OPEN MEETING MINUTES

Name of Governmental Body: Medicaid Advisory Committee (MAC)			Attending: Jess Stevens, Randi Espinoza, Maggie Williams, Kayla Anderson, Mandy Stanley, Robyn Woolever, Kim Hawthorne, Kelly Carter, Jordan Mason, Aylee Her, Marguerite Burns, Paula Tran, Rosie Bartel, Lori Fierst, Andy Johnson, Emma Tomberlin
Date: 3/24/2026	Time Started: 1:01	Time Ended: 3:34 p.m.	
Location: Virtual Zoom Meeting			Presiding Officer: Jess Stevens

Minutes

Members absent: Dino Tousis, Karen Nelson, Nikki Stearns, Brook Stanley

Others present: Amanda Dreyer, Allie Merfeld, Cheryl Jatczak-Glenn, Gina Anderson, Gladys Martens, Deb Rathermel, Angela Miller, Jen Laakso, Rachel Witthoft, Jayne Wanless

Meeting Call to Order, Jess Stevens, MAC Chairperson

- Jess welcomed the group; roll was called through introductions. Sixteen members were present, constituting a quorum.
- The agenda was reviewed. Motion to approve by Mandy Stanley and seconded by Marguerite Burns.
- Minutes from the 12/9/2025 meeting were approved. Motion to approve by Marguerite Burns and seconded by Randi Espinoza.
- The group discussed Conflict of Interest. None were noted.

Public Comment: 17 members of the public were present.

- There were no comments

Comments from the Chairperson and Vice Chairperson

How would the group like to handle member questions and discussion topics: holding space during the meetings, adding optional office hours with Medicaid staff, new email box? The majority chose holding space during the meetings. Members can also reach out to the new email box with comments and questions. DHSMAC@dhs.wisconsin.gov

The group went over sample agreements. Many in the group liked agreements 4-9. One member noted Silence will be interpreted as agreement. Jess noted number 10 and let the group know that we do not want to cut anyone off but that we do need to keep space for all agenda items so please feel free to reach out to the mailbox DHSMAC@dhs.wisconsin.gov with any additional information you were hoping to share. The group voted to agree to these agreements.

- No politics
- It's ok to respectfully disagree
- Don't attack each other
- Take risks; there's no pressure to speak, but share what you can – feel free to "pass"
- We are all equals and peers in this learning space
- Be inclusive of all, not exclusive of any

Review MAC/MMEC Annual Report

Allie went over the draft MAC/MMEC Annual report with the group and asked them if there was anything they felt needed to be added. One member noted the need for better dental care. We will also be sure that the group receives this report. Please take some time to look over the report and we will discuss it again at the June meeting.

Updates and Discussion

Program Updates:

SPA Updates: Allie Merfeld

State Plan Amendment (SPA) updates were sent out to the group ahead of the meeting. Allie went over what State Plan Amendments are and that updates are submitted quarterly to CMS. She scrolled through the list and asked for any comments or questions.
It was noted that Private Duty Nursing and Prior Authorization updates are appreciated.

Question: What does AF, GPR and FED stand for? A: AF= all funds, GPR=General purpose revenue state dollars, and FED= federal share, CMS dollars

Question: If it has a date in the past and it does not state approved what does that mean? A: State Plan Amendments are typically all submitted at the end of the quarter (happening this Friday!), but we can date the SPA back to the first day of the quarter. It's a way that CMS gives us some flexibility with the SPA submissions. So often, we will have several SPAs that take effect (in terms of policy, billing, etc.) at the start of the year, but CMS allows us to submit the changes at the end of the quarter (so, end of March). All of the 1/1/26 SPAs will be back dated once approved.

Children's Long Term Support Waiver update: Deb Rathermel

DHS has been gathering feedback from across the state. The current waiver runs through Dec. 2026. The next waiver period is 2027-2031.

Member suggestion: The Web site lists the services that might be available and because these things are listed people think they can get all these services. Something to consider might be adding that some of these services might be dependent on diagnosis.

Question: Why does each county have different levels of what is approved and what isn't? I've heard from many different people who are using CLTS that this is an issue and when talking to families there is a big difference in what is offered depending on what county they live in. A: We use a 5 step process that every county is required to use. CLTS services are offered through contracted providers. Depending on where you live, the pool of providers varies – meaning sometimes, there is not an available provider for the service.

Member Comments:

- Sharing appreciation for what you are trying to do with this. Really like the idea of parent peer coaching as well to support parents and increase caregiver capacity.
- From the county perspective, we do not have access to the same providers as some of the larger counties and that may be why services are not available in certain counties.

Here is the provider directory link. https://cltsproviderdirectory.wi.gov/s/

Question: Is there a possibility with this renewal that the wait list might return? A: It is not our intention that this would occur but that will be determined by the Medicaid Budget and the legislature.

We are targeting mid-May to post the waiver and allow a 30-day comment period. After the 30 period ends, DHS will address the comments and finalize the waiver application. DHS will submit the waiver application in July.

Children's Long-Term Support: Waiver Renewal | Wisconsin Department of Health Services

Email any feedback to: DHSCLTSWaiverRenewal@dhs.wisconsin.gov

Update from MMEC: Allie Merfeld

The group has been thoughtful about where they can use their time to make the most impact.

- Simplifying prior authorization for conditions that are not going to change
- A process for tracking complaints for medical transportation

Question: Would MMEC members be comfortable sharing how often these medical transportation issues occur and how you are able to log complaints when this happens? A: There is no complaint line, you are disconnected. Members are stranded and not picked up for appointments they have waited 4-6 months for. They need these appointments to get their medications signed off on.

Question: If you file a complaint, who gets them or reads them and are the complaints resolved in any way? Who is handling these issues? Does DHS Medicaid get notified of these complaints? Not every organization understands that this was a ride issue and not the members choice to miss the appointment.

Comments:

- When you need to set up mileage reimbursement it is a nightmare. You get caught in an endless circle. That should not be happening with today's technology.
- We have families in CLTS whose parents do not drive, and they have to use MTM. They have waited for 3-4 hours trying to get to an appointment or get home from an appointment, they have lost medical providers due to not showing up for visits due to transportation issues.
- How many others are not being heard? Is there a database to track these complaints who tracks this data and what is being done about it? Uber figured it out (how to rate your driver). Why can't we do that? I think the data would be very telling.
- These companies/vendors that are doing the transportation need to be held accountable and if they cannot fix things then they need to lose their contract

Amanda: You are making very good points. MMEC is digging into this. Is the MAC also interested in a presentation or would you like an update after the MMEC meeting. (The next MMEC meeting is May 6.) MAC would like an update at the next MAC meeting.

One of our members attended the CMS Quality Conference last week and both these items came up. Transportation was high on the list.

There are 2 points of breakdown with MTM: technology and the breakdown from MTM and the drivers. It needs to be streamlined: These are the standards that we require of all of our drivers.

NEMT= Non emergency medical transportation https://www.dhs.wisconsin.gov/nemt/index.htm
Transportation advisory council https://www.dhs.wisconsin.gov/nemt/tac.htm

Rural Health Transportation Network: Angela Miller and Jen Laakso, Office of Grants Management

Entirely Federally funded. Part of One Big Beautiful Bill Act. (HR1) The goal is to empower local communities to deal with rural health. Rural residents lack access to primary and behavioral health care because of geographic barriers and fragmented care pathways.

DHS solicited and RFI and received 172 responses. Including hospitals and health systems, local and Tribal governments, health are vendors, tech companies, education institutions, associations, and advocates. This will be working in every county but Milwaukee County.
There are three initiatives:

- Workforce: strengthening the rural health care workforce
- Technology: driving rural technology and innovation
- Coordinated care: transforming rural care through partnerships

DHS is creating an external advisory council. We anticipate first meeting in April. Our goal is to get this program up and running this year.

Question: Is this going to be working with IRIS workforce? It has been a real struggle staffing this workforce. A: There are some Medicaid components. The WI Technical Colleges will be receiving these grants.
With respect to community health workers is there a current shortage and what will be done to fix that if there is a shortage? Working with supervisors to know how to support and hire community health workers will be an important part of that project.

Question: Are these partners receiving money directly? A: These partners will be passing money through to others.

Question: Is it publicly available how much funding these partners receive and where they will be spending the money. You cand find that information here. https://www.dhs.wisconsin.gov/business/dhs-rhtp-complete-application.pdf and https://www.dhs.wisconsin.gov/business/rhtp.htm

For further feedback: DHSRuralHealth@dhs.wisconsin.gov

Question: Will there be one training program for the whole state? A: We can set up a separate meeting to keep us on time. Those level of details are still to be worked out.

Question: How will the funds be used with the Marquette Dental School? Will any of this address the lack of dentists that take Medicaid and are qualified to do dental work under general anesthesia for people with special needs? What about the dental therapy program? 2027 may be the first class from the technical college, is Medicaid gearing to prepare for these mid-level providers with regard to reimbursement? A: Marquette will be setting up a program focused on dental surgery.

Question: When does DHS expect that competitive grant applications will be released? A: We are hopeful that it will be early this spring or this summer.

Medicaid Community Engagement Update: Rachel Witthoft
This applies to adults 19-64 BadgerCare Plus childless adults. CMS is required to publish an interim final rule by June 2026. Requirements must be in place by January 2027. Outreach to members is required no later than Sept 1, 2026. The DHS website will be updated and DHS will send a letter to all affected members. Ongoing outreach will be conducted after October 2026 including text, email, mail, and ACCESS and MyACCESS messaging.

Individuals can meet the requirements by completing any combination of these activities for at least 80 hours in a month.

- Work
- Community service
- Work program participation
- Enrollment in an education program at least half-time

Individuals can also meet the requirements if they:

- Have a monthly income at least the federal minimum wage x 80 hours $580 per month).
- Are a seasonal worker with average monthly income in the preceding six months at least the federal minimum wage x 80 hours $580 per month).

Individuals can be exempt for a number of reasons. The state must use available information to determine compliance (including exemptions) and only require action from the individual if unable to verify.

Individuals applying on or after January 1, 2027 will be subject to the new requirements. Existing members will have their compliance reviewed at their next renewal. Applicants must demonstrate compliance the moth preceding their application. Members must demonstrate compliance for any one month of their certification period, verified at renewal.

Question: They only need to show compliance for one month? A: Yes, that is correct for new applicants you need to show compliance for the previous month.

Question: Is there any way to create some efficiencies to see if these applications can be simplified and be the same for eligibility for healthcare and FoodShare? A: We are looking into that and trying to align as much as possible.

Question: How big an impact do you think this is going to make on the lowest bracket of income and is there a plan for the fallout? My fear is that those who live on the fringes all of a sudden have nothing. What is the communication plan for outreach? A: We are currently working on this and realize there is not one outreach plan for all. DHS needs to use data already known to us to try to identify exemptions that people could apply for.
I think we bring back to the group the outreach plan as it is developed.

FoodShare Work Requirements: Jayne Wanless
FoodShare work requirements have been implemented starting in January 2025. Able-bodied adults without dependents ABAWDs) have limited FoodShare benefits if they are not meeting a work requirement or exempt. ABAWD members who aren't meeting the work requirement and aren't exempt can only get three months of FoodShare in a fixed three-year period. HRI expanded who is subject to time-limited benefits as and ABAWD. The upper limit has increased from 54-64. Parents are considered ABAWD members if they don't children under 14.

Are you hearing feedback?

- I appreciate as a provider that there is a form.

- Sharing advocacy for reinforcing education to parents/caregivers for Foodshare-If parents or caregivers no longer qualify for FoodShare, they may not understand that their kids are still eligible and so some of these kids will fall off of receiving program benefits which also means qualifying food resources at school and over the summer.
- Does this apply to people with disabilities? A: No it does not.
- I get notification through my phone. Is there any way we can start implanting that for FoodShare? I am all about streamlining. The same online portal can be used with FoodShare. Also working on modules to help reporting of work requirements, will be added to Access system.

The group would like a copy of the slides about work requirements for Medicaid and Foodshare.

2026 Medicaid Advisory Committee meetings: Our next meeting will be in June. Please send Gina your availability if you have not already done so.

Adjourn

- A motion to adjourn was not obtained. The meeting concluded at 3:34 p.m. central time.

Prepared by: Gina Anderson on 3/24/2026.

These minutes were reviewed and approved by the governmental body on: