

Network Adequacy and Access Assurances (NAAAR) Report for Wisconsin: Family Care

Submission name	Plan type	Reporting period start date	Reporting period end date	Last edited	Edited by	Status
Family Care	PIHP	01/01/2025	12/31/2025	05/27/2026	Kari Brock	Submitted

Section I. State and program information

A. State information and reporting scenario

Who should CMS contact with questions regarding information reported in the NAAAR? Follow-on communications related to this report will be made to the primary contact.

Use this section to report your contact information, date of report submission, and reporting scenario.

Number	Indicator	Response
IA.1	Contact name First and last name of the contact person.	Kari Brock
IA.2	Contact email address Enter email address. Department or program-wide email addresses are permitted.	kari.brock@dhs.wisconsin.gov
IA.3	State or territory Auto-populates from your account profile.	Wisconsin
IA.4	Date of report submission CMS receives this date upon submission of this report.	05/27/2026
IA.5	Reporting scenario Enter the scenario under which the state is submitting this form to CMS. Under 42 C.F.R. § 438.207(c) - (d), the state must submit an assurance of compliance after reviewing documentation submitted by a plan under the following three scenarios:Scenario 1: At the time the plan enters into a contract with the state;Scenario 2: On an annual basis;Scenario 3: Any time there has been a significant change (as defined by the state) in the plan's operations that would affect its adequacy of capacity and services, including (1) changes in the plan's services, benefits, geographic service area, composition of or payments to its provider network, or (2) enrollment of a new population in the plan.States should complete one (1) form with information for applicable managed care plans and programs. For example, if the state submits this form under scenario 1 above, the state should submit this form only for the managed care plan (and the applicable managed care program) that entered into a new contract with the state. The state should not report on any other plans or programs under this scenario. As another	Scenario 2: Annual report

example, if the state submits this form under scenario 2, the state should submit this form for all managed care plans and managed care programs.

B. Add plans

Enter the name of each plan that participates in the program for which the state is reporting data. If the state is submitting this form because it's entering into a contract with a plan or because there's a significant change in a plan's operations, include only the name of the applicable plan.

Plan names should match the plan names used in your Managed Care Plan Annual Report (MCPAR) for this program for the same reporting period.

Indicator	Response
Plan name	Lakeland Care, Inc
	My Choice Wisconsin (MCW)
	Inclusa, Inc. (iCare)
	Community Care, Inc.

C. Provider type coverage

If your standards apply to more specific provider types, select the most closely aligned provider type category and utilize the subcategory fields available in Section II. Program-level access and network adequacy standards under "Provider type covered by standard".

Number	Indicator	Response
N/A	Select all core provider types covered in the program	LTSS

D. Analysis methods

States should use this section of the tab to report on the analyses that are used to assess plan compliance with the state's 42 C.F.R. § 438.68 and 42 C.F.R. § 438.206 standards.

Number	Indicator	Response
N/A	<p>Is this analysis method used to assess plan compliance?</p> <p>Select "Yes" if the method is utilized to assess plan compliance with the state's standards, as required at 42 C.F.R. § 438.68.</p>	<p>Geomapping Not utilized</p> <p>Plan Provider Directory Review Utilized Frequency: Annually Plan(s): Lakeland Care, Inc, My Choice Wisconsin (MCW) , Inlusa, Inc. (iCare), Community Care, Inc.</p> <p>Secret Shopper: Network Participation Not utilized</p> <p>Secret Shopper: Appointment Availability Not utilized</p> <p>Electronic Visit Verification Data Analysis Not utilized</p> <p>Review of Grievances Related to Access Not utilized</p> <p>Encounter Data Analysis Not utilized</p> <p>MCO evidence Utilized Description: MCOs submit evidence of meeting the standard. This can include data or internal policies. Frequency: Annually Plan(s): Lakeland Care, Inc, My Choice Wisconsin (MCW) , Inlusa, Inc. (iCare), Community Care, Inc.</p>

Section II. Program-level access and network adequacy standards

II. Program-level access and network adequacy standards

Report each network adequacy standard included in managed care program contract for this program as required under 42 CFR § 438.68; select "Add standard" to report each unique standard. 42 § CFR 438.206 standards will be addressed in section III. Plan compliance.

Standard total count: 45

#	Provider	Standard type	Standard description	Analysis methods	Pop.	Region
1	LTSS; Adaptive Aids	Service fulfillment	For general equipment or supplies, no more than 30 business days from the time of service order. For highly specialized equipment and supplies, no more than 120 business days from the time of service order.	MCO evidence	MLTSS	Statewide
2	LTSS; Adult day care services	Provider to enrollee ratios	350 members per 1 provider	Plan Provider Directory Review	MLTSS	Statewide
3	LTSS; Residential care – 1- 2 bed adult family homes	Provider to enrollee ratios	75 members per 1 provider	Plan Provider Directory Review	MLTSS	Statewide
4	LTSS; Residential care – 3- 4 bed adult family homes	Provider to enrollee ratios	75 members per 1 provider	Plan Provider Directory Review	MLTSS	Statewide
5	LTSS; Residential care – community-based residential facility	Provider to enrollee ratios	200 members per 1 provider	Plan Provider Directory Review	MLTSS	Statewide

6	LTSS; Residential care – residential care apartment complex	Provider to enrollee ratios	300 members per 1 provider	Plan Provider Directory Review	MLTSS	Statewide
7	LTSS; Assistive technology and communication aids	Service fulfillment	For general equipment or supplies, no more than 30 business days from the time of service order. For highly specialized equipment and supplies, no more than 120 business days from the time of service order.	MCO evidence	MLTSS	Statewide
8	LTSS; Consultive clinical and therapeutic services for caregivers	Service fulfillment	No more than 60 business days from the time of service approval.	MCO evidence	MLTSS	Statewide
9	LTSS; Consumer-directed supports (self-directed supports) broker	Provider to enrollee ratios	900 members per 1 provider	Plan Provider Directory Review	MLTSS	Statewide
10	LTSS; Consumer education and training	Service fulfillment	No more than 60 business days from the time of	MCO evidence	MLTSS	Statewide

			service approval.			
11	LTSS; Counseling and therapeutic resources	Provider to enrollee ratios	300 members to 1 provider	Plan Provider Directory Review	MLTSS	Statewide
12	LTSS; Daily living skills training	Provider to enrollee ratios	200 members to 1 provider	Plan Provider Directory Review	MLTSS	Statewide
13	LTSS; Day habilitation services	Provider to enrollee ratios	300 members to 1 provider	Plan Provider Directory Review	Adult	Statewide
14	LTSS; Environmental accessibility adaptations (home modifications)	Service fulfillment	No more than 60 business days from time of service approval.	MCO evidence	MLTSS	Statewide
15	LTSS; Financial management services	Provider to enrollee ratios	900 members to 1 provider	Plan Provider Directory Review	MLTSS	Statewide
16	LTSS; Home-delivered meals	Provider to enrollee ratios	1200 members to 1 provider	Plan Provider Directory Review	MLTSS	Statewide
17	LTSS; Housing counseling	Service fulfillment	No more than 60 business days from the time of service approval.	MCO evidence	MLTSS	Statewide
18	LTSS; Personal emergency response systems services	Service fulfillment	No more than 30 business days from time of	MCO evidence	MLTSS	Statewide

			service order.			
19	LTSS; Prevocational services	Provider to enrollee ratios	250 members per 1 provider	Plan Provider Directory Review	Adult	Statewide
20	LTSS; Relocation services	Service fulfillment	No more than 60 business days from the time of service approval.	MCO evidence	MLTSS	Statewide
21	LTSS; Respite	Provider to enrollee ratios	400 members per 1 provider	Plan Provider Directory Review	MLTSS	Statewide
22	LTSS; Skilled nursing services registered nurse/licensed practical nurse	Provider to enrollee ratios	775 members per 1 provider	Plan Provider Directory Review	Adult	Statewide
23	LTSS; Specialized medical equipment and supplies	Service fulfillment	For general equipment or supplies, no more than 30 business days from the time of service order. For highly specialized equipment and supplies, no more than 120 business days from the time of service order.	MCO evidence	MLTSS	Statewide

24	LTSS; Supported employment – individual employment support	Provider to enrollee ratios	250 members per 1 provider	Plan Provider Directory Review	MLTSS	Statewide
25	LTSS; Supported employment – small group employment support	Provider to enrollee ratios	250 members per 1 provider	Plan Provider Directory Review	MLTSS	Statewide
26	LTSS; Supportive home care	Provider to enrollee ratios	300 members per 1 provider	Plan Provider Directory Review	MLTSS	Statewide
27	LTSS; Transportation (specialized transportation) – other transportation	Provider to enrollee ratios	150 members per 1 provider	Plan Provider Directory Review	MLTSS	Statewide
28	LTSS; Transportation (specialized transportation) – community transportation	Provider to enrollee ratios	150 members per 1 provider	Plan Provider Directory Review	MLTSS	Statewide
29	LTSS; Vocational futures planning and support	Service fulfillment	No more than 30 business days from time of service approval.	MCO evidence	MLTSS	Statewide
30	Substance Use Disorder (SUD); AODA services (excluding inpatient or physician-provided)	Provider to enrollee ratios	200 members per 1 provider	Plan Provider Directory Review	MLTSS	Statewide

31	Substance Use Disorder (SUD); AODA day treatment	Provider to enrollee ratios	200 members to 1 provider	Plan Provider Directory Review	MLTSS	Statewide
32	LTSS; Community support program	Provider to enrollee ratios	350 members per 1 provider	Plan Provider Directory Review	MLTSS	Statewide
33	LTSS; Durable medical equipment (excluding hearing aids, prosthetics, and family planning supplies)	Service fulfillment	For general equipment or supplies, no more than 30 business days from the time of service order. For highly specialized equipment and supplies, no more than 120 business days from the time of service order.	MCO evidence	MLTSS	Statewide
34	LTSS; Disposable medical supplies	Service fulfillment	For general equipment or supplies, no more than 30 business days from the time of service order. For highly specialized equipment and supplies, no more than 120 business	MCO evidence	MLTSS	Statewide

days from
the time of
service
order.

35	LTSS; Home health services	Provider to enrollee ratios	250 members per 1 provider	Plan Provider Directory Review	MLTSS	Statewide
36	Mental health; Mental health services (excluding inpatient, physician-provided, or comprehensive community services)	Provider to enrollee ratios	150 members per 1 provider	Plan Provider Directory Review	MLTSS	Statewide
37	Mental health; Mental health day treatment	Provider to enrollee ratios	150 members per 1 provider	Plan Provider Directory Review	MLTSS	Statewide
38	LTSS; Nursing (including intermittent and private duty)	Provider to enrollee ratios	775 members per 1 provider	Plan Provider Directory Review	MLTSS	Statewide
39	LTSS; Nursing home stays (nursing home, institute for mental disease, and intermediate care facility for individuals with intellectual disabilities)	Provider to enrollee ratios	350 members per 1 provider	Plan Provider Directory Review	MLTSS	Statewide
40	LTSS; Occupational therapy	Provider to enrollee ratios	200 members per 1 provider	Plan Provider Directory Review	MLTSS	Statewide

41	LTSS; Personal care	Provider to enrollee ratios	775 members per 1 provider	Plan Provider Directory Review	MLTSS	Statewide
42	LTSS; Physical therapy	Provider to enrollee ratios	200 members per 1 provider	Plan Provider Directory Review	MLTSS	Statewide
43	LTSS; Respiratory care	Provider to enrollee ratios	200 members per 1 provider	Plan Provider Directory Review	MLTSS	Statewide
44	LTSS; Speech and language pathology services (except in inpatient and hospital settings)	Provider to enrollee ratios	200 members to 1 provider	Plan Provider Directory Review	MLTSS	Statewide
45	LTSS; Transportation (excluding ambulance)	Provider to enrollee ratios	150 members per 1 provider	Plan Provider Directory Review	MLTSS	Statewide

Section III. Plan compliance

III. Plan compliance

Use this section to report on plan compliance with the state's standards, as required at 42 C.F.R. § 438.68. This section is also used to report on plan compliance with 42 C.F.R. § 438.206 standards.

Lakeland Care, Inc

A. Assurance of plan compliance for 438.68

Indicator	Response
<p data-bbox="310 107 618 178">A. Assurance of plan compliance for 438.68</p> <p data-bbox="310 205 727 554">III.A.1 Indicate whether the state assures that the plan complies with the state's standards, as required at § 42 C.F.R. 438.68 (i.e., the standards previously entered by the state) based on each analysis the state conducted for the plan during the reporting period.</p>	<p data-bbox="761 107 1349 178">Yes, the plan complies on all standards based on all analyses</p>

B. Assurance of plan compliance for 438.206

Indicator	Response
<p data-bbox="310 800 634 871">B. Assurance of plan compliance for 438.206</p> <p data-bbox="310 898 727 1167">III.B.1 Indicate whether the state assures that the plan complies with the availability of services standards outlined in 42 C.F.R. § 438.206 the analyses the state conducted for the plan during the reporting period.</p>	<p data-bbox="761 800 1349 871">Yes, the plan complies on all standards based on all analyses</p>

My Choice Wisconsin (MCW)

A. Assurance of plan compliance for 438.68

Indicator	Response
<p data-bbox="310 1516 618 1587">A. Assurance of plan compliance for 438.68</p> <p data-bbox="310 1614 727 1963">III.A.1 Indicate whether the state assures that the plan complies with the state's standards, as required at § 42 C.F.R. 438.68 (i.e., the standards previously entered by the state) based on each analysis the state conducted for the plan during the reporting period.</p>	<p data-bbox="761 1516 1349 1587">Yes, the plan complies on all standards based on all analyses</p>

B. Assurance of plan compliance for 438.206

Indicator	Response
B. Assurance of plan compliance for 438.206 III.B.1 Indicate whether the state assures that the plan complies with the availability of services standards outlined in 42 C.F.R. § 438.206 the analyses the state conducted for the plan during the reporting period.	Yes, the plan complies on all standards based on all analyses

Inclusa, Inc. (iCare)

A. Assurance of plan compliance for 438.68

Indicator	Response
A. Assurance of plan compliance for 438.68 III.A.1 Indicate whether the state assures that the plan complies with the state's standards, as required at § 42 C.F.R. 438.68 (i.e., the standards previously entered by the state) based on each analysis the state conducted for the plan during the reporting period.	Yes, the plan complies on all standards based on all analyses

B. Assurance of plan compliance for 438.206

Indicator	Response
B. Assurance of plan compliance for 438.206 III.B.1 Indicate whether the state assures that the plan complies with the availability of services standards outlined in 42 C.F.R. § 438.206 the analyses the state conducted for the plan during the reporting period.	Yes, the plan complies on all standards based on all analyses

Community Care, Inc.

A. Assurance of plan compliance for 438.68

Indicator	Response
A. Assurance of plan compliance for 438.68 III.A.1 Indicate whether the state assures that the plan complies with the state's standards, as required at § 42 C.F.R. 438.68 (i.e., the standards previously entered by the state) based on each analysis the state conducted for the plan during the reporting period.	Yes, the plan complies on all standards based on all analyses

B. Assurance of plan compliance for 438.206

Indicator	Response
B. Assurance of plan compliance for 438.206 III.B.1 Indicate whether the state assures that the plan complies with the availability of services standards outlined in 42 C.F.R. § 438.206 the analyses the state conducted for the plan during the reporting period.	Yes, the plan complies on all standards based on all analyses