



Date: January 31, 2020

DMS Operations Memo 20-02

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 checked="" type="checkbox"/> SeniorCare | |

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

2020 Federal Poverty Level Changes for ForwardHealth Programs

CROSS REFERENCE

- BadgerCare Plus Eligibility Handbook, [Section 48.1 BadgerCare Plus Premium Tables](#) and [Section 50.1 Federal Poverty Level Table](#)
- Medicaid Eligibility Handbook, [Section 39.5 Federal Poverty Level Table](#), and [Section 39.11 SeniorCare Income Limits and Participation Levels](#)

EFFECTIVE DATE

Refer to the specific effective date listed with the individual tables below.

PURPOSE

This operations memo provides local agencies with information about how to implement the 2020 Federal Poverty Level (FPL) income guidelines for the BadgerCare Plus and Medicaid programs as well as the updated tables, effective dates, and cross references for these programs.

BACKGROUND

The U.S. Department of Health and Human Services published its annual update of the Poverty Income Guidelines, also called the Federal Poverty Level Guidelines, on January 17, 2020. These guidelines are available at the following website: <https://aspe.hhs.gov/poverty-guidelines>.

Income limits and other amounts used in eligibility determinations for BadgerCare Plus and certain categories of Medicaid are based on the FPL. The increase in the FPL will result in changes to the BadgerCare Plus and Medicaid income limits as specified in this memo. However, the increase in the FPL will not result in changes to BadgerCare Plus premiums for children.

The annual FPL mass change will automatically redetermine eligibility using the new FPL income guidelines. A CARES release is occurring on February 1, 2020, so the mass change will occur during the weekend of February 22, 2020. Because the mass change will occur after adverse action in February, the redetermination will affect the April benefit month. Any cases that could not be automatically updated during the mass change will generate a worker alert.

The new FPL income guidelines will be used for applications or person adds when eligibility is determined in CARES on or after February 1, 2020. For ongoing cases, the new FPL limits will also be used when eligibility is determined retroactively for the months of February and March of 2020.

POLICY

Income limits and other amounts based on the FPL will be effective on the date provided with each individual table. The BadgerCare Plus Eligibility Handbook and Medicaid Eligibility Handbook will be updated in future handbook releases to reflect these changes.

When ongoing cases are updated in CARES with the new income limits, the earliest affected benefit month will be March 2020. Workers who become aware of cases that could have benefited from the higher limits in February or March should redetermine eligibility with the 2020 FPL limits listed in the tables below.

BADGERCARE PLUS AND PREMIUMS

The updated BadgerCare Plus income limits (based on the 2020 FPL guidelines) are effective on February 1, 2020. As a result of the updated income limits, effective March 1, 2020, a portion of the BadgerCare Plus families who pay premiums for children will no longer owe premiums or will owe lower premiums for March.

The 2020 five percent premium caps for BadgerCare Plus children's premiums for newly eligible individuals will be effective February 1, 2020, for those individuals confirmed on or after February 1, 2020. For ongoing cases, the 2020 premiums and premium caps will not take effect until March 1, 2020, in order to meet notice requirements.

As discussed in [DMS Operations Memo 20-01](#), BadgerCare Plus childless adults with income over 50% of the FPL will be subject to a monthly premium effective February 1. The new FPL income guidelines will be used to calculate this 50% threshold.

MEDICARE SAVINGS PROGRAMS, MEDICAID PURCHASE PLAN, AND MEDICALLY NEEDY INCOME LIMIT

For Medicare Savings Programs categories and Medicaid Purchase Plan (MAPP), the new income limits based on the 2020 FPL guidelines are effective February 1, 2020. The new medically needy income limit for Supplemental Security Income (SSI)-Related Medicaid is also effective February 1, 2020.

A few Specified Low-Income Medicare Beneficiaries may become eligible as Qualified Medicare Beneficiaries (QMB) due to the increase in the income limits. DHS will send local agencies a report listing the people who need to have their eligibility run online and new benefits confirmed.

A few Specified Low-Income Medicare Beneficiary Plus (SLMB+) members may become eligible as Specified Low-Income Medicare Beneficiaries due to the increase in the income limits. Individuals who are open under the Specified Low-Income Medicare Beneficiary assistance group will have their eligibility redetermined using the new FPLs automatically as part of the annual FPL mass change. DHS will send local agencies a report listing these people who need to have their eligibility run online and new benefits confirmed.

A few SLMB+ members who were terminated effective January 31, 2020, because they were enrolled in full-benefit Medicaid may become eligible as a Specified Low-Income Beneficiary due to the increase in the income limits. A few individuals who applied in January and were denied SLMB+ benefits may also become eligible for SLMB due to the increased income limits. DHS will send local agencies a report listing these people who need to have their eligibility run online and new benefits confirmed.

A few SLMB+ members who were terminated effective January 31, 2020, because they exceeded the income limit may regain SLMB+ eligibility due to the increase in the income limits. A few individuals who applied in January and were denied SLMB+ benefits may also become eligible for SLMB+ due to the increased income limits. DHS will send local agencies a report listing the people who need to have their eligibility run online and new benefits confirmed.

A few QMB members may fail eligibility during the mass change due to the addition of the Social Security Cost-of-Living Adjustment. DHS will send local agencies a report after the mass change listing the people who need to have their eligibility run online and SLMB benefits confirmed.

***SPOUSAL IMPOVERISHMENT COMMUNITY SPOUSE INCOME ALLOWANCE AND
SPOUSAL IMPOVERISHMENT FAMILY MEMBER INCOME ALLOWANCE***

Changes to the spousal impoverishment community spouse income allowance minimum allocation, shelter base amount, and spousal impoverishment family member income allowance are effective July 1, 2020. A separate operations memo will be issued in late spring 2020 with information about the changed amounts and the mass change that will affect July benefits.

NEW INCOME LIMITS

The following tables show the new income limits for BadgerCare Plus and specific categories of Medicaid.

QUALIFIED MEDICARE BENEFICIARY

- **Effective Date:** February 1, 2020
- **Cross Reference:** [Medicaid Eligibility Handbook, Section 39.5 Federal Poverty Level Table](#)

Group Size	2019 Limit (100%)	2020 Limit (100%)
1	\$1,040.83	\$1,063.33
2	\$1,409.17	\$1,436.67

QUALIFIED DISABLED AND WORKING INDIVIDUAL

- **Effective Date:** February 1, 2020
- **Cross Reference:** [Medicaid Eligibility Handbook, Section 39.5 Federal Poverty Level Table](#)

Group Size	2019 Limit (200%)	2020 Limit (200%)
1	\$2,081.66	\$2,126.66
2	\$2,818.34	\$2,873.34

SPECIFIED LOW-INCOME MEDICARE BENEFICIARY

- **Effective Date:** February 1, 2020
- **Cross Reference:** [Medicaid Eligibility Handbook, Section 39.5 Federal Poverty Level Table](#)

Group Size	2019 Limit (120%)	2020 Limit (120%)
1	\$1,249.00	\$1,276.00
2	\$1,691.00	\$1,724.00

SPECIFIED LOW-INCOME MEDICARE BENEFICIARY PLUS

- **Effective Date:** February 1, 2020
- **Cross Reference:** [Medicaid Eligibility Handbook, Section 39.5 Federal Poverty Level Table](#)

Group Size	2019 Limit (135%)	2020 Limit (135%)
1	\$1,405.12	\$1,435.50
2	\$1,902.38	\$1,939.50

MEDICAID PURCHASE PLAN

- **Effective Date:** February 1, 2020
- **Cross Reference:** [Medicaid Eligibility Handbook, Section 39.5 Federal Poverty Level Table](#)

Income limits for MAPP are based on 250 percent of the FPL for applicants and members. Individuals above 150 percent of the FPL may need to pay a premium in order to participate in the MAPP program.

Group Size	2019 Limit (250%)	2020 Limit (250%)	2019 MAPP Cutoff Premium Payment (150%)	2020 MAPP Cutoff Premium Payment (150%)
1	\$2,602.08	\$2,658.33	\$1,561.25	\$1,595.00
2	\$3,522.93	\$3,591.68	\$2,113.76	\$2,155.01
3	\$4,443.75	\$4,525.00	\$2,666.25	\$2,715.00
4	\$5,364.58	\$5,458.33	\$3,218.75	\$3,275.00
5	\$6,285.43	\$6,391.68	\$3,771.26	\$3,835.01
6	\$7,206.25	\$7,325.00	\$4,323.75	\$4,395.00
7	\$8,127.08	\$8,258.33	\$4,876.25	\$4,955.00
8	\$9,047.93	\$9,191.68	\$5,428.76	\$5,515.01
9	\$9,968.75	\$10,125.00	\$5,981.25	\$6,075.00
10	\$10,889.58	\$11,058.33	\$6,533.75	\$6,635.00
For each additional person	+ \$920.83	+ \$933.33	+ \$552.50	+ \$560.00

MEDICALLY NEEDY INCOME LIMIT FOR SSI-RELATED MEDICAID

- **Effective Date:** February 1, 2020
- **Cross Reference:** [Medicaid Eligibility Handbook, Section 39.4.1 Elderly, Blind, or Disabled Assets and Income Table](#)

Group Size	2019 Limit (100%)	2020 Limit (100%)
1	\$1,040.83	\$1,063.33
2	\$1,409.17	\$1,436.67

FAMILY PLANNING ONLY SERVICES AND FAMILY PLANNING ONLY SERVICES PRESUMPTIVE ELIGIBILITY

- **Effective Date:** February 1, 2020
- **Cross Reference:** [BadgerCare Plus Eligibility Handbook, Section 50.1 Federal Poverty Level Table](#)

Group Size	2020 Limit Family Planning Only Services (FPOS) and FPOS Presumptive Eligibility (306%)
1	\$3,253.79

BADGERCARE PLUS INCOME LIMITS

- **Effective Date:** February 1, 2020 (for applications filed on or after February 1, 2020)
- **Cross Reference:** BadgerCare Plus Eligibility Handbook, [Section 7.1 Health Insurance Conditions of Eligibility](#), [Section 16.1.2 Income Under MAGI Rules](#), [Section 19.1 BadgerCare Plus Premiums](#), and [Section 25.8.1 Backdated Eligibility](#)

Group Size	2020 Limit Adults (100%)	2020 Limit Children Over Age 5 (156%)	2020 Limit Children Ages 1 to 5 (191%)	2020 Limit Children's Premium Payment Cutoff (201%)	2020 Limit Eligibility Limit for Pregnant Women and Children (306%)
1	\$1,063.33	\$1,658.79	\$2,030.96	\$2,137.29	\$3,253.79
2	\$1,436.67	\$2,241.21	\$2,744.04	\$2,887.71	\$4,396.21
3	\$1,810.00	\$2,823.60	\$3,457.10	\$3,638.10	\$5,538.60
4	\$2,183.33	\$3,405.99	\$4,170.16	\$4,388.49	\$6,680.99
5	\$2,556.67	\$3,988.41	\$4,883.24	\$5,138.91	\$7,823.41
6	\$2,930.00	\$4,570.80	\$5,596.30	\$5,889.30	\$8,965.80
7	\$3,303.33	\$5,153.19	\$6,309.36	\$6,639.69	\$10,108.19
8	\$3,676.67	\$5,735.61	\$7,022.44	\$7,390.11	\$11,250.61
9	\$4,050.00	\$6,318.00	\$7,735.50	\$8,140.50	\$12,393.00
10	\$4,423.33	\$6,900.39	\$8,448.56	\$8,890.89	\$13,535.39
For each additional person	+ \$373.33	+ \$582.39	+ \$713.06	+ \$750.39	+ \$1,142.39

SENIORCARE

- **Effective Date:** February 1, 2020
- **Cross Reference:** [Medicaid Eligibility Handbook, Section 39.11 SeniorCare Income Limits and Participation Levels](#)

Level 1 Annual Income No Greater Than 160 Percent of the Federal Poverty Level

Group Size	2019 (160%)	2020 (160%)
1	\$19,984	\$20,416
2	\$27,056	\$27,584

Level 2a Annual Income Above 160 Percent But No Greater Than 200 Percent of the Federal Poverty Level

Group Size	2019 160%–200%	2020 160%–200%
1	\$19,985 to \$24,980	\$20,417 to \$25,520
2	\$27,057 to \$33,820	\$27,585 to \$34,480

Level 2b Annual Income Above 200 Percent But No Greater Than 240 Percent of the Federal Poverty Level

Group Size	2019 200%–240%	2020 200%–240%
1	\$24,981 to \$29,976	\$25,521 to \$30,624
2	\$33,821 to \$40,584	\$34,481 to \$41,376

Level 3 Annual Income Above 240 Percent of the Federal Poverty Level

Group Size	2019 > 240%	2020 > 240%
1	\$29,977 or greater	\$30,625 or greater
2	\$40,585 or greater	\$41,377 or greater

BADGERCARE PLUS PREMIUMS**Ongoing Cases**

The increase in the premium caps for children is effective March 1, 2020, to allow a negative notice to be sent. If eligibility needs to be determined for a case for February benefits, confirmation for BadgerCare Plus in CARES is not possible, and a manual certification is needed for newly added individuals.

New Applications

The increase in the premium caps for children newly eligible for BadgerCare Plus will be effective February 1, 2020, for those confirmed on or after February 1, 2020.

Five Percent Premium Caps for Children

- **Effective Date:** February 1, 2020
- **Cross Reference:** [BadgerCare Plus Eligibility Handbook, Section 48.1.3 Five Percent Premium Caps for Children](#)

Note: Premiums for families with incomes below 300 percent are rounded down to the nearest dollar.

Group Size	201– 211%	211– 221%	221– 231%	231– 241%	241– 251%	251– 261%	261– 271%	271– 281%	281– 291%	291– 301%	301%– 306%
1	106.00	112.0 0	117.0 0	122.0 0	128.0 0	133.00	138.0 0	144.00	149.00	154.00	160.00
2	144.00	151.0 0	158.0 0	165.0 0	173.0 0	180.00	187.0 0	194.00	201.00	209.00	216.00
3	181.00	190.0 0	200.0 0	209.0 0	218.0 0	227.00	236.0 0	245.00	254.00	263.00	272.00
4	219.00	230.0 0	241.0 0	252.0 0	263.0 0	274.00	284.0 0	295.00	306.00	317.00	328.00
5	256.00	269.0 0	282.0 0	295.0 0	308.0 0	320.00	333.0 0	346.00	359.00	371.00	384.00

Group Size	201– 211%	211– 221%	221– 231%	231– 241%	241– 251%	251– 261%	261– 271%	271– 281%	281– 291%	291– 301%	301%– 306%
6	294.00	309.0 0	323.0 0	338.0 0	353.0 0	367.00	382.0 0	397.00	411.00	426.00	440.00
7	331.00	348.0 0	365.0 0	381.0 0	398.0 0	414.00	431.0 0	447.00	464.00	480.00	497.00
8	369.00	387.0 0	406.0 0	424.0 0	443.0 0	461.00	479.0 0	498.00	516.00	534.00	553.00
9	407.00	427.0 0	447.0 0	467.0 0	488.0 0	508.00	528.0 0	548.00	569.00	589.00	609.00
10	444.00	466.0 0	488.0 0	510.0 0	533.0 0	555.00	577.0 0	599.00	621.00	643.00	665.00
11	482.00	506.0 0	530.0 0	554.0 0	577.0 0	601.00	625.0 0	649.00	673.00	697.00	721.00
12	519.00	545.0 0	571.0 0	597.0 0	622.0 0	648.00	674.0 0	700.00	726.00	752.00	778.00
13	557.00	584.0 0	612.0 0	640.0 0	667.0 0	695.00	723.0 0	751.00	778.00	806.00	834.00
14	594.00	624.0 0	653.0 0	683.0 0	712.0 0	742.00	772.0 0	801.00	831.00	860.00	890.00

Income Range for Which Childless Adults are Subject to Monthly Premium

- **Effective Date:** February 1, 2020
- **Cross Reference:** [BadgerCare Plus Eligibility Handbook, Section 44.2 Premiums for Childless Adults*](#)

Group Size	2020 Limit (More than 50% to 100%)
1	> \$531.67 to \$1,063.33
2	> \$718.34 to \$1,436.67

* This link will become active on February 3, 2020 with the publication of Release 20-01 of the BadgerCare Plus Eligibility Handbook.

CONTACTS

BEPS CARES Information and Problem Resolution Center

DHS/DMS/BEPS/NAH