

WISCONSIN DEPARTMENT OF HEALTH SERVICES
Division of Health Care Access and Accountability
1 W. Wilson St.
Madison WI 53703

To: Medicaid Eligibility Handbook (MEH) Users

From: Rich Albertoni, Director
Bureau of Enrollment Policy and Systems

Re: **Medicaid Eligibility Handbook Release 11-03**

Release Date: 10/13/11
Effective Date: 10/13/11

EFFECTIVE DATE The following policy additions or changes are effective 10/13/11, unless otherwise noted. **Yellow text denotes new text. Text with a strike through it in the old policy section denotes deleted text.**

CHANGES

Nonfinancial (Chs. 4 - 14) > 5 Elderly, Blind, or Disabled (EBD) > 5.4 DDB Action > 5.4.1 DDB Action Introduction

Old Text:

To check on the status of a disability case, call (608) 266-1565 and DDB will connect you with the examiner assigned to the case. Direct procedural or policy questions to ~~Carol Rounds at (608) 267-7362.~~

New Text:

To check on the status of a disability case, call (608) 266-1565 and DDB will connect you with the examiner assigned to the case. Direct procedural or policy questions to **Vickie Davis at (608) 267-9857** .

Financial (Chs. 15 - 19) > 17 Divestment > 17.5 Penalty Period > 17.5.5 Recalculation of Penalty Periods > 17.5.5.3 Divestments During a Penalty Period

Old Text:

The divestment report doesn't register divestment penalty changes. If it is necessary to remove a divestment penalty or change an existing penalty period in iChange, update the Transfer/ Divestment of Assets page, run eligibility, and confirm. Then contact HP Enterprise Services ~~(608) 224-4746 extension x80224~~. Provide HP Enterprise Services with the date that the divestment penalty was removed or the new end date. The level of care will then be revised. Also contact the appropriate individual at the member's nursing home to submit bills for the period that is now covered by institutional Medicaid.

New Text:

The divestment report doesn't register divestment penalty changes. If it is necessary to remove a divestment penalty or change an existing penalty period in iChange, update the Transfer/ Divestment of Assets page, run eligibility, and confirm. Then contact HP Enterprise Services (608) **224-6521**. Provide HP Enterprise Services with the date that the divestment penalty was removed or the new end date. The level of care will then be revised. Also contact the appropriate individual at the member's nursing home to submit bills for the period that is now covered by institutional Medicaid.

Financial (Chs. 15 - 19) > 18 Spousal Impoverishment > 18.6 Spousal Impoverishment Income Allocation > 18.6.2 Worksheet 7 Section A --

Effective 07-01-11

Old Text:

1. Enter on Line 1 the community spouse maximum income allocation. Unless a larger amount is ordered by a fair hearing or court, the

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Community Spouse Income Allocation

maximum allocation is the lesser of:

- a. \$2,739.00 **or**
- b. \$2,428.33 plus excess shelter allowance. (See [39.4.2](#))

New Text:

- 1. Enter on Line 1 the community spouse maximum income allocation. Unless a larger amount is ordered by a fair hearing or court, the maximum allocation is the lesser of:

- a. \$2,739.00 **or**
- b. \$2,451.67 plus excess shelter allowance. (See [39.4.2](#))

“Excess shelter allowance” means shelter expenses above \$735.50. Subtract \$735.50 from the community spouse’s shelter costs. If there is a remainder, add the remainder to \$2,451.67. (See [39.4.2](#))

Financial (Chs. 15 - 19) > 18 Spousal Impoverishment > 18.6 Spousal Impoverishment Income Allocation> 18.6.3 Worksheet 7 Section B -- Family Member Income Allowance

Effective 07-01-11

Old Text:

Enter \$607.08 on Line 1 under the name of each dependent family member who lives with the community spouse.

New Text:

Enter \$612.92 on Line 1 under the name of each dependent family member who lives with the community spouse

Financial (Chs. 15 - 19) > 18 Spousal Impoverishment > 18.6 Spousal Impoverishment Income Allocation> 18.6.4 Section C -- Cost of Care

Effective 07-01-11

The math in example 2 was updated to include the new amounts.

Program Admin. (Chs. 20 - 23) > 20 Verification > 20.3 Mandatory Verification Items> 20.3.1 Mandatory Verification Items Introduction

Old Text:

Verify the following mandatory items:

- 1. SSN ([20.3.2 Social Security Number](#)).
- 2. Alien Status ([7.3 Immigrants](#)).
- 3. *Disability* and Incapacitation ([5.2 Determination of Disability](#)).
- 4. Assets for the *Elderly* , Blind and Disabled ([16.1 Assets Introduction](#)).
- 5. Divestment, for EBD ([17.1 Divestment Introduction](#)).
- 6. Medical Expenses, for deductibles only ([24.7 Meeting the Deductible](#)).
- 7. Documentation for Power of Attorney and Guardianship ([20.3.7 Power of Attorney and Guardianship](#))
- 8. Migrant workers eligibility in another state ([25.8.4.1 Migrant Workers Simplified Application](#)), if applicable.
- 9. Physician certification (verbally or in writing) that the person is likely to return to the home or apartment with-in 6 months for institutionalized persons maintaining a home or property ([15.7.1 Maintaining Home or Apartment](#)) and is entitled to a home maintenance allowance.
- 10. Income
- 11. Citizenship and Identity ([7.2 Documenting Citizenship and Identity](#)).

New Text:

Verify the following mandatory items:

- 1. SSN ([20.3.2 Social Security Number](#)).

2. Alien Status ([7.3 Immigrants](#)).
3. [Disability](#) and Incapacitation ([5.2 Determination of Disability](#)).
4. Assets for the [Elderly](#) , Blind and Disabled ([16.1 Assets Introduction](#)).
5. Divestment, for EBD ([17.1 Divestment Introduction](#)).
6. Medical Expenses, for deductibles only ([24.7 Meeting the Deductible](#)).
7. Medical/Remedial expenses for non covered services for an institutionalized person. [See 27.7.8.2 Disallowed expenses.](#)
8. Documentation for Power of Attorney and Guardianship ([20.3.7 Power of Attorney and Guardianship](#))
9. Migrant workers eligibility in another state ([25.8.4.1 Migrant Workers Simplified Application](#)), if applicable.
10. Physician certification (verbally or in writing) that the person is likely to return to the home or apartment with-in 6 months for institutionalized persons maintaining a home or property ([15.7.1 Maintaining Home or Apartment](#)) and is entitled to a home maintenance allowance.
11. Income
12. Citizenship and Identity ([7.2 Documenting Citizenship and Identity](#)).

**Program Admin. (Chs. 20 - 23)
> 21 Benefits > 21.7 Forward Health (Medicaid) Cards>
21.7.5 Temporary Cards**

The section on Temporary ForwardHealth/ Medicaid Cards was removed.

New Text:

With implementation of the ForwardHealth ID card, temporary ID cards are no longer used or available for ordering from HP Enterprise Services.

**Program Admin. (Chs. 20 - 23)
> 21 Benefits > 21.7 Forward Health (Medicaid) Cards>
21.7.6 Lost/Stolen Cards**

Old Text:

If a member needs a replacement card, s/he or an ~~authorized representative~~, including the IM worker, should call Member Services at 1-800-362-3002. A new Forward Health card will be issued and will be sent out the following business day. The 16-digit number on the card is unique to each card. If a new card is issued, it will have a new card number to help prevent fraud and monitor card stock.—

Replacement cards are issued automatically when:

1. The member's name changes.
2. The card was returned as undeliverable and the member's address changes.—

A replacement for any other reason must be requested through Member Services, 1-800-362-3002.

You cannot request replacement cards using a [F-10110](#) (formerly DES 3070) or CARES

New Text:

If a member needs a replacement card, s/he or an authorized representative , can request a replacement card by:

1. Going to [ACCESS](#)
 - Create a [MyACCESS Account](#), then
 - Go to your [MyACCESS Page](#) and select a new ForwardHealth Card, or
2. Contacting Member Services at 1-800-362-3002.

Workers may also log into the [Partner Portal](#) and select "Replacement ID Card Request" under the Quick Links on the right side of the page.

If the member has multiple benefit ID cards, there will be a choice of which ID card to request. A new ForwardHealth card will be created the evening of the request and will be sent out the following business day.

Replacement cards are issued automatically when the card has been returned as undeliverable and the member's address changes.

You cannot request replacement cards using a F-10110 (formerly DES 3070) or CARES .

**Subprograms (Chs. 24- 38) >
25 Special Status Medicaid >
25.6 Katie Beckett**

Old Text:

Katie Beckett Program
~~Division of Supportive Living Services~~
~~Bureau of Developmental Disabilities~~
1 West Wilson Street, Room 418
Madison, WI 53707
Telephone (608) 266-3236

New Text:

Katie Beckett Program
Division of Long Term Care
Bureau of Long-Term Support
1 West Wilson Street, Room 418
Madison, WI 53707

Telephone (608) 266-3236