

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

Re: Medicaid Eligibility Handbook Release 13-01

Release Date: 08/28/2013
Effective Date: 08/28/2013

EFFECTIVE DATE

The following policy additions or changes are effective 08/28/2013, unless otherwise noted. **Yellow text denotes new text. Text with a strike through it in the old policy section denotes deleted text.**

CHANGES

9.2.3 Recovery of Payments

In some cases, payments can only be signed over to the patient. The member must cooperate in turning over these payments to the State of Wisconsin, or his/her eligibility will end for not cooperating with providing TPL coverage and access information.

The member must write on the back of the check "Pay to the order of the State of Wisconsin" and sign the check.

Collect the payments monthly from the members along with the corresponding Explanation of Benefits (EOB), and send them to the following address::

ForwardHealth- TPL Unit- 313 Blettner Blvd- Madison WI- 53714-2405	State of Wisconsin Department of Health Services IBB Department P.O. Box 6220 Madison, Wisconsin 53784
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Close the case for non-cooperation with TPL requirements if the member refuses to turn over the payments.

17.5.2.1 Penalty Period for Divestments prior to January 1, 2009

Effective July 1, 2013:

For divestments prior to January 1, 2009, the penalty period is calculated by dividing the divested amount by the ~~average nursing home cost to a private pay patient (\$6,554)~~ **average monthly nursing home private pay rate of \$7,406 per month**. Round all fractions downward. For example, 8.6 = 8 months, .7 = 0 months.

Example 1: Jeff transferred \$83,512 in cash, CDs, and stocks to The Green Tree Brethren, Inc on December 20, 2008. \$83,512 divided by \$6,554 \$7,406 is 12.75 11.28 . Jeff is ineligible for 12 11 months.
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17.5.2.2 Penalty Period for divestments on or after January 1, 2009

Effective July 1, 2013:

For divestments on or after January 1, 2009, the divestment penalties are calculated in days. ~~using the average daily nursing home cost to a private pay patient~~ Use the average daily nursing home private pay rate of \$243.49 per day. The average daily rate was computed by multiplying the average monthly rate by 12 and dividing by 365. (~~\$6,554 x 12 = 78,648 divided 365 = 215.48~~) (~~\$7,406 x 12 = 88,872 divided by 365 = 243.49~~)

Example 2: Jeff applied for FC on February 5, 2010. In January 2009 Jeff transferred \$18,500 in cash to his son. At the time of application Jeff is otherwise eligible for FC. ~~\$18,500 divided by 215.48 = 85.86~~ ~~85.86~~ ~~74.97~~ days. Jeff is ineligible for ~~85~~ ~~74~~ days.

**17.5.3.2 Divestments That Occurred On or After January 1, 2009,
17.5.5.1 Full Refund,
17.5.5.2 Partial Refund,
17.5.5.3 Divestments During a Penalty Period**

Examples 4, 10, 11, 12, and 13 have been updated.

18.4.3 Calculate the CSAS

Effective January 1, 2013

IF the total countable assets of the couple are:	Then the CSAS is:
\$227,280 \$231,840 or more	\$113,640 \$115,920
Less than \$227,280 \$231,840 but greater than \$100,000	½ of the total countable assets of the couple
\$100,000 or less	\$50,000

18.6.2 Worksheet 7 Section A - Community Spouse Income Allocation

Effective July 1, 2013

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. ~~\$2,841.00~~ ~~\$2,898.00~~ or
- b. ~~\$2,521.67~~ ~~\$2,585.00~~ plus excess shelter allowance. (See 39.4.2)

“Excess shelter allowance” means shelter expenses above ~~\$756.50~~ ~~\$775.50~~. Subtract ~~\$765.50~~ ~~\$775.50~~ from the community spouse’s shelter costs. If there is a remainder, add the remainder to ~~\$2,521.67~~ ~~\$2,585.00~~. (See 39.4.2)

18.6.3 Worksheet 7 Section B - Family Member Income Allowance

1. Enter ~~\$630.42~~ ~~\$646.25~~ on Line 1 under the name of each dependent family member who lives with the community spouse.

18.6.4 Section C -- Cost of Care

Example 2 has been updated.

21.4.2 Transportation

This entire section has been rewritten. The changes are too numerous to list.

21.5 Co-Payment

Medical services exempt from co-payments are:

4. ~~Common carrier transportation, if provided through or paid for by a county/tribal human or social services department~~

25.7.2 Financial Tests (Tuberculosis)

Effective January 1, 2013

Income -The income limit for one person is ~~\$1,484~~ **\$1,505**. This is gross income. There is no net income test.

27.2 ILTC Licensing and Certification

Medical institutions (SNFs, ICFs, IMDs, hospitals) are licensed under Chapter 50, Wis. Stats. The ~~Division of Public Health~~, Bureau of Quality Assurance, is the licensing agency.

28.14.1 CLTC Introduction

The CLTS is entered in CWW as a ~~CIP IB Waiver type~~ **Children's Waiver type (CW)**. All the Medicaid eligibility criteria for the CLTS are identical to the CIP IB Waiver except not all children will need a disability determination in order to qualify. See 'County Funded Slot' below. The care manager will inform the IM worker which type of slot the child will be placed in.

County Funded Slot

~~Children placed in a county funded CLTS Waiver slot must meet the functional Level of Care but are not required to have a disability determined to become eligible.~~

State Funded Slot

~~Children placed in a state funded CLTS Waiver slot must be determined disabled in addition to meeting the functional Level of Care requirements.~~

Not all children will require a disability determination to enroll in CLTS. It is the responsibility of the CLTS Support and Service Coordinator to identify to the IM workers which cases do not require a disability determination. If no disability determination is required the "Is Disability Determination Required?" question on the Community Waivers page should be answered 'No'.

32.6 Medicare Savings Programs Asset Limits

Effective January 1, 2013

QMB, SLMB, and SLMB+ have the same asset limit.

Group Size	Asset Limit
1	\$6,940 \$7,080
2	\$10,440 \$10,620

39.4.1 EBD Assets and Income Table

Effective January 1, 2013:

Group Size				
Category		1		2
EBD Categorically Needy Limits	Assets	\$2,000	Assets	\$3,000
	Income	\$557.11 (+ actual shelter up to \$236.67)	Income	\$842.72 (+ actual shelter up to \$355.33)
EBD Medically Needy limits	Assets	\$2,000	Assets	\$3,000
	Income	\$591.67	Income	\$591.67
SSI Payment Level				
Federal SSI Payment Level	Income	\$710.00	Income	\$1,066.00
State Supplementary Payment (SSP)	Income	\$ 83.78	Income	\$132.05
Total	Income	\$793.78	Income	\$1,198.05
SSI Payment Level + E Supplement	Income	\$889.77		
SSI E Supplement	Income	\$95.99		
Community Waivers Special Income Limit	Income	\$2,130.00	Income	
Institutions Categorically Needy Income Limit	Income	\$2,130.00		
Substantial Gainful Activity limit (non-blind individuals)	Income	\$1,040		
Substantial Gainful Activity limit (blind individuals)	Income	\$1740		

39.4.2 EBD Deductions and Allowances

Rows 1-6 effective January 1, 2013:

Rows 7-9 effective July 1, 2013:

	Description	Amount
1	Personal Needs Allowance (effective 7/1/01)	\$45.00
2	EBD Maximum Personal Maintenance Allowance	\$2,130.00
3	EBD Deeming Amount to an Ineligible <i>Minor</i>	\$356.00
4	Community Waivers Basic Needs Allowance	\$890.00
5	Parental Living Allowance for Disabled Minors	1 Parent
		2 Parent
		\$710.00
		\$1,066.00
6	MAPP Standard Living Allowance (SLA) SLA = SSI + State Supplement + \$20	\$813.00
7	Community Spouse Lower Income Allocation Limit	\$2,585.00
8	Community <i>Spouse</i> Excess Shelter Cost Limit	\$775.50
9	Family <i>Member</i> Income Allowance	\$646.25

39.5 Federal Poverty Level (FPL) Table

Effective February 1, 2013

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

39.6 Cost of Living Adjustment (COLA)

Effective January 1, 2013, the COLA table has been updated.

**39.11.1 SC Income Limits
Introduction**

Effective February 1, 2013

Income Limits*
Level 1
<p>Income at or below 160% of FPL At or below \$17,424 \$18,834 per individual or \$23,536 \$24,816 per couple annually.*</p>
Level 2a
<p>Income above 160% and at or below 200% FPL \$17,425 to \$21,780 \$18,385 to \$22,980 per individual and \$23,537 to \$29,420 \$24,817 to \$31,020 per couple annually.*</p>
Level 2b
<p>Income above 200% - and at or below 240% of FPL \$21,781 to \$26,136 \$22,981 to \$27,576 per individual and \$29,421 to \$35,304 \$31,021 to \$37,224 per couple annually.</p>
Level 3
<p>Annual income is above 240% of the FPL \$26,137 \$27,577 or higher per individual and \$35,305 \$37,225 or higher per couple annually.*</p>