

# Medicaid Purchase Plan

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## What is the Medicaid Purchase Plan?

The Medicaid Purchase Plan (MAPP) offers people with disabilities who work or want to work the opportunity to get full-benefit Medicaid health care coverage. With MAPP, you can earn more income and have higher asset limits than other Medicaid programs.

## What are the eligibility requirements?

To qualify for MAPP, you must:

- Be at least 18 years old.
- Be a resident of Wisconsin.
- Be a U.S. citizen or qualifying immigrant.
- Be determined disabled by the Disability Determination Bureau.
- Have an adjusted family income of 250% of the federal poverty level (FPL) ([dhs.wi.gov/medicaid/fpl.htm](https://dhs.wi.gov/medicaid/fpl.htm)) or less, based on your family size.
- Have individual assets of \$15,000 or less. Countable assets include things like cash, bank accounts, certificates of deposits, stocks and bonds, and more. Your home and one vehicle are not counted.
- Meet the MAPP work requirement.
- Pay a monthly premium, if required.

## What does MAPP cover?

- Doctor visits
- Immunizations
- Hospital care
- Medical equipment
- Hearing services, including hearing aids
- Lab and X-ray services
- Transportation to Medicaid services
- Vision care, including eyeglasses
- Prescription drugs
- Family planning services and supplies
- Speech therapy
- Mental health services
- Dental services

## Do I have to pay to get MAPP?

Depending on your income, you may have to pay a premium to get MAPP. A premium is the amount you pay each month for your coverage. Premiums are based only on your income before taxes and other deductions, and not the income of other people in your household.

If your total gross monthly income is above 100% FPL, you will have to pay a monthly premium to keep your MAPP benefits. MAPP members can request a temporary premium waiver if they cannot pay their premium due to hardship or a difficult situation.

## What is the MAPP Work Requirement?

To get MAPP, you must meet a work requirement. Your options are to:

- Engage in a work activity at least once per month. This includes receiving wages from an employer, through self-employment, or by trading in-kind work for goods or services.
- Or, enroll in the Health and Employment Counseling (HEC) pre-employment program if you are not currently employed but are looking for work. For more information about HEC, visit [dhs.wi.gov/employment-skills/hec.htm](https://dhs.wi.gov/employment-skills/hec.htm).

## Can I save my earnings while enrolled in MAPP?

MAPP members can set aside up to half of their job earnings in an Independence Account without losing MAPP coverage. An Independence Account is a financial account that is not counted toward your MAPP asset limit of \$15,000. These savings can be used for any purpose. If you save more than half of your earnings over 12 months, you will have to pay a penalty.

When you enroll in MAPP, any money you have in a retirement or pension account will count toward the \$15,000 asset limit. Once you are a MAPP member, you can register these accounts as an Independence Account.

## Is coverage for my family available through MAPP?

No, MAPP benefits only cover the eligible individual(s) who apply. Any members of your family who are not eligible for MAPP may be able to get health coverage through BadgerCare Plus or another Wisconsin Medicaid program.

## How to Apply

Apply for MAPP:

- Online at [access.wi.gov](https://access.wi.gov)
- By mail. Download the F-10101 Wisconsin Medicaid for the Elderly, Blind, or Disabled Application Packet. Find it at [dhs.wi.gov/library/collection/f-10101](https://dhs.wi.gov/library/collection/f-10101).
- By phone or in person at your local agency. To find your agency, go to [dhs.wi.gov/im-agency](https://dhs.wi.gov/im-agency).

## Additional Questions?

- For more information about MAPP, visit [dhs.wi.gov/medicaid/mapp](https://dhs.wi.gov/medicaid/mapp).
- Contact your local agency with eligibility questions. Find your agency at [dhs.wi.gov/im-agency](https://dhs.wi.gov/im-agency).
- For help applying, contact your local Aging and Disability Resource Center (ADRC). For contact information, go to [findmyadrc.com](https://findmyadrc.com).
- Call Member Services at 800-362-3002 (voice) or 711 (TTY) for information on covered services or providers.

## Nondiscrimination Notice: Discrimination is Against the Law – Health Care-Related Programs

The Wisconsin Department of Health Services complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex (including pregnancy, gender identity, and sexual orientation). The Department of Health Services does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

The Department of Health Services:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters.
  - Written information in other formats (large print, audio, accessible electronic formats, other formats).
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters.
  - Information written in other languages.

If you need these services, contact the Department of Health Services civil rights coordinator at 844-201-6870.

If you believe that the Department of Health Services has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: Department of Health Services, Attn: Civil Rights Coordinator, 1 West Wilson Street, Room 651, PO Box 7850, Madison, WI 53707-7850, 844-201-6870, TTY: 711, fax: 608-267-1434, or email to [dhsrcc@dhs.wisconsin.gov](mailto:dhsrcc@dhs.wisconsin.gov). You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Department of Health Services civil rights coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, D.C. 20201  
800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

<b>Español (Spanish)</b> ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 844-201-6870 (TTY: 711).	<b>Deutsch (Pennsylvania Dutch)</b> Wann du Deitsch (Pennsylvania Dutch) schwetztscht, kannscht du ebber griegie as dich helfe kann mit Englisch, unni as es dich ennich eppes koschte zellt. Ruf 844-201-6870 uff (TTY: 711).
<b>Hmoob (Hmong)</b> LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 844-201-6870 (TTY: 711).	<b>ພາສາລາວ (Laotian)</b> ເຊີນຊາບ: ຖ້າທ່ານເວົ້າພາສາລາວ ແມ່ນມີບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ ບໍ່ເສຍຄ່າໃຫ້ທ່ານ. ໃຫ້ໂທຫາເບີ 844-201-6870 (TTY: 711).
<b>繁體中文 (Traditional Chinese)</b> 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 844-201-6870 (TTY: 711)。	<b>Français (French)</b> ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 844-201-6870 (ATS : 711).
<b>Deutsch (German)</b> ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 844-201-6870 (TTY: 711).	<b>Polski (Polish)</b> UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 844-201-6870 (TTY: 711).
<b>العربية (Arabic)</b> ملحوظة: إذا كنت تتحدث العربية، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 844-201-6870 (رقم هاتف الصم والبكم: 711).	<b>हिंदी (Hindi)</b> ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 844-201-6870 (TTY: 711) पर कॉल करें।
<b>Русский (Russian)</b> ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 844-201-6870 (телетайп: 711).	<b>Shqip (Albanian)</b> KUJDES: Nëse flisni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në 844-201-6870 (TTY: 711).
<b>한국어 (Korean)</b> 알림: 한국어 지원 서비스를 무료로 이용하실 수 있습니다. 844-201-6870 (TTY: 711) 번으로 전화해 주십시오.	<b>Tagalog (Tagalog – Filipino)</b> PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 844-201-6870 (TTY: 711).
<b>Tiếng Việt (Vietnamese)</b> CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 844-201-6870 (TTY: 711).	<b>Soomaali (Somali)</b> FIIRO GAAR AH: Haddii aad ku hadashid af Soomaali, adeegyada caawinta luuqada, oo bilaash ah, ayaa lagu heli karaa. Soo wac 844-201-6870 (TTY: 711).