



DEPARTMENT OF CHILDREN
AND FAMILIES
Secretary Reggie Bicha
201 East Washington Avenue, Room G200
P.O. Box 8916
Madison, WI 53708-8916
Telephone: 608-266-8684
Fax: 608-261-6972
www.dcf.wisconsin.gov

DEPARTMENT OF HEALTH SERVICES
Secretary Karen E. Timberlake
1 West Wilson Street
P.O. Box 7850
Madison, WI 53707-7850
Telephone: (608) 266-9622
FAX: (608) 266-7882
www.dhfs.wisconsin.gov

**State of Wisconsin
Governor Jim Doyle**

**TO: Income Maintenance Supervisors
Income Maintenance Lead Workers
Income Maintenance Staff
W-2 Agencies
Workforce Development Boards
Job Center Leads and Managers
Training Staff
Child Care Coordinators**

**FROM: Amy Mendel-Clemens, Chief
Technical Assistance and Training Section
Bureau of Enrollment Management
Division of Health Care Access and Accountability**

BEM/DFS OPERATIONS MEMO					
No: 09-58					
DATE: 10/07/2009					
FS	<input type="checkbox"/>	MA	<input checked="" type="checkbox"/>	BC+	<input type="checkbox"/>
SC	<input type="checkbox"/>	CTS	<input type="checkbox"/>	FSET	<input type="checkbox"/>
		BC+ CORE		<input checked="" type="checkbox"/>	
CC	<input type="checkbox"/>	W-2	<input type="checkbox"/>	EA	<input type="checkbox"/>
CF	<input type="checkbox"/>	JAL	<input type="checkbox"/>	JC	<input type="checkbox"/>
RAP	<input type="checkbox"/>	WIA	<input type="checkbox"/>	Other	<input type="checkbox"/> *
EP					

SUBJECT: Medicaid for the Elderly, Blind or Disabled and the BadgerCare Plus Core Plan

CROSS REFERENCE: BadgerCare Plus Eligibility Handbook, Chapter 42; Process Help Manual 71.9.5.6 (EBD Disabled Individuals Eligible for the Core Plan)

EFFECTIVE DATE: Immediately

PURPOSE:

A number of questions have been raised about the policy, process and administrative responsibilities for disabled individuals applying for EBD Medicaid and the BadgerCare Plus Core Plan. This memo announces a policy change regarding the Core Plan enrollment date for this group. It also provides information to clarify responsibilities for the application, case management and renewal processes.

BACKGROUND:

Individuals who are disabled but not yet entitled to Medicare can enroll in the BadgerCare Plus Core Plan, if they were recently determined ineligible for EBD Medicaid for one of the following reasons:

- Excess income (would need to meet a Medicaid deductible in order to qualify)
- Countable assets exceed program limits

For purposes of enrolling in the Core Plan, a “recent” denial of EBD Medicaid means there is a current unmet deductible period or the application was denied due to excess assets within the last 30 days.

Since there are only two exceptions for disabled people to qualify for the Core Plan, it is necessary to know if Medicaid was denied for one of those two reasons before Core plan eligibility can be determined. Applicants do not necessarily know if they are going to be denied EBD Medicaid for one of those reasons, without having applied and having a discussion with an eligibility worker. Even if people think their income is over program limits, they might qualify for MAPP, or have unpaid bills to meet the deductible. It is also possible that the assets someone thinks are countable really aren't, or perhaps they are only slightly over and the assets could be spent down, etc.

Because there is no application fee to apply for EBD Medicaid and the coverage is more comprehensive than that offered through the Core Plan, anyone who meets the eligibility criteria for EBD Medicaid should be enrolled in that plan.

POLICY CHANGE:

Effective immediately, in order to avoid a delay in Core Plan enrollment because of the time it takes to process the EBD Medicaid application, the EBD Medicaid application filing date can be used as the Core Plan filing date, if:

- A Core Plan application is received and the application fee is paid within 30 days after the EBD Medicaid denial notice is issued; and
- All required verification is submitted prior to the deadline.

NOTE: Any EBD applicant with a file date prior to October 10th, who meet the above criteria, will be able to enroll in the Core Plan without being put on the waitlist.

If the applicant is eligible to enroll in the Core Plan, s/he can also choose a later coverage begin date. This option affords a longer certification period for individuals who did not incur any medical expenses while the EBD Medicaid application was being processed.

Example 1: Virginia applies for EBD Medicaid on September 1st. On September 30th, her EBD Medicaid application is processed and it is determined that her income is over the program limits for EBD Medicaid. A six month deductible (September through February) is established. She contacts the ESC to apply for the BadgerCare Plus Core Plan on October 15th and pays her application fee on October 25th. She submitted all required verification timely.

When Virginia's Core Plan application is approved on November 20th, her enrollment in the Core Plan is approved to begin on October 15th, since that is the date her Core Plan enrollment would have begun if she had applied for the Core Plan and paid the application fee on September 1st. The October 15th enrollment date takes into consideration the 30 days allowed for processing the application had the ESC received the application and the fee on September 1st.

Example 2: Bill applies for EBD Medicaid on September 25th. On November 30th, DDB issued a decision that he is not disabled. He decides to appeal the decision. He seeks Core Plan coverage by calling the ESC and pays the application fee on December 23rd. Bill meets the Core Plan eligibility criteria and is eligible to enroll effective November 1st since that is the date his Core Plan enrollment would have begun if he had applied for the Core Plan and paid the application fee on September 25th. The November 1st enrollment date takes into consideration the 30 days allowed for processing the application had the ESC received the application and the fee on September 25th.

However, Bill can choose to enroll in the Core Plan effective November 15th, December 1st, December 15th, or January 1st. The choice will depend on whether medical expenses were incurred during that time versus a longer certification period

- **Important Note: *Until the CARES notices can be revised to provide individuals with this information, the IM agency should notify the applicant of this policy, process and the time limits.***

PROCESS

Based on the following responses in ACCESS	What happens	And then:
Unable to work, but not yet determined disabled by SSA/DDB	The health care application is routed to the local agency	<p>The IM worker should determine if a presumptive disability (PD) application has been submitted. If so, send the Medicaid Disability Application (MADA), and PD forms to the Disability Determination Bureau (DDB) and process the application for EBD Medicaid. If the application is not for presumptive disability, follow the process to submit the MADA.</p> <p>If the PD is approved and the member is eligible for EBD Medicaid, the case will stay in the local agency. If the PD is approved but the applicant is ineligible for EBD Medicaid due to excess income, s/he will be notified that s/he can apply for the Core Plan by calling the ESC.</p> <p>If there is no PD application or PD is not approved, the EBD Medicaid application should be processed and pended for the disability determination.</p> <p>In all cases where the disability application is pending (including those where a disability denial is being appealed), the applicant can choose to apply for the Core plan, indicating in ACCESS or on the phone that s/he is not disabled. Until CARES notices can be revised, IM workers will notify individuals of this information.</p>

<i>Based on the following responses in ACCESS</i>	<i>What happens</i>	<i>And then:</i>
Unable to work, and officially determined disabled by SSA/DDB	The health care application is routed to the local agency	<p>If the person is denied EBD Medicaid due to excess income or assets, and is not yet entitled to Medicare, the Medicaid denial notice will inform the individual of the option to apply for the Core Plan by calling the ESC. Staff at the ESC have been trained to screen these applicants when they call to apply for the Core Plan.</p> <p>Notices to disabled individuals who are entitled to Medicare or denied EBD Medicaid for reasons other than excess income or assets do not include information about the Core Plan.</p>
Does not indicate in ACCESS that s/he is unable to work	The health care application is routed to the ESC.	If the person is enrolled in the Core Plan and later requests a disability determination and wishes to apply for EBD Medicaid, the ESC will submit the MADA to DDB.
Core Plan member is determined disabled	The information will be transmitted automatically to CARES	<p>The ESC will determine EBD Medicaid eligibility. If the person is ineligible for EBD Medicaid due to excess assets and/or income, the Core Plan enrollment will continue.</p> <p>If the individual is eligible for EBD Medicaid, the case will be transferred to the local agency, unless the EBD Medicaid member is married to a Core Plan member.</p>
Individual who applied for EBD Medicaid is determined not disabled by DDB.	Application was processed by the local agency.	If this individual applies for the Core Plan and pays the application processing fee within 30 days after the EBD Medicaid application was denied due to excess income or assets, the ESC can use the EBD Medicaid filing date as the Core Plan filing date.

ATTACHMENT:

[Medicaid for the Elderly, Blind or Disabled/BadgerCare Plus Core Plan Frequently Asked Questions](#)

CONTACTS:

BEM CARES Information & Problem Resolution Center

*Program Categories – FS – FoodShare, MA – Medicaid, BC+ – BadgerCare Plus, SC – Senior Care, CTS – Caretaker Supplement, CC – Child Care, W-2 – Wisconsin Works, FSET – FoodShare Employment and Training, CF – Children First, EA – Emergency Assistance, JAL – Job Access Loan, JC - Job Center Programs, RAP – Refugee Assistance Program, WIA – Workforce Investment Act, Other EP – Other Employment Programs.

DHS/DHCAA/BEM/VJ