



Date: April 12, 2024

DMS Operations Memo 24-07

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

**Affected Programs:**

- |   |  |
|---|--|
| <input checked="" 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: Jonelle Brom, Bureau Director  
Bureau of Eligibility Operations & Training  
Division of Medicaid Services

**Changes to Who Can Sign Health Care Applications and Long-Term Care Forms on Behalf of Incompetent or Incapacitated Adults**

**CROSS REFERENCE**

- BadgerCare Plus Handbook, [Section 25.5.1.1 Signatures from Representatives](#)
- Medicaid Handbook, [Section 2.5.1.1 Signatures From Representatives](#)
- Operations Memo, [21-J4, "Updates to Certain Program Requirements for a Valid Signature at Application and Renewal"](#)
- 42 CFR § [435.907](#)

**EFFECTIVE DATE**

Immediately

**PURPOSE**

This memo announces changes to policy regarding who can sign the following on behalf of incompetent or incapacitated adults:

- Medicaid and BadgerCare Plus applications and renewals
- Forms related to enrollment, disenrollment, and changes in adult home and community-based long-term care programs (Family Care, Family Care Partnership, PACE, and IRIS)

**BACKGROUND**

Prior to the changes announced in this memo, income maintenance (IM) agencies were instructed to accept health care applications signed by someone "acting responsibly for an incompetent or incapacitated person." According to this prior guidance, the person acting responsibly could be a health care worker, a guardian of the person, or an agent with activated power of attorney for health care, for example.

The Department of Health Services (DHS) is revising this policy due to a changed understanding of federal requirements regarding Medicaid applications. DHS's new understanding is that only someone with legally recognized authority to make financial decisions on behalf of an incompetent or incapacitated adult can apply for health care on their behalf.

There is no change to existing policy regarding who can sign a Medicaid or BadgerCare Plus application on behalf of a child under the age of 18.

Before someone can enroll in a Medicaid-funded home and community-based long-term care program, they must be determined eligible for some form of full-benefit Medicaid or BadgerCare Plus. If the person seeking to enroll in a home and community-based long-term care program is not already enrolled in some form of full-benefit Medicaid or BadgerCare Plus, they must apply using one of the methods listed in the Medicaid Eligibility Handbook Section 2.2 Application Methods and the BadgerCare Plus Handbook Section 25.2 Application Methods.

To enroll in a home and community-based long-term care program, a person who is eligible for Medicaid must complete additional application steps for the long-term care program.

In April 2023, DHS issued guidance to aging and disability resource centers (ADRCs) and managed care organizations (MCOs) that only someone with legally recognized authority to make financial decisions on behalf of an applicant or member can sign forms related to selection of a home and community-based long-term care program (including program enrollment, disenrollment, and transfers).

Upon further review, DHS is revising this policy to allow an agent with activated power of attorney for health care or a legal guardian of the person to sign these forms on behalf of an incapacitated or incompetent adult.

## **POLICY**

### ***MEDICAID AND BADGERCARE PLUS APPLICATION AND RENEWALS***

Effective immediately, only the following persons or entities can sign Medicaid and BadgerCare Plus applications and renewals on behalf of incompetent or incapacitated adults:

- An authorized representative, as defined in the Medicaid Eligibility Handbook [Section 22.5.1 Authorized Representatives](#) and the BadgerCare Plus Handbook [Section 34.1 Authorized Representatives](#)
- An agent with durable power of attorney for finances
- The following court appointees:
  - Guardian of the estate
  - Guardian of the person and the estate
  - Guardian of the person to whom the court has explicitly granted the authority to enroll their ward in public assistance programs
  - Conservator
- A superintendent of a state mental health institute or center for the developmentally disabled
- A warden or warden's designee for an inmate of a state correctional institution who is a hospital inpatient for more than 24 hours

- The superintendent of a county psychiatric institution to whom the county social or human services director has delegated the authority to sign and witness applications for residents of the institution

### ***HOME AND COMMUNITY-BASED LONG-TERM CARE FORMS***

Effective immediately, the following persons or entities can sign forms related to enrollment, disenrollment, and changes in home and community-based long term care programs on behalf of incompetent or incapacitated adults:

- An authorized representative, as defined in the Medicaid Eligibility Handbook [Section 22.5.1 Authorized Representatives](#) and the BadgerCare Plus Handbook [Section 34.1 Authorized Representatives](#)
- An agent with durable power of attorney for finances
- An agent with activated power of attorney for health care
- The following court appointees:
  - Guardian of the estate
  - Guardian of the person
  - Guardian of the person and the estate
  - Conservator

This revised policy applies to the following home and community-based long-term care forms:

- Family Care Program Enrollment, F-00046
- Partnership Programs Enrollment, F-00533
- PACE Program Enrollment, F-02483
- IRIS (Included, Respect, I Self-Direct) Authorization, F-00075
- Family Care / IRIS Member Requested Disenrollment or Transfer Instructions, F-00221
- Partnership Member Requested Disenrollment or Transfer and Instructions, F-00534
- PACE Program Member Requested Disenrollment or Transfer Instructions, F-02484
- Participant Fiscal Employer Agent (FEA) - Transfer Request, F-02764
- Pre-Release Enrollment Agreement, F-02702
- Urgent Services Agreement, F-02140

### **CONTACTS**

DHS CARES Problem Resolution Team

DHS/DMS/BEEP/EB

DHS/DMS/BEOT/