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State/Territory Name: Wisconsin

State Plan Amendment (SPA) #: 26-0011

This file contains the following documents in the order listed:

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
601 E. 12th St., Room 355
Kansas City, Missouri 65106

CENTERS FOR MEDICARE & MEDICAID SERVICES
CENTER FOR MEDICAID & CHIP SERVICES

Medicaid and CHIP Operations Group

September 15, 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) – 26-0011

Dear Director Dreyer:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 26-0011. This amendment proposes to update the prenatal care coordination (PNCC) Targeted Case Management benefit to include revising target group criteria, changing the requirement for a risk assessment to a needs assessment, updates service definitions, and revises provider qualifications.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations. This letter informs you that Wisconsin's Medicaid SPA TN 26-0011 was approved on September 11, 2026, with an effective date of June 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,

Megan K. Buck
Director, Division of Program Operations

Enclosures

cc: Andrew Krueger DHS

DEPARTMENT OF HEALTH ANDHUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

FORM APPROVED
OMB No. 0938-0193

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL

FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES

1. TRANSMITTAL NUMBER: 26 — 0011

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
6/1/26

5. FEDERAL STATUTE/REGULATION CITATION
Sections 1905(a)(19) and 1915(g) of the Social Security Act

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)
a. FFY 26 $ 191,285
b. FFY 27 $ 579,653

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT
3.1-A Supplement 1: Page 1-J-1 to 1-J-5

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT *(If Applicable)*
3.1-A Supplement 1: Page 1-J-1 to 1-J-4 (92-031)

9. SUBJECT OF AMENDMENT

Amending prenatal care coordination policy to reflect a longer postpartum period and update eligibility criteria, service definitions,

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
Amanda Dreyer

13. TITLE
Medicaid Director

14. DATE SUBMITTED
6/26/2026

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
June 26, 2026

17. DATE APPROVED
September 11, 2026

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL
June 1, 2026

19. SIGNATURE OF APPROVING OFFICIAL

20. TYPED NAME OF APPROVING OFFICIAL
Megan K. Buck

21. TITLE OF APPROVING OFFICIAL
Director, Division of Program Operations

22. REMARKS

Instructions on Back

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

TARGETED CASE MANAGEMENT SERVICES
[High Risk Pregnant and Postpartum Members]

Target Group (42 Code of Federal Regulations 441.18(a)(8)(i) and 441.18(a)(9)):
The target group of the prenatal care coordination (PNCC) benefit is high risk pregnant and postpartum member. This target group consists of all Medicaid members throughout the entire state who meet the following criteria:

a. **Pregnant or postpartum member;**
b. **Expected to have difficulty receiving proper medical care;**
c. **Considered to be at high risk for adverse pregnant outcomes; and**
d. **Determined to have a need for PNCC services through the Department-sanctioned assessment.**

___ Target group includes individuals transitioning to a community setting. Case-management services will be made available for up to _____ **[insert a number; not to exceed 180]** consecutive days of a covered stay in a medical institution. The target group does not include individuals between ages 22 and 64 who are served in Institutions for Mental Disease or individuals who are inmates of public institutions). (State Medicaid Directors Letter (SMDL), July 25, 2000)

Areas of State in which services will be provided (§1915(g)(1) of the Act):
X Entire State
___ Only in the following geographic areas: **[Specify areas]**

Comparability of services (§§1902(a)(10)(B) and 1915(g)(1))
___ Services are provided in accordance with §1902(a)(10)(B) of the Act.
X Services are not comparable in amount duration and scope (§1915(g)(1)).

Definition of services (42 CFR 440.169): Targeted case management services are defined as services furnished to assist individuals, eligible under the State Plan, in gaining access to needed medical, social, educational and other services. Targeted Case Management includes the following assistance:

- Comprehensive assessment and periodic reassessment of individual needs, to determine the need for any medical, educational, social or other services. These assessment activities include
  - taking client history;
  - identifying the individual's needs and completing related documentation; and
  - gathering information from other sources such as family members, medical providers, social workers, and educators (if necessary), to form a complete assessment of the eligible individual;

State Plan under Title XIX of the Social Security Act
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TARGETED CASE MANAGEMENT SERVICES
[High Risk Pregnant and Postpartum Members]

An initial comprehensive assessment is required when the member is pregnant and prior to receipt of any other PNCC services except in emergency situations. A postpartum assessment is required after the birth of the baby. Reassessments are covered if there is a significant change in the member's circumstances. When conducting the assessments, the provider utilizes a Department-sanctioned tool. The assessment must be performed by a person either employed by or contracted with the certified provider, and it must be reviewed by a qualified professional.

- Development (and periodic revision) of a specific care plan that is based on the information collected through the assessment that
  - specifies the goals and actions to address the medical, social, educational, and other services needed by the individual;
  - includes activities such as ensuring the active participation of the eligible individual, and working with the individual (or the individual's authorized health care decision maker) and others to develop those goals; and
  - identifies a course of action to respond to the assessed needs of the eligible individual;

  At a minimum, the care plan must be reviewed and updated, if necessary, every 60 days.

- Referral and related activities (such as scheduling appointments for the individual) to help the eligible individual obtain needed services including
  - activities that help link the individual with medical, social, educational providers, or other programs and services that are capable of providing needed services to address identified needs and achieve goals specified in the care plan; and

- Monitoring and follow-up activities:
  - activities and contacts that are necessary to ensure the care plan is implemented and adequately addresses the eligible individual's needs, and which may be with the individual, family members, service providers, or other entities or individuals and conducted as frequently as necessary, and including at least one annual monitoring, to determine whether the following conditions are met:
    - services are being furnished in accordance with the individual's care plan;
    - services in the care plan are adequate; and
    - changes in the needs or status of the individual are reflected in the care plan. Monitoring and follow-up activities include making necessary adjustments in the care plan and service arrangements with providers.

  Contacts may be face-to-face, by telephone, or in writing. Frequency is jointly determined by the member and the provider. However, at a minimum, a member should be contacted every 30 days and more frequently during the early months of the pregnancy.

State Plan under Title XIX of the Social Security Act
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TARGETED CASE MANAGEMENT SERVICES
[High Risk Pregnant and Postpartum Members]

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

Qualifications of providers (42 CFR 441.18(a)(8)(v) and 42 CFR 441.18(b)):
Any provider that meets the criteria outlined below is eligible to become certified as a prenatal care coordination provider.

1. **Organizations that have experience in serving low-income people as well as pregnant member and their families. These organizations include but are not limited to: community-based agencies or organizations; county, city or combined local public health agencies; departments of human or social services; family planning agencies; federally qualified health centers (FQHCs); independent physician associations (IPAs); hospital facilities; physician offices and clinics; rural health clinics, tribal agencies and health centers; and Women, Infant, Children (WIC) programs.**
2. **Organizations eligible to become certified as prenatal care coordination providers will meet the following staffing standards:**
    a. **A PNCC agency employs at least one qualified professional with experience in coordinating services for at-risk and low-income women.**
    b. **Qualified professionals are employed by or under contract with a certified prenatal care coordination agency that bills for the services and may include: licensed and registered nurses, licensed and certified midwives, licensed and certified nurse midwives, physicians, physician assistants, registered dieticians, bachelor's degree social workers, health educators, and doulas.**

Freedom of choice (42 CFR 441.18(a)(1)):
The State assures that the provision of case management services will not restrict an individual's free choice of providers in violation of section 1902(a)(23) of the Act.

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

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TARGETED CASE MANAGEMENT SERVICES
[High Risk Pregnant and Postpartum Members]

Freedom of Choice Exception (§1915(g)(1) and 42 CFR 441.18(b)):

____ Target group consists of eligible individuals with developmental disabilities or with chronic mental illness. Providers are limited to qualified Medicaid providers of case management services capable of ensuring that individuals with developmental disabilities or with chronic mental illness receive needed services: [**Identify any limitations to be imposed on the providers and specify how these limitations enable providers to ensure that individuals within the target groups receive needed services.]**

Access to Services (42 CFR 441.18(a)(2), 42 CFR 441.18(a)(3), 42 CFR 441.18(a)(6)):
The State assures the following:

- Case management (including targeted case management) services will not be used to restrict an individual's access to other services under the plan.
- Individuals will not be compelled to receive case management services, condition receipt of case management (or targeted case management) services on the receipt of other Medicaid services, or condition receipt of other Medicaid services on receipt of case management (or targeted case management) services; and
- Providers of case management services do not exercise the agency's authority to authorize or deny the provision of other services under the plan.

Payment (42 CFR 441.18(a)(4)):
Payment for case management or targeted case management services under the plan does not duplicate payments made to public agencies or private entities under other program authorities for this same purpose**.**

Case Records (42 CFR 441.18(a)(7)):
Providers maintain case records that document for all individuals receiving case management as follows: (i)The name of the individual; (ii) The dates of the case management services; (iii)The name of the provider agency (if relevant) and the person providing the case management service; (iv) The nature, content, units of the case management services received and whether goals specified in the care plan have been achieved; (v) Whether the individual has declined services in the care plan; (vi) The need for, and occurrences of, coordination with other case managers; (vii) A timeline for obtaining needed services; (viii) A timeline for reevaluation of the plan.

Limitations:
Case management does not include, and Federal Financial Participation (FFP) is not available in expenditures for, services defined in §440.169 when the case management activities are an integral and inseparable component of another covered Medicaid service (State Medicaid Manual (SMM) 4302.F).

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TARGETED CASE MANAGEMENT SERVICES
[High Risk Pregnant and Postpartum Members]

Case management does not include, and Federal Financial Participation (FFP) is not available in expenditures for, services defined in §440.169 when the case management activities constitute the direct delivery of underlying medical, educational, social, or other services to which an eligible individual has been referred, including for foster care programs, services such as, but not limited to, the following: research gathering and completion of documentation required by the foster care program; assessing adoption placements; recruiting or interviewing potential foster care parents; serving legal papers; home investigations; providing transportation; administering foster care subsidies; making placement arrangements. (42 CFR 441.18(c))

FFP only is available for case management services or targeted case management services if there are no other third parties liable to pay for such services, including as reimbursement under a medical, social, educational, or other program except for case management that is included in an individualized education program or individualized family service plan consistent with §1903(c) of the Act. (§§1902(a)(25) and 1905(c))