

**Community Recovery Services  
Enrollment Policy and Process**  
12/11/09 (Updated 07/29/10)

1. ***CRS General Enrollment Policy*** – In order to qualify for enrollment in the Community Recovery Services (CRS) benefit, the individual must:

- Be eligible for “State Plan Medicaid” *and*
- Have countable income at or below 150% of the Federal Poverty Level (FPL) and
- Reside at home or in the community *and*
- Meet CRS functional eligibility requirements, and
- Have a DHS approved service plan.

2. *What is “State Plan Medicaid?”*

“State Plan Medicaid” includes all of the various Medicaid subprograms that Wisconsin is authorized by the federal government to operate. *Examples* of “State Plan Medicaid” include:

- Supplemental Security Income (SSI)-related Medicaid
- Medicaid for non-SSI elderly, blind, or disabled persons
- BadgerCare Plus (BC+) Standard Plan

3. *Who determines eligibility for State Plan Medicaid?*

The Social Security Administration (SSA) determines eligibility for SSI. In Wisconsin, all SSI eligible individuals can receive Medicaid without having to file a separate Medicaid application with the county or tribal income maintenance agency.

Eligibility for most other kinds of State Plan Medicaid (e.g., Medicaid for elderly, blind or disabled persons, BC+ Standard Plan, etc.) is determined by county/tribal income maintenance agencies.

CRS care managers will not be responsible for determining eligibility for State Plan Medicaid for potential CRS enrollees.

CRS care managers *will* be responsible for confirming that a potential CRS enrollee is enrolled in State Plan Medicaid.

4. *How is enrollment in State Plan Medicaid confirmed?*

Each person enrolled in State Plan Medicaid has an electronic record on the Department's "interChange" system. Care managers will be able to query the interChange system and view the individual's Medicaid eligibility information. Enrollment in State Plan Medicaid can be confirmed by viewing the individual's Benefit Plan and corresponding medical status code information. Care managers will be provided with a list of valid Benefit Plan and medical status code combinations associated with State Plan Medicaid subprograms that have income tests at or below 150% FPL. If the potential CRS enrollee's current Benefit Plan and medical status code is on the list, you can be assured that s/he is enrolled in State Plan Medicaid. See DHS Form F-00296: *Medicaid Member Eligibility Information for Community Recovery Service (CRS)* for more details.<sup>1</sup>

5. *What does it mean to have "countable income at or below 150% of the federal poverty level (FPL)?"*

In addition to being enrolled in a State Plan Medicaid program, the potential CRS enrollee must meet a separate CRS income test; that is, the individual's countable income must be no more than 150% of the FPL. In 2009, 150% of the FPL is \$1,353.75 monthly.

6. *Who determines what income is countable and what income is not countable?*

The county or tribal income maintenance agency (or, for an SSI recipient, SSA) determines what income to count when it determines the individual's eligibility for State Plan Medicaid. Countable income for CRS purposes is the same as it is for State Plan Medicaid. CRS care managers will not be responsible for determining what income to count for potential CRS enrollees.

7. *What is the CRS care manager's role in the CRS income test?*

The CRS care manager will confirm that the potential CRS enrollee's income does not exceed 150% of the FPL.

8. *How will the 150% FPL income test be confirmed?*

Certain medical status codes are associated with State Plan Medicaid subprograms that have income tests at or below 150% of the FPL. If the potential CRS enrollee has one of these medical status codes (i.e., one of the codes on the list you will be provided), you can be assured that his/her countable income is at or below 150% of the FPL.

Rarely, you may find that an individual has a current medical status code that is not on the list. Under that circumstance, additional follow up may be necessary to confirm whether the

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<sup>1</sup> DHS Form F-00296: Medicaid Member Eligibility Information for Community Recovery Service (CRS)  
<http://www.dhs.wisconsin.gov/forms/F0/f00296.doc>

individual meets the CRS income test. See DHS Form F-00296: *Medicaid Member Eligibility Information for Community Recovery Service (CRS)* for more details.<sup>2</sup>

9. *Is there a way to document that the potential CRS enrollee is both enrolled in State Plan Medicaid and has income at or below 150% of the FPL?*

Yes. Care managers should use

See DHS Form F-00296: *Medicaid Member Eligibility Information for Community Recovery Service (CRS)* to document that the individual qualifies for enrollment in CRS.

10. *Will CRS enrollees be uniquely identified in PPS and interChange?*

Not until later in 2010. Therefore, it will be very important for care managers to accurately document everyone they enroll in CRS. The CARES system will not be utilized to enroll consumers into the CRS benefit.

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<sup>2</sup> DHS Form F-00296: Medicaid Member Eligibility Information for Community Recovery Service (CRS)  
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