



Date: October 7, 2019

DMS Operations Memo 19-36

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

Processing Medicaid Waiver Cost Share Reductions in CARES Worker Web

CROSS REFERENCE

- Medicaid Eligibility Handbook, [Section 28.5 Home and Community-Based Waivers Long-Term Care Cost Sharing](#)
- Medicaid Eligibility Handbook, Section 28.6.6
- Process Help, [Section 81.3 Manual F-10110](#)
- Wis. Admin. Code § DHS 10.34(4)

EFFECTIVE DATE

January 24, 2019

PURPOSE

This operations memo provides instructions for processing Wisconsin Department of Health Services (DHS)-approved Medicaid waiver cost share reductions in CARES Worker Web (CWW).

BACKGROUND

Wis. Admin. Code § DHS 10.34(4) provides Medicaid waiver members enrolled in Family Care, Family Care Partnership, or Program of All-Inclusive Care for the Elderly (PACE) with the right to request a reduction or waiver of their monthly cost share obligation.

POLICY

A waiver or reduction of the monthly cost share obligation for Family Care, Family Care Partnership, or PACE can be granted if all of the following conditions are met:

- The member would incur an undue financial hardship as a result of paying the cost share.
- The hardship is documented.

- Sufficient relief cannot be provided to the member through an extended or deferred payment plan. Members or their representatives can request a reduction or waiver of their monthly cost share obligation by completing and submitting the [Application for Reduction of Cost Share form, F-01827](#), and documentation verifying income and expenses. Submission instructions are included on the form. DHS reviews the request and then either grants or denies the request. Members with questions about documentation needed to file a request, the status of a request, the approval, or denial of a request should call the Bureau of Adult Programs and Policy at 855-885-0287.

A request for cost share reduction may include past months as several months could have elapsed between the date of submission of the cost share reduction request and the date of approval. Additionally, the cost share reduction for months prior to the date of submission of the request may be reduced in order to eliminate an outstanding cost share balance owed by the member, which would otherwise result in disenrollment from Family Care, Family Care Partnership, or PACE.

If DHS grants the request for a cost share reduction, the member is sent an approval letter (see the [attachment of this memo](#)). The approval letter will specify the approved deduction amount, which may reduce or eliminate the cost share. A copy of this letter is faxed to the income maintenance (IM) agency at either the MDPU for Milwaukee County or the CDPU for all other counties. If DHS denies the request, the member is sent a denial letter. A copy of the denial letter is not sent to the IM agency.

Once entered, the cost share reduction amount cannot be changed without issuance of a new letter authorizing the change. The cost share reduction amount should not be removed at renewal even if a new letter has not been issued.

CARES

IM workers must use the following process for Medicaid waiver cost reductions until CWW functionality can be updated to specifically identify such deductions.

Upon receiving the approval letter, workers must enter the reduction amount as a medical expense on the Medical Expense page in CWW by selecting **Out of Pocket Med/Remedial – OP** as the type and **DHS approved CS red** as the source. This will ensure these cases can be easily identified and the DHS-approved cost share reduction is not changed in error. Also, selecting the Out of Pocket Med/Remedial – OP type will prevent eligibility for other programs from being affected.

Next, workers must enter the following information in case comments:

- That a cost share reduction award letter has been received
- The amount of the monthly reduction
- The begin date of the reduction

If the approval letter includes a reduction for past months, workers must adjust the member's cost share for those months.

Workers must run with dates and confirm eligibility with the reduced cost share amount whenever possible. If unable to confirm eligibility within CWW with the reduced cost share, workers must manually complete the [Medicaid/BadgerCare Plus Eligibility Certification form, F-10110](#), to correct the cost share.

DMS Operations Memo 19-36

October 7, 2019

Page 3 of 3

Note: If an OP type of medical expense is currently entered for other expenses, workers must not delete the current sequence. Instead, workers must create a new sequence for the DHS-approved cost share reduction amount.

CONTACTS

BEPS CARES Information and Problem Resolution Center

DHS/DMS/BEPS/EM