

WISCONSIN DEPARTMENT OF HEALTH SERVICES
Division of Health Care Access and Accountability
1 West Wilson Street
Madison, WI 53703

To: BadgerCare Plus Eligibility Handbook Users

From: Shawn Smith, Bureau Director
Bureau of Enrollment Policy and Systems

RE: **BadgerCare Plus Release 13-01**

Release Date: 02/28/2013

EFFECTIVE DATE

The following policy additions or changes are effective 02/28/2013 unless otherwise noted. **Yellow text** denotes new text. Text with a strike through it denotes deleted text.

1.1 BC+ Introduction

Women **and men** ages 15-45 **years of age or older** may be eligible for limited benefits under the BC+ Family Planning **Only** Services program.

Women ages 35-65 diagnosed with cervical or breast cancer may be eligible for Well Woman ~~Care~~ **Medicaid**. See the Medicaid Handbook for more information on Well Woman Medicaid.

1.1.1 BadgerCare Plus Health Plans

In addition, BadgerCare Plus has several limited health plans. These include:

- Family Planning ~~Waiver program~~ **Only Services**
- Prenatal Care Services
- Emergency Services
- ~~Well Women (cervical and breast cancer related) Care~~

10.1 Child Welfare Parent or Caretaker Relative

Qualifying parents and caretaker relatives of children who have been temporarily removed from the home and are in the care of the child welfare system may be eligible for BC+ benefits if they meet the following requirements:

1. Their child was living with them at the time the child welfare agency removed the child and placed him/her in:
 - a) Foster care, (both IV-E and non IV-E).
 - b) Court Ordered Kinship Care.
 - c) **Other living arrangement.**

Note: If child welfare is involved and the child welfare agency has established a permanency plan for the child under authority of ss. 48.38 or 938.38 of the statutes, other living arrangements for the children meet this criteria. For example, a child may be placed with grandparents who are not eligible for Kinship Care or a child may be placed with the other parent.

2. The caretaker relative is cooperating with a permanency plan, the goal of which is family reunification. Cooperation is always presumed unless the court has determined that reunification will no longer be the permanency goal and
3. The caretaker relative meets all other BC+ financial and non-financial

requirements.

The parents/caretaker relative who meet the above requirements are considered caring for a child who has been temporarily removed from the home. The parent/caretaker relative did not have to be enrolled in BadgerCare Plus at the time of removal, but the child did have to live with the parent/caretaker. Even though the child's eligibility is not determined on the caretaker relative's case, the child is included in the group size in the eligibility determination and any unearned income the child has is budgeted.

18.1.1 BC+ Extensions Introduction

However, if a family is also moving out of the State of Wisconsin at the time of the income increase, or if a case closes for lack of review or verification and then later reapplies, they would not be eligible for the extension. While on the extension, the member is covered under the standard plan without a premium and is not subject to the insurance access and coverage requirements. For example, having access to employer health insurance when the family income increases from 80% to 175% FPL will not make them ineligible for the extension. Access is not an eligibility factor for anyone under 100% of the FPL. Parents and caretakers who are not pregnant or disabled and have household income in excess of 133% of the FPL are required to pay a premium (See 19.1). Failure to pay a premium will result in a 12-month restrictive reenrollment period for those adults required to pay. (See 19.11)

19.5 Initial Payments

A BadgerCare Plus Premium Information/Payment form (F-10139) must be sent to the fiscal agent along with the payment. The BC+ AG CARES case number must be included on the form (F-10139) and on the check. The BadgerCare Plus Premium Information/Payment form (F-10139) can be found at <http://dhs.wisconsin.gov/forms/F1/F10139.pdf> or go to CARES mainframe manual standard letter CNSL NCBP009901. Mail the initial BC+ premium payment (check or money order) and completed form directly to the BC+ lockbox at:

25.3.1 Where to Apply Introduction

The applicant must apply in the county consortium or tribal agency in which s/he resides:

The applicant's county of residence at the time of admission must receive and process applications for persons in these state institutions:

1. Northern, Central, and Southern Centers.
2. Winnebago and Mendota Mental Health Institutes.
3. The University of Wisconsin Hospital.

When an applicant contacts the wrong consortium or tribal agency, redirect him/her to the consortium or tribal agency responsible for processing the application immediately. Anytime an application is received in the wrong consortium or tribal agency, it must be date stamped and redirected to the agency responsible for processing that application no later than the next business day. The filing date remains the date originally received by the wrong consortium or tribal agency.

26.3 Review Processing

A BC+ eligibility review notice is generated on the first Friday in the 2nd week of the 11th month of the certification period. The notice states that "some or all of your benefits will end" if a review is not completed by the end of the following month. Do not schedule a review until after adverse action in the month prior to the month of review.

Example 1: CARES sends out the review letter on July 7 the 2nd week of July for a review due in August, do not schedule the review for a date prior to July 18 adverse action in July.

Do not require a new Authorized Representative form at review, if the person signing the review is the Authorized Representative on file. If the review is not completed by the end of the certification period, the case will close. The closure notice is generated through CARES, at adverse action in the review month.

27.5 Change Reporting Requirements for BC+ Family Planning Only Services Members:

There are only two changes that BC+ Family Planning Waiver Only Services members need to report during the certification period:

- Address or
- Living arrangement (e.g. incarceration, institutionalization)

These changes must be reported within ten days after occurrence.

40.10 FPOS Reviews and Recertifications

A review/recertification ([Chapter 26](#)) is required every 12 months, after an initial eligibility determination. At the time of the FPOS review, income and household composition are again tested against the FPOS eligibility criteria.

If a member completes a review for another program of assistance at any time during the 12 month FPOS certification period and the information collected from that review indicates that she still meets FPOS eligibility requirements, the FPOS review date will be set 12 months from that review date.

If a member completes a review for another program of assistance at any time before the 12th month of FPOS eligibility, and no longer meets the FPOS eligibility requirements, s/he will be entered into a FPOS extension phase. S/he will be required to complete a review at the end of the original 12-month certification period. If at this review, s/he is found to still have income in excess of the FPOS limit, eligibility for FPOS ends.

FPOS cases can be selected for administrative renewal ([26.1.2](#)). These cases must meet all the following criteria to be selected for this process:

- No child in household turning 18 in current or next month
- Countable income of individuals age 18 and above at or below 275% of the FPL.

45.5 BadgerCare Plus Basic Enrollment Termination

If it is determined that a Basic Plan enrollee no longer meets the Core Plan criteria (e.g. income is verified to be over 200% of the FPL) eligibility for the Basic Plan will be terminated and s/he will also be removed from the Core Plan Waitlist.

Individuals may submit a written statement to DHS requesting an administrative review of the action leading to the denial or discontinuation of Basic Plan coverage. The written request must be filed within 60 calendar days after the coverage denial or discontinuation. The individual must request an administrative review by DHS before starting any action in court relating to the coverage denial or discontinuation (*Wis. Stat. §49.67(7)*).

The written request should be sent to the following address:

State of Wisconsin Department of Health Services
Division of Health Care Access and Accountability
Attn: EM CAPO Unit—BadgerCare Plus Basic Plan Administrative Review
PO Box 309
Madison, WI 53701-0309

In order to ensure the correct Basic Plan case is identified, it is recommended that the

individual submitting the request for administrative review includes his/her name, address, telephone number, and Basic Plan Account Number or Medicaid ID along with a brief statement on the reason the individual disagrees with the action to deny or discontinue Basic Plan coverage and a copy of any written notice the individual received related to the denial or discontinuation.

**48.1.2 Adult Caretakers
And Core Plan Adults**

Table values have changed. Effective 02/01/2013.

**48.1.3 Adult Caretaker
Families with Self
Employment Income**

Current premium amounts for Adult Caretaker Families with Self-Employment are listed at <http://www.dhs.wisconsin.gov/forwardhealth/EandB/eandb46c.htm#SEPTSCTR>.

**50.1 Federal Poverty
Level (FPL) Table**

Current numbers can be found at <http://www.dhs.wisconsin.gov/medicaid/fpl/fpl.htm>
<http://www.dhs.wisconsin.gov/badgercareplus/fpl.htm>.