

TEMPORARY ENROLLMENT FOR FAMILY PLANNING ONLY SERVICES

This application is only for those persons applying for Temporary Enrollment for Family Planning Only Services. Family Planning Only Services are limited to persons seeking contraceptive management. The Family Planning Only Services qualified provider and applicant should complete the application together.

Please Note: Before completing this application, providers must do the following:

1. Check the applicant's BadgerCare Plus/Medicaid enrollment status by using the Wisconsin Enrollment Verification System (EVS). Providers may use any of the EVS methods to check enrollment. Here are three of those methods:
 - Call Provider Services at 1-800-947-9627
 - Visit the ForwardHealth Portal
 - Call the automated voice response service (WiCall) at 1-800-947-3544
2. Confirm that the applicant is seeking contraceptive (birth control) services.
3. Confirm that contraceptive services are medically appropriate.

Providing or applying for a Social Security Number (SSN) is voluntary; however, any person who wants Family Planning Only Services but does not provide an SSN or apply for one will not be able to enroll. SSNs and personally identifiable information will be used only for the direct administration of Family Planning Only Services

Applicants and members who belong to a recognized religious sect that conscientiously opposes applying for or using an SSN are exempt from meeting the SSN requirements. A person who refuses to apply for or use an SSN due to religious beliefs must provide verification from a church elder or other officer that doing so is against the church doctrine.

Once the application has been completed, provide a copy to the applicant, retain a copy for your files and, **within five days**, mail or fax a copy to:

Fiscal Agent
Temporary Enrollment
6406 Bridge Rd
Madison WI 53784
Fax: (608) 221-2742

Federal poverty level (FPL) guidelines are updated annually. For current guidelines, go to badgercareplus.org/fpl.htm.

SECTION I —APPLICANT INFORMATION (GENERAL)

Applicant provides information for this Section. If the applicant prefers information s/he receives in a language other than English, indicate the preferred language.

Line 1: Applicant name, gender, birth date, telephone number

Determine if the applicant is at least age 15 (The applicant must be at least 15 years of age on the date that s/he signs the form.)

If the applicant meets the age requirement, go to Line 2.

If the applicant does not meet this age requirement, go to Section III and check the box indicating that the applicant cannot be enrolled because s/he does not qualify under the age guidelines. Follow the instructions for *Section III – Notice for an Applicant who Cannot be Temporarily Enrolled Family Planning Only Services*.

Line 2: Applicant's residence address and county of residence

If the applicant is a resident of Wisconsin, continue to Line 3.

If the applicant is not a Wisconsin resident, go to Section III and check the box indicating that the applicant cannot be enrolled because s/he does not qualify under the residency guidelines. Follow the instructions for *Section III – Notice for an Applicant who Cannot be Enrolled in Family Planning Only Services*

Line 3: Are you currently receiving full-benefit Wisconsin Medicaid or BadgerCare Plus?

If the applicant answers "No" on Line 3, check the EVS to confirm and go to Line 4.

If the applicant answers "Yes" on Line 3, s/he is already receiving full benefit Medicaid or BadgerCare Plus benefits. Explain that s/he already has access to the same benefits through the Medicaid and/or BadgerCare Plus programs. Go to Section III and check the box that the applicant cannot be enrolled because s/he is enrolled in full benefit Medicaid or BadgerCare Plus. Follow the instructions for *Section III – Notice for an Applicant who Cannot be Enrolled in Family Planning Only Services*.

Line 4: Are you a U. S. citizen?

If the applicant answers "Yes" on Line 4, go to Line 5.

If the applicant answers "No" on Line 4, s/he has indicated that s/he is not a U.S. citizen, go to Section III and check the box indicating that the applicant cannot be enrolled because s/he is not a US citizen. Follow the instructions for *Section III – Notice for an Applicant who Cannot be Enrolled in Family Planning Only Services*.

Inform the applicant you cannot determine his/her temporarily enrolled, however, s/he may still be able to enroll for Family Planning Only Services or BadgerCare Plus, but s/he must apply through the certifying agency or online at access.wi.gov. A list of these agencies can be found at dhs.wi.gov/em/customerhelp or s/he can contact Member Services at 1-800-362-3002.

Line 5: Have you been determined temporarily enrolled in Family Planning Services Only in the last 12 months? Note: Also ask if s/he was enrolled in the Family Planning Waiver Plan in the last 12 months.

To determine if the applicant has been temporarily enrolled in the last 12 months, check EVS

If the applicant answers "No" on Line 5, Check EVS to confirm and go to Line 6.

If the applicant answers "Yes" on Line 5, s/he cannot be temporarily enrolled. An individual is only allowed to have one period of temporary enrollment in a 12-month period. Go to Section III and check the box indicating that the applicant cannot be enrolled because s/he has been temporarily enrolled in the last 12 months. Follow the instructions for *Section III – Notice for an Applicant who Cannot be Enrolled in Family Planning Only Services*.

Explain that s/he can only be temporarily enrolled once in a 12 month period. Encourage the applicant to apply for Family Planning Services Only or BadgerCare Plus through the certifying agency, or online at access.wi.gov. A list of these agencies can be found at dhs.wi.gov/em/customerhelp or by contacting Member Services at 1-800-362-3002.

SECTION II — INCOME INFORMATION (THE APPLICANT PROVIDES THE INCOME INFORMATION)

For determining temporary enrollment, the financial test is based on anticipated income. For this calculation, use the actual income expected during the current month. (For example, a woman applying any time in September will use expected income for September.) Answer all the questions for the individuals counted as part of the group on Line 6, Section II.

Line 6: How many family members are in the household?

When determining who is in the eligibility group, the provider is required to include certain family members living with the applicant. Count the applicant, his or her spouse, the non-marital co-parent of any of her minor children who are living in the household, and any natural, step or adopted children that live in the household when determining the group size.

For example, if the applicant is a/an:

- Minor (under age 18) — Include the minor, her/his spouse, or the non-marital co-parent of any of their children living in the household, and her/his natural, step or adopted children that live in the household and unborn fetuses of any member of the household.
- Adult without a spouse — Include the adult, the non-marital co-parent of any of their children living in the household the applicant's minor natural or adopted children living in the household and the number of unborn fetuses of any member of the household.
- Adult with a spouse — Include the adult, her/his spouse if the spouse is living in the household, the applicant's minor natural, step or adopted children living in the household and the number of unborn fetuses of any member of the household.

Enter the number of family members, on Line 6.

Line 7: Enter the total monthly gross earned income.

To be temporarily enrolled, the applicant must meet the income limits for the appropriate group size. Income includes the spouse's income if the applicant is married, or the income of any non-marital co-parent of children in common living in the household. Do not count the income of the applicant's parents, if the applicant is under 19.

Earned income includes:

- Wages,
- Salaries,
- Tips,
- Commissions,
- All other payments resulting from labor or personal service, excluding allowances, and
- Self-employment. (**Note:** Self employment income is income earned directly from one's own business. It does not include income earned as an employee with a specified salary or wages from an employer.)

Do **not** count the following as monthly earned income:

- Wages of individuals under 18 years of age
- Tax refunds,
- Student financial aids, or
- Allowances.

Add monthly gross earned income (amount of money earned before any deductions) for each member of the group to arrive at the total monthly earned income. Enter this amount on Line 7.

Line 8: Enter total monthly other income (VA, SSA, contributions, unemployment compensation, allowance, child support, etc.).

Add all monthly other income. Other income includes, but is not limited to:

- Pensions, annuities, insurance benefits, Social Security (use gross amounts), Veterans benefits, military allotments and Workers' Compensation.
- Payments received for the rental of rooms, apartments, dwelling units, buildings or land (if not reported as self-employment income). Taxes and the expense of property maintenance may be deducted.
- Child support payments received. If the applicant is a minor, list the child support payments received for the minor, even if the minor does not directly receive the payments.
- Money, including allowances provided to someone in the eligibility group by someone outside of the eligibility group.

Example: Julia is a 17 year old who applies for Temporary Enrollment for Family Planning Only Services. Julia receives \$25 a week or \$100 a month as an allowance from her father who no longer lives in the same household. Julia's father also pays child support directly to Julia's mother in the amount of \$400. Julia's "other" income would be \$500. This is the amount that is reported on line 9.

Do **not** count the following as monthly other income:

- Supplemental Security Income (SSI).
- Student loans or grants, regardless of source, including work study.
- Reimbursement for expenses which the applicant has incurred or paid, except for reimbursement for normal household living expenses such as rent, clothing or food eaten at home.
- Foster care or subsidized adoption payments.
- Life insurance policy dividends.
- Tax refunds, including Earned Income Tax Credits payments.
- Governmental (federal, state, or local) rent and housing subsidies, including payments made directly to the applicant for housing or utility costs (e.g., U.S. Department of Housing and Urban Development (HUD) utility allowances).
- Nutrition-related benefits, such as FoodShare Wisconsin.

Enter this amount on Line 8.

Line 9: Enter the total monthly gross income

Add the total monthly gross income by adding the applicant's monthly gross earned income (Line 7) and total monthly other income (Line 8). Enter this amount on Line 9.

If the applicant's total monthly gross income (Line 9) exceeds 300% of the federal poverty level for the appropriate group size, go to Line 10.

If the applicant's total monthly gross income (Line 9) is at or below 300% of the federal poverty level for the appropriate group size, and all non-financial requirements have been met, s/he is temporarily enrolled. Check "Yes" on Line 12 and go to Section III.

The federal poverty level (FPL) guidelines are updated annually. For current FPL guidelines go to badgercareplus.org/fpl.htm.

Line 10: When determining the enrollment of an applicant who has been ordered by a court to pay child support, (i.e., support for a child not living in the same home as the parent paying child support), enter the amount ordered by the court on Line 10.

Line 11: Subtract the monthly amount of court ordered child support (Line 10) from the total monthly gross income (Line 9). Enter this amount on Line 11.

Line 12: Compare total net monthly income (Line 11) to the monthly income limit for the appropriate group size using the FPL guidelines. Countable income must be at or below 300% of the FPL for the appropriate group size.

If countable monthly income is at or below 300% of the FPL for the appropriate group size, and all other non-financial requirements have been met, the applicant is temporarily enrolled. *Complete Section III – Notice for an Applicant who is Temporarily Enrolled in Family Planning Only Services*

If countable monthly income exceeds 300% of the FPL for the appropriate group size, the applicant cannot be temporarily enrolled. Complete Section III of the application and check the appropriate box indicating that the applicant cannot be enrolled because s/he does not qualify under the income guidelines. Follow the instructions for *Section III – Notice for an Applicant who Cannot be Enrolled Family Planning Only Services*.

Inform the applicant that s/he may still be able to enroll in the Family Planning Only Services or BadgerCare Plus, but s/he must apply through the certifying agency or online at access.wi.gov. A list of these agencies can be found at dhs.wi.gov/em/customerhelp or by contacting Member Services at 1-800-362-3002.

SECTION III — NOTICE

Line 13:

Applicant who is Temporarily Enrolled in Family Planning Only Services.

If the applicant is temporarily enrolled, qualified providers are required to do **all** of the following:

1. Check the appropriate box and enter the provider's name, address (street, city, state, zip code) and provider number information. If the provider is a large organization with a number of local sites, please use the specific local site address where the applicant was served. Sign and date the Temporary Enrollment for Family Planning Only Services application. Do not use an agency's name. The signature must be legible.

2. Inform the applicant that his or her temporary enrollment for Family Planning Only Services lasts from the date of application until the end of the month following the month that s/he is temporarily enrolled. Explain to the applicant that to continue receiving family planning benefits after the temporary enrollment end date, s/he must apply for BadgerCare Plus or Family Planning Only Services at the certifying agency or online at access.wi.gov. A list of these agencies can be found on the Department of Health Services' web at dhs.wi.gov/em/customerhelp or by contacting Member Services at 1-800-362-3002.
3. Explain to the applicant that a temporary enrollment determination does not guarantee that the certifying agency will be able to enroll the applicant in BadgerCare Plus or the Family Planning Only Services because of other requirements that may apply. S/he will have to provide verification of citizenship and identity as well as any counted income.

The applicant may fill out a [BadgerCare Plus Application Packet \(F-10182\)](#), furnished by the qualified provider, the qualified provider may refer the applicant to the certifying agency, or s/he can apply online at access.wi.gov.

4. Inform the applicant that the certifying agency may extend the temporary enrollment period. This may be done only when the applicant files an application on or before the last day of the temporary enrollment period and the application cannot be processed before the temporary enrollment period ends.
5. Check the appropriate box indicating that the applicant is temporarily enrolled. Have the applicant read the statement and sign the Temporary Enrollment for Family Planning Only Services application. Give the applicant a copy of the application.

Inform the applicant that s/he is only covered for family planning related services, but s/he may be able to enroll in full-benefit BadgerCare Plus if s/he has minor dependent children and meets certain other enrollment requirements. Encourage the applicant to apply for full benefit BadgerCare Plus if s/he would like to receive more than family planning related services, by mail, telephone, online or at access.wi.gov.

6. Inform applicants with a child(ren) under age five that they may be able to enroll the child(ren) in the Special Supplemental Nutrition Program for Women, Infants and Children (WIC) and provide the applicant with a copy of the WIC pamphlet. New or breastfeeding mothers may be able to enroll in WIC also.

Go to Section IV.

Line 14:

Applicant who Cannot be Enrolled in Family Planning Only Services

If the applicant cannot be enrolled in Family Planning Only Services, qualified providers are required to do all of the following:

1. Check the appropriate box in Section III indicating the reason the applicant is not able to enroll.
2. Sign and date the application.

3. Have the applicant sign and date the application indicating that s/he understands that, even though the qualified provider cannot temporarily enroll her or him in Family Planning Only Services s/he may still be able to enroll in Family Planning Only Services or BadgerCare Plus by mail, telephone, online at access.wi.gov, or in person through a local agency.
4. Detach and destroy the temporary card on the last page of the application and provide the applicant with a copy of the Temporary Enrollment Family Planning Only Services application. This will serve as the applicant's notice of denial.

SECTION IV — TEMPORARY IDENTIFICATION CARD

Complete the following items on the temporary card if the applicant is temporarily enrolled:

1. **Card Effective Dates:** Temporary enrollment begins on the first day of enrollment and continues through the last day of the month following the month in which temporary enrollment began (e.g., a person who is temporarily enrolled on June 6 is enrolled through the July 31st.)

Inform the applicant that, in order to receive coverage beyond the temporary enrollment end date, s/he must apply for continuous Family Planning Only Services through the Enrollment Services Center, on line at access.wi.gov or by calling 1-800-291-2002.

Note: Only one TE eligibility determination is allowed in any rolling twelve month period, (e.g., if you check EVS on Dec. 3, 2010 and see that Jim had a TE eligibility segment from May 1, 2010 through August 31, 2010, he could not have another TE segment until September 1, 2011. Jim should be directed to apply for continuous Family Planning Only Services as indicated above.

2. **MA ID Number:** Enter the applicant's Social Security Number (SSN) as the Member ID. When entering an applicant's SSN add a zero to the end of the number.

If the applicant does not have an SSN or does not know the number, qualified providers are required to call (608) 221-4746 ext. 80218, to obtain a pseudo number.

Family Planning Only Services staff will contact the qualified provider if an SSN or pseudo-number is not recorded on the Temporary Enrollment. Family Planning Only Services requires this number on all applications.

Note: The applicant will have to provide a valid SSN or apply for one to be enrolled in Family Planning Only Services through ESC or the local certifying agency. Applicants and members who belong to a recognized religious sect that conscientiously opposes applying for or using an SSN are exempt from meeting the SSN requirements. A person who refuses to apply for or use an SSN due to religious beliefs must provide verification from a church elder or other officer that doing so is against the church doctrine.

3. **Agency Code:** Enter the agency code number assigned to the qualified provider.
4. **Client Name and Address:** Print or type the applicant's full name and address in the box provided at the bottom of the card.

If the applicant is concerned about other household members receiving her/his confidential information regarding this program, inform her/him to indicate a mailing address other than her/his residence address where the applicant can receive Family Planning Only Services information in care of another person.

Inform the member that there is an annual recertification requirement for Family Planning Only Services. Let the member know to expect an annual review notice in the mail. The review notice and any other related correspondence will be sent to the address indicated. Encourage the member to check for mail periodically and definitely 30 days prior to the end of the current enrollment period.

Note: It is *imperative* that members receive all notices in a timely manner. If a member does not receive the annual review notice or the receipt of the notice is delayed, there may be a gap in the member's enrollment and coverage. Therefore, if a member chooses the provider's mailing address for her/his correspondence the provider must have a reliable way of contacting the member to promptly give her/him all Family Planning Only Services notices and *ForwardHealth* card.

"Temporary Eligibility" should be needed for the initial enrollment period only. It should not be a yearly requirement.

5. Detach the bottom portion of the application for the applicant to use as a temporary Family Planning Only Services ID card. This temporary ID card entitles the applicant to family planning-related services provided by a Family Planning certified provider.