approval for non-emergency ground or air ambulance.

Base Benchmark Benefit that was Substituted:

Hospital - Inpatient Stay

Source:

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Duplication: covered under the Wisconsin Medicaid state plan as hospital inpatient services and under EHB 3. Hospitalization.

Base Benchmark Plan: No limitation

Base Benchmark Benefit that was Substituted:

Transplantation Services

Source:

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Duplication: covered under the Wisconsin Medicaid state plan as hospital inpatient services and under EHB 3. Hospitalization.

Base Benchmark Plan: Notification to health plan required prior to transplant. Pre-transplantation evaluation at a transplant center required. Except for cornea transplants, transplants must be performed at a Designated Facility.

Base Benchmark Benefit that was Substituted:

Congenital Heart Disease Surgeries

Source:

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Duplication: covered under the Wisconsin Medicaid state plan as hospital inpatient services and under EHB 3. Hospitalization.

Base Benchmark Plan: No limitation

Base Benchmark Benefit that was Substituted:

Pregnancy - Maternity Services

Source:

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Duplication: covered under the Wisconsin Medicaid state plan under several categories, including physician, nurse midwife, lab and x-ray and hospital inpatient/outpatient services and EHB 4. Maternity and Newborn Care.

Base Benchmark Plan: No limitation



Alternative Benefit Plan

Base Benchmark Benefit that was Substituted: Substance Use Disorder Services	Source: Base Benchmark	Remove
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: Duplication: covered under the Wisconsin Medicaid state plan as inpatient hospital and outpatient alcohol and other drug abuse (AODA) treatment services and under EHB 5. Mental Health and Substance Use Disorder Services, including Behavioral Health Treatment. Base Benchmark Plan: No Limitation.		
Base Benchmark Benefit that was Substituted: Prescription Drugs	Source: Base Benchmark	Remove
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: Duplication: covered under the Wisconsin Medicaid state plan as Prescribed Drugs and under EHB 6. Prescription Drugs. Base Benchmark Plan: No Limitation. OTC drugs that do not require a prescription are not covered.		
Base Benchmark Benefit that was Substituted: Hearing Aids	Source: Base Benchmark	Remove
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: Duplication: covered under the Wisconsin Medicaid state plan as home health care-supplies, equipment, and appliances and under EHB 7. Rehabilitative and Habilitative Services and Devices. Base Benchmark Plan: Limited to \$2,500 in Eligible Expenses per year. Benefits are limited to a single purchase (including repair/replacement) every three years. Children under age 18, benefits are limited to one hearing aid per ear, every three years (no dollar limit).		
Base Benchmark Benefit that was Substituted: Home Health Care - Durable Medical Equipment	Source: Base Benchmark	Remove
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: Duplication: covered under the Wisconsin Medicaid state plan as home health care-supplies, equipment, and appliances and under EHB 7. Rehabilitative and Habilitative Services and Devices. Base Benchmark Plan: Limited to \$2,500 in Eligible Expenses per year. Benefits are limited to a single purchase of a type of DME (including repair/replacement) every three years. Includes coverage of cochlear implants. Benefits for insulin pumps are limited to one pump per year.		
Base Benchmark Benefit that was Substituted: Prosthetic Devices	Source: Base Benchmark	Remove



Alternative Benefit Plan

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Duplication: covered under the Wisconsin Medicaid state plan as Prosthetic Devices and under EHB 7. Rehabilitative and Habilitative Services and Devices.

Base Benchmark Plan: Limited to \$2,500 per year. Benefits are limited to a single purchase of each type of prosthetic device every three years. Items related to reconstructive surgery following cancer have no limit.

Base Benchmark Benefit that was Substituted:

Rehabilitation Services - Therapy and Manipulative

Source:

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Duplication: covered under the Wisconsin Medicaid state plan as Physical Therapy and Related Services and under EHB 7. Rehabilitative and Habilitative Services and Devices.

Base Benchmark Plan: Limited to 20 visits per year for each therapy (PT, OT, Speech, Pulmonary rehabilitation therapy); 36 visits for cardiac rehabilitation therapy; 30 visits of post-cochlear implant aural therapy. No limit on manipulative treatment services.

Base Benchmark Benefit that was Substituted:

Autism Spectrum Disorder Services

Source:

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Duplication: This benefit was replaced with EPSDT, under the EHB10. Pediatric services, including oral and vision care.

Base Benchmark Plan: Limit will depend on the service provided. Additional, benefits for intensive level services are covered to \$51,700 per child per year, with a minimum of 20 hours care per week for four years. Non-intensive Level Services are covered to \$25,850 per child per year.

Base Benchmark Benefit that was Substituted:

Laboratory Outpatient and Professional Services

Source:

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Duplication: covered under the Wisconsin Medicaid state plan as Other Laboratory and X-Ray Services and under EHB 8. Laboratory Services.

Base Benchmark Plan: No Limitation

Base Benchmark Benefit that was Substituted:

Diabetes Self-Management and Training

Source:

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Duplication: covered under the Wisconsin Medicaid state plan as Physician Services and under EHB 9.



Alternative Benefit Plan

Ambulatory Patient Services and EHB 9 . Preventive and Wellness Services and Chronic Disease Management.

Base Benchmark Plan: No Limitation

Base Benchmark Benefit that was Substituted:

Chiropractic

Source:

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Duplication: covered under the Wisconsin Medicaid state plan as Other Licensed Practitioners - Chiropractor Services and under EHB 1. Ambulatory patient services.

Base Benchmark Plan: Covers manipulative treatment only with no visit limitation.

Base Benchmark Benefit that was Substituted:

Home Health Care - Therapies (OT/PT)

Source:

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Duplication: covered under the Wisconsin Medicaid state plan as home health services and under EHB 7. Ambulatory Patient Services.

Base Benchmark Plan: Limited to 60 visits per year.

Base Benchmark Benefit that was Substituted:

X-Rays and Diagnostic Imaging

Source:

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Duplication-Reference the Medicaid State Plan 3.1-A and 3.1B, Service 2a Outpatient Hospital Services, Service 2b Rural Health Clinic Services, Service 4 Other Laboratory and X-ray Services, and Service 13a Diagnostic Services. Reference EHB 1 and 8.

Add



Alternative Benefit Plan

13. Other Base Benchmark Benefits Not Covered

Collapse All



Alternative Benefit Plan

14. Other 1937 Covered Benefits that are not Essential Health Benefits

Collapse All

Other 1937 Benefit Provided:

Targeted Case Management

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

Other:

No authorization. Services as allowed under 1915(a)(19) of the SSA. Members in this ABP could receive services under the following target groups:

- Members participating in a CCO (3.1-A Supplement 1 - section A)
- Members receiving HealthCheck/HCO (3.1-A Supplement 1 - section B)
- Members with Alzheimer's/related dementia (3.1-A Supplement 1 - section D)
- Members with physical or sensory disabilities (3.1-A Supplement 1 - section E)
- Members with developmental disabilities (3.1-A Supplement 1 - section F)
- Members 21 and older with chronic mental illness (3.1-A Supplement 1 - section G)
- Members with an SUD (3.1-A Supplement 1 - section H)
- Members under 21 with severe emotional disturbance (3.1-A Supplement 1 - section I)
- High risk pregnant and postpartum members (3.1-A Supplement 1 - section J)
- Members with HIV (3.1-A Supplement 1 - section K)
- Members with tuberculosis (3.1-A Supplement 1 - section L)
- Members up to 21 with asthma (3.1-A Supplement 1 - section M)
- Families with kids up to 21 at risk of physical, mental, or emotional dysfunction (3.1-A Supplement 1 - section N)
- Members in Birth to 3 (3.1-A Supplement 1 - section O)
- Postpartum members in Milwaukee County and Racine and their infants at risk of child abuse and neglect until the child is 2 (3.1-A Supplement 1 - section P)
- Children with medical complexity (3.1-A Supplement 1 - section R)

Other 1937 Benefit Provided:

Mental Health Crisis Intervention Services - Rehab

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

Other:

No authorization. Services as allowed under 1905(a)(13) of the SSA (3.1-A/3.1-B Supp. 1 - 13.d.).

Transmittal Number: WI 25 0024

Approval Date: June 16, 2026

Effective Date: January 1, 2026

Supersedes Transmittal Number: 24-0029



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Other 1937 Benefit Provided:

Community Recovery Services - Rehab

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

Other:

No authorization. Services as allowed under 1905(a)(13) of the SSA (3.1-A/3.1-B Supp. 1 - 13.d.).

Other 1937 Benefit Provided:

Comprehensive Community Services - Rehab

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

Other:

No authorization. Services as allowed under 1905(a)(13) of the SSA (3.1-A/3.1-B Supp. 1 - 13.d.).

Other 1937 Benefit Provided:

Community Support Program Services - Rehab

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None



Alternative Benefit Plan

Other:

No authorization. Services as allowed under 1905(a)(13) of the SSA (3.1-A/3.1-B Supp. 1 - 13.d.).

Other 1937 Benefit Provided:

Directly Observed Therapy for Individuals with TB

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

Other:

No authorization. Services as allowed under 1905(a)(13) and 1902(z)(2)(F) of the SSA (3.1-A/3.1-B Supp. 1 - 19.b).

Other 1937 Benefit Provided:

Federally-Qualified Health Centers

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

Other:

No authorization. Clinic and ambulatory services as allowed under 1905(a)(2)(C) and as further defined in section 1861(aa) of the Social Security Act (3.1-A/3.1-B Supp. 1 - 2.c.).

Other 1937 Benefit Provided:

Rural Health Clinic Services

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None



Alternative Benefit Plan

Scope Limit:

None

Other:

No authorization. Clinic and ambulatory services as allowed under 1905(a)(2)(B) and as further defined in section 1861(aa) of the Social Security Act.

Other 1937 Benefit Provided:

Dental Services

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

Other:

No authorization. Dental services covered in the state plan and allowed under 1905(a)(10) and 1905(a)5(B). Dental services include dentures (3.1-A/3.1-B Supp. 1 - 5.b).

Other 1937 Benefit Provided:

Family Planning Services and Supplies

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

Other:

Contraceptive management services as described in the state plan and allowed under Section 1905(a)(4)(C). Coverage does not include, infertility treatments, surrogate parenting (including obstetric care and other related services), and the reversal of sterilizations (3.1-A/3.1-B Supp. 1 - 4.c).

Other 1937 Benefit Provided:

Pediatric/Family Nurse Practitioner Services

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan



Alternative Benefit Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

Other:

No authorization. Services in the state plan and as allowed under section 1905(a)(21) of the Social Security Act (3.1-A/3.1-B Supp. 1 - 23).

Other 1937 Benefit Provided:

Private Duty Nursing

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

Other:

No authorization. Services as described in the state plan and allowed under Section 1905(a)(8) of the Social Security Act (3.1-A/3.1-B Supp. 1 - 8).

Other 1937 Benefit Provided:

Other Licensed Practitioners - Optometrist

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Other

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

Other:

No authorization. Services as described in the state plan and allowed under 1905(a)(6). Includes coverage of eyeglasses.

Other 1937 Benefit Provided:

Medical Day Treatment - Mental Health-Rehab

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove



Alternative Benefit Plan

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

Other:

No authorization. Services as allowed under 1905(a)(13) of the SSA (3.1-A/3.1-B Supp. 1 - 13.d).

Other 1937 Benefit Provided:

Medical Day Treatment - AODA-Rehab

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

Other:

No authorization. Services as allowed under 1905(a)(13) of the SSA (3.1-A/3.1-B Supp. 1 - 13.d).

Other 1937 Benefit Provided:

Intensive In-home Psychotherapy-Rehab

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

Other:

No authorization. Services as allowed under 1905(a)(13) of the SSA (3.1-A/3.1-B Supp. 1 - 13.d).



Alternative Benefit Plan

Other 1937 Benefit Provided: Tobacco Cessation for Pregnant Women	Source: Section 1937 Coverage Option Benchmark Benefit Package	Remove
Authorization: Other	Provider Qualifications: Medicaid State Plan	
Amount Limit: None	Duration Limit: None	
Scope Limit: None		
Other: No prior authorization required. Services as allowed under 1905(a)(4)(D) of the SSA (3.1-A/3.1-B Supp. 1 - 20).		
Other 1937 Benefit Provided: Intermediate Care Facilities for Intellectual/Dev	Source: Section 1937 Coverage Option Benchmark Benefit Package	Remove
Authorization: Other	Provider Qualifications: Medicaid State Plan	
Amount Limit: None	Duration Limit: 30 Days	
Scope Limit: None		
Other: No prior authorization. Members will not remain enrolled if stays beyond 30 days are necessary.		
Other 1937 Benefit Provided: Intensive Outpatient Treatment Services	Source: Section 1937 Coverage Option Benchmark Benefit Package	Remove
Authorization: Prior Authorization	Provider Qualifications: Medicaid State Plan	
Amount Limit: None	Duration Limit: None	
Scope Limit: None		
Other: Initial services authorization requires assessment but authorization limitations may be exceeded if		



Alternative Benefit Plan

medically necessary. Services as allowed under 1905(a)(13) of the SSA (3.1-A/3.1-B Supp. 1 - 13.d).

Other 1937 Benefit Provided:

Drug Testing

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

Other:

No authorization. Services as allowed under 1905(a)(13)(d) of the SSA (3.1-A/3.1-B Supp. 1 - 13.d).

Other 1937 Benefit Provided:

Crisis Intervention

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

Other:

No authorization. Services as allowed under 1905(a)(13)(d) of the SSA (3.1-A/3.1-B Supp. 1 - 13.d).

Other 1937 Benefit Provided:

Home Health Services

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None



Alternative Benefit Plan

Other:

Various limitations apply based on appropriate nursing practices, state licensure, and Medicaid certification requirements. Services as allowed under 1905(a)(7) of the SSA (3.1-A/3.1-B Supp. 1 - 7).

Other 1937 Benefit Provided:

Personal Care Services

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Authorization required in excess of limitation

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

Other:

Prior authorization is required for personal care services in excess of 50 hours per calendar year. Services as allowed under the Medicaid State Plan and 1905(a)(24)(f) No authorization. Services as covered in the state plan and allowed under 1905(a)(24) of the Social Security Act (3.1-A/3.1-B Supp. 1 - 24.f.).

Add



Alternative Benefit Plan

15. Additional Covered Benefits (This category of benefits is not applicable to the adult group under section 1902(a)(10)(A)(i)(VIII) of the Act.) Collapse All

PRA Disclosure Statement

Centers for Medicare & Medicaid Services (CMS) collects this mandatory information in accordance with (42 U.S.C. 1396a) for the purpose of standardizing data. 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 average 5 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.20190808



Alternative Benefit Plan

State Name:

Attachment 3.1-L-

OMB Control Number: 0938-1148

Transmittal Number: WI - 25 - 0024

Service Delivery Systems

ABP8

Provide detail on the type of delivery system(s) the state/territory will use for the Alternative Benefit Plan's benchmark benefit package or benchmark-equivalent benefit package, including any variation by the participants' geographic area.

Type of service delivery system(s) the state/territory will use for this Alternative Benefit Plan(s).

Select one or more service delivery systems:

- Managed care.
 - Managed Care Organizations (MCO).
 - Prepaid Inpatient Health Plans (PIHP).
 - Prepaid Ambulatory Health Plans (PAHP).
 - Primary Care Case Management (PCCM).

- Fee-for-service.
- Other service delivery system.

Managed Care Options

Managed Care Assurance

- The state/territory certifies that it will comply with all applicable Medicaid laws and regulations, including but not limited to sections 1903(m), 1905(t), and 1932 of the Act and 42 CFR Part 438, in providing managed care services through this Alternative Benefit Plan. This includes the requirement for CMS approval of contracts and rates pursuant to 42 CFR 438.6.

Managed Care Implementation

Please describe the implementation plan for the Alternative Benefit Plan under managed care including member, stakeholder, and provider outreach efforts.

The Department certifies one or more health systems to provide a medical home for children in out-of-home care. A health system in this context means a group of physicians and other licensed medical practitioners that has a hospital affiliation. This could also include a physician practice affiliated with a hospital. The providers interested in being a health system for this initiative will need to meet all certification criteria including robust provider network requirements.

Wisconsin uses different avenues to inform each member or member's parent/guardian about their rights under this program. Below are some of the ways in which the State plans to inform individuals, Tribal governments, advocates, and the community about the program.

For children entering out-of-home care, the child's parent(s) or guardian will be offered a choice to enroll the child in the alternative benchmark program or fee-for-service Medicaid. The parent(s) or guardian will be informed using unbiased information, both verbally and in writing, indicating that their choice of Medicaid Program for their child is voluntary, and that they may change their mind at any time regarding their choice between Medicaid fee-for-service and the alternative benchmark plan. This information will be provided to the parent(s) or guardian by various members of the Care4Kids team beginning at the time the child is removed from the home and lasting through the enrollment in Care4Kids. For more details on the enrollment process, please refer to ABP2 .

For Children of Members and Former Foster Care Youth, the Enrollment Broker will make outreach to the individual/legal guardian once Medicaid enrollment has been confirmed to inform them of their eligibility and options to enroll.

All members receive an initial screening so the health plan is aware of chronic or acute conditions or needs of the child. Members are



Alternative Benefit Plan

able to enroll mid month and the payment system is set up to accommodate that allowance.

Members who do not enroll in Care4Kids will receive their medical care either via fee-for-service or a BadgerCare-Plus HMO.

PIHP: Prepaid Inpatient Health Plan

The managed care delivery system is the same as an already approved managed care program.

Yes

The managed care program is operating under (select one):

- Section 1915(a) voluntary managed care program.
- Section 1915(b) managed care waiver.
- Section 1115 demonstration.
- Section 1937 Alternative (Benchmark) Benefit Plan state plan amendment.

Identify the date the managed care program was approved by CMS:

Describe program below:

Care4Kids is a Wisconsin Medicaid health plan program that helps children and teens in out-of-home care (OHC), their children, and Former Foster Care Youth (FFCY) access the health services they need. The Care4Kids program creates a "medical home" team for eligible individuals. This means they get a treatment plan specific to their health care needs and a health care coordinator (HCC). HCCs are from the health plan and help members, families, caregivers, and providers.

- The Alternative Benefit Plan will be provided through primary care case management (PCCM) consistent with applicable managed care requirements (42 CFR Part 438, section 1903(m) of the Social Security Act, and section 1932 of the Social Security Act).

PIHP Procurement or Selection Method

Indicate the method used to select PIHPs:

- Competitive procurement method (RFP, RFA).
- Other procurement/selection method.

Describe the method used by the state/territory to procure or select the PIHPs:

Other PIHP-Based Service Delivery System Characteristics

One or more of the Alternative Benefit Plan benefits or services will be provided apart from the PIHP.

Yes

List the benefits or services that will be provided apart from the PIHP, and explain how they will be provided. Add as many rows as needed.

Add	Benefit/service	Description of how the benefit/service will be provided	Remove
Add	Non-emergency Medical Transportation (NEMT)	The service delivery system will be a fee-for-service based on the established fee-for-service schedule.	Remove
Add	Prenatal Care Coordination (PNCC)	The service delivery system will be a fee-for-service based on the established fee-for-service schedule.	Remove
Add	School Based Services (SBS)	The service delivery system will be a fee-for-service based on the established fee-for-service schedule.	Remove



Alternative Benefit Plan

Add	Certain Tuberculosis-related services, including directly observed therapy (DOT), patient education and anticipatory guidance, symptom and treatment monitoring	The service delivery system will be a fee-for-service based on the established fee-for-service schedule.	Remove
Add	Crisis Intervention Benefit	The service delivery system will be a fee-for-service based on the established fee-for-service schedule.	Remove
Add	Comprehensive Community Services (CCS)	The service delivery system will be a fee-for-service based on the established fee-for-service schedule.	Remove
Add	Community Recovery Services (CRS)	The service delivery system will be a fee-for-service based on the established fee-for-service schedule.	Remove
Add	Lead investigations of persons having lead poisoning or lead exposure, as defined in statute.	The service delivery system will be a fee-for-service based on the established fee-for-service schedule.	Remove
Add	Medication therapy management	The service delivery system will be a fee-for-service based on the established fee-for-service schedule.	Remove
Add	Prescription, over-the-counter drugs, and diabetic and other drug related supplies	The service delivery system will be a fee-for-service based on the established fee-for-service schedule.	Remove
Add	Provider administered drugs	The service delivery system will be a fee-for-service based on the established fee-for-service schedule.	Remove
Add	Behavioral Treatment Services	The service delivery system will be a fee-for-service based on the established fee-for-service schedule.	Remove
Add	Residential Substance Use Disorder Treatment	The service delivery system will be a fee-for-service based on the established fee-for-service schedule.	Remove
Add	Hub and Spoke Integrated Recovery Support Services Health Home for SUD	The service delivery system will be a fee-for-service based on the established fee-for-service schedule.	Remove
Add	Psychosocial Rehabilitation Services	The service delivery system will be a fee-for-service based on the established fee-for-service schedule.	Remove

PIHP service delivery is provided on less than a statewide basis. Yes

The limited geographic area where this service delivery system is available is as follows:

- PIHP service delivery is available only in designated counties.
- PIHP service delivery is available only in designated regions.
- PIHP service delivery is available only in designated cities and municipalities.
- PIHP service delivery is available in some other geographic area (geographic area must not be smaller than a zip code).

Specify counties:

Care4Kids operates in Milwaukee, Ozaukee, Washington, Kenosha, Racine, and Waukesha counties.

PIHP Participation Exclusions

Individuals are excluded from PIHP participation in the Alternative Benefit Plan: No



Alternative Benefit Plan

General PIHP Participation Requirements

Indicate if participation in the managed care is mandatory or voluntary:

- Mandatory participation.
- Voluntary participation. Indicate the method for effectuating enrollment:
 - Affirmative selection of PIHP.
 - State enrolls individual in PIHP and permits disenrollment.
 - Other:

Additional Information: PIHP (Optional)

Provide any additional details regarding this service delivery system (optional):

Fee-For-Service Options

Indicate whether the state/territory offers traditional fee-for-service and/or services managed under an administrative services organization:

- Traditional state-managed fee-for-service
- Services managed under an administrative services organization (ASO) arrangement

Please describe this fee-for-service delivery system, including any bundled payment arrangements, pay for performance, fee-for-service care management models/non-risk, contractual incentives as well as the population served via this delivery system.

Additional Information: Fee-For-Service (Optional)

Provide any additional details regarding this service delivery system (optional):

Non-emergency services will be provided under an administrative service arrangement with a transportation broker. The PIHP will be responsible for including all services, including those paid on a fee-for-service basis in the child's care plan. The PIHP will also be responsible for ensuring that the child has access to these services, and will follow up on all referrals.

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 5 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.20181119