



Date: April 25, 2018

DMS Operations Memo 18-11

To: Income Maintenance Supervisors
Income Maintenance Lead Workers
Income Maintenance Staff

Affected Programs:	
<input type="checkbox"/> BadgerCare Plus	<input type="checkbox"/> Caretaker Supplement
<input type="checkbox"/> FoodShare	<input type="checkbox"/> FoodShare Employment and Training
<input checked="" type="checkbox"/> Medicaid	
<input type="checkbox"/> SeniorCare	

From: Rebecca McAtee, Bureau Director
Bureau of Enrollment Policy and Systems
Division of Medicaid Services

Policy and Process Changes for Home and Community-Based Waiver Medicaid for Children's Long-Term Support

CROSS REFERENCE

- Operations Memos [12-43](#) and [17-27](#)
- Medicaid Eligibility Handbook, [Section 28.14.2 Children's Long-Term Support Waiver Program CARES Processing](#)

EFFECTIVE DATE

Immediately

PURPOSE

This Operations Memo announces a change in policy related to how Medicaid eligibility is determined for Children's Long-Term Support (CLTS) Waiver Program applicants and participants and provides instructions on how to process applications and renewals for Home and Community-Based Waiver (HCBW) Medicaid for CLTS in CARES Worker Web (CWW).

This Memo also announces a new form, [Home and Community-Based Waiver Medicaid Enrollment for the Children's Long-Term Support Waiver Program, F-02319](#), which was created to facilitate streamlined communication between county waiver agency (CWA) staff and income maintenance (IM) workers, expedite the process of determining HCBW eligibility for CLTS Waiver Program applicants and participants, and ensure the determination of a correct Medicaid eligibility begin date.

BACKGROUND

CWAs determine eligibility and enroll children and youth with disabilities in the CLTS Waiver Program, which provides support and services beyond the regular scope of Medicaid card services to

support participants in their homes and communities. To be enrolled in the CLTS Waiver Program, a child must first be eligible for any full-benefit Wisconsin Medicaid program or BadgerCare Plus.

Previously, children applying for HCBW for the CLTS Waiver Program were required to be tested first with their families to see if they would be eligible for BadgerCare Plus and the Group A Waiver. The changes stated in this Memo will expedite the Medicaid eligibility determination and CLTS Waiver Program enrollments and renewals for eligible children.

POLICY

Effective immediately, when CLTS Waiver Program applicants and participants apply for or renew HCBW, they must first be tested for eligibility using HCBW rules. If an applicant or participant is ineligible for HCBW, he or she must then be tested for BadgerCare Plus.

People can be eligible for the CLTS Waiver Program and HCBW Medicaid through age 21.

As a reminder, when eligibility is determined for HCBW for the CLTS Waiver Program, only the applicant's or participant's income is counted. There is no asset test.

PROCESS

IM workers must follow the instructions below to ensure that the new policy is applied correctly. HCBW requests must be processed differently depending on whether there are any other people on the case who are requesting health care.

To facilitate the application and renewal process and reduce the duplication of verification requests that could cause a burden to families who are applying for multiple programs, CWA staff working with a family whose child is requesting HCBW must submit the following information to the IM agency based on whether the request is an initial application or a renewal.

For **applications**, CWA staff must submit the following:

- A valid application for health care (see [Medicaid Eligibility Handbook, Section 2.4 Valid Application](#)), including the [Wisconsin Medicaid, BadgerCare Plus and Family Planning Only Services Registration Application, F-10129](#)
- [Home and Community-Based Waiver Medicaid Enrollment for the Children's Long-Term Support Waiver Program form, F-02319](#)
- [Medicaid Waiver Eligibility and Cost Sharing Worksheet, F-20919](#), with Section IV fully completed
- Verification of the child's income, if any

Note: As a reminder, if the registration application (F-10129) is submitted, workers must continue to collect the second signature once the application has been processed to attest to the information provided and used for the eligibility determination. This may be done by completing a telephonic signature if a phone interview is done or by sending the case summary and pending for signature.

For **renewals**, the family must submit a completed Pre-Printed Renewal Form and CWA staff must submit the following:

- Home and Community-Based Waiver Medicaid Enrollment for the Children’s Long-Term Support Waiver Program, F-02319
- Medicaid Waiver Eligibility and Cost Sharing Worksheet, F-20919, with Section IV fully completed
- Verification of the child’s income, if any

NO ONE ELSE ON THE CASE IS REQUESTING HEALTH CARE

For any child being tested for HCBW where no one else on the case is requesting health care, process the HCBW request as follows:

1. When proceeding through the driver flow, enter information pertaining to the child only. (For example, select “No” for the employment gatepost questions if the child is not employed.)
2. On the Community Waivers page, enter the information provided by the CWA staff on F-02319:
 - **Date of Request:** Date the IM agency received the application
 - **Program Start Date:** Date CLTS functional eligibility was established

Reminder: The “Is Disability Determination Required?” field must be updated to **No** for all children’s HCBW determinations (see [Operations Memo 17-27, “Disability Determination Will No Longer Be Required for Children Applying for the Children’s Long-Term Support Waiver Program”](#)).

The screenshot shows the 'Community Waivers' form interface. The 'Effective Period' section includes 'Begin Month' (03 / 2018) and 'End Month' (MM / YYYY). The 'Details' section contains several fields: 'Individual' (CHILD CLTS 2M SON), 'Do you want Community Waivers services?' (Yes), 'Functionally Eligible?' (Y - Yes), 'Developmental Disability?' (N - No), 'Program Type' (CW - CHILDREN'S WA), 'Program Start Date' (MM / DD / YYYY), 'Slot Available?' (Yes), 'Verification' (AF - AGENCY FORM), and 'Is Disability Determination Required?' (No). Three red callout boxes highlight specific fields: 'Date of Request' (MM / DD / YYYY) with the note 'Date application was received at the IM agency', 'Program Start Date' (MM / DD / YYYY) with the note 'Date functional eligibility was established', and 'Is Disability Determination Required?' (No) with the note 'Always choose "No" for Children's Waivers'. The 'Obsolete Information' section at the bottom includes 'PACE or Partnership Level of Care?' and 'Medicaid Card Coverable Expenses'.

Figure 1 Community Waivers Page

3. On the Tax Filing Details page, select **F - Failed to provide information** for the question “Is Anyone in The Household Filing Taxes?”

Tax Filing Details Cancel Reset

Household Tax Information

Effective Period

* Begin Month: 01 / 2018 Last Updated: 02/09/2018

Tax Year: 2018

Household Filing Status

* Is Anyone In The Household Filing Taxes? F - FAILED TO PROVIDE INFORMATION

Income of Children and Tax Dependents

Children and Tax Dependents More Than \$6,500 in Taxable Earned Income in 2018 More Than \$1,050 in Taxable Unearned Income in 2018

* CHILD CLTS 2M SON N - NO N - NO

Enter New Begin Month: MM / YYYY Go

Updated on or before MM / DD / YYYY Go

Figure 2 Tax Filing Details Page

4. Document the actions taken in case comments.

SOMEONE ELSE ON THE CASE IS REQUESTING HEALTH CARE

For any child being tested for HCBW where someone else on the case is requesting health care, process the HCBW request as follows:

1. On the child’s Benefits Received page, select **Yes** for the SSI 1619(b) field.

Benefits Received [2 of 2]

Effective Period

* Begin Month: 01 / 2018 Last Updated: 06/06/2017

Additional Information

Has the individual received any of the following benefits?

* Kinship Relationship:

* Kinship Care Payment:

* Kinship Court Order?:

* TANF Services: Yes

* SSI 1619(b): Yes

* Inpatient / Outpatient Drug or Alcohol Treatment: No

* Non-gaming Tribal Income: No

* Medicaid Programs Not Determined in CARES: None

* Verification:

* TANF Type: BB - Broad Based Categorical Eligibility

* Verification:

Enter New Begin Month: MM / YYYY Go

Figure 3 Benefits Received Page

- On the Community Waivers page, enter the information provided by the CWA staff on F-02319:
 - Date of Request:** Date the IM agency received the application
 - Program Start Date:** Date CLTS functional eligibility was established

Reminder: The “Is Disability Determination Required?” field must be updated to **No** for all children’s HCBW determinations.

The screenshot shows the 'Community Waivers' form with the following fields and callouts:

- Effective Period:** Begin Month: 03 / 2018, End Month: MM / YYYY, Last Updated: [blank]
- Details:**
 - Individual: CHILD CLTS 2M SON
 - Do you want Community Waivers services?: Yes
 - Functionally Eligible?: Y - Yes
 - Developmental Disability?: N - No
 - Program Type: CW - CHILDREN'S WA
 - Program Start Date: MM / DD / YYYY (Callout: Date functional eligibility was established)
 - Slot Available: Yes
 - Date of Request: MM / DD / YYYY (Callout: Date application was received at the IM agency)
 - Verification: AF - AGENCY FORM
 - Is Disability Determination Required?: No (Callout: Always choose "No" for Children's Waivers)
- Obsolete Information:**
 - PACE or Partnership Level of Care?: [blank]
 - PACE or Partnership Disenrollment Date: MM / DD / YYYY
 - Medicaid Card Coverable Expenses: \$ [] . []
 - Group C Medical Remedial Expenses: \$ [] . []

At the bottom, there is a navigation bar with 'Enter New Begin Month MM / YYYY Go' and 'Reset' buttons.

Figure 4 Community Waivers Page

- Document the actions taken in case comments.

CONTACTS

BEPS CARES Information and Problem Resolution Center

DHS/DMS/BEPS/MF