

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: Angela Dombrowicki, Director
Bureau of Enrollment Management

Re: **Medicaid Eligibility Handbook Release 09-03**

Release Date: 06/05/09
Effective Date: 06/05/09

EFFECTIVE DATE The following policy additions or changes are effective 06/05/09, unless otherwise noted. **Bold text denotes new text. Text with a strike through it in the old policy section denotes deleted text.**

CHANGES

All References to the Forward card were changed to "ForwardHealth."

**Introduction (Ch 1) > 1.1
Introduction To Medicaid>
Introduction**

New Text:
1.1.1 Introduction

Medicaid is a state/federal program that provides health coverage for Wisconsin residents that are elderly, blind, or disabled (EBD) **or receive Wisconsin Well Woman Medicaid**. Medicaid is also known as Medical Assistance, MA, and Title 19.

**Introduction (Ch 1) > 1.1
Introduction To Medicaid>
1.1.2 Subprograms to
Medicaid**

Wisconsin Well Woman Medicaid (WWWMA) was added to the list of subprograms of Medicaid.

**Nonfinancial (Chs. 4 - 14) > 5
Elderly, Blind, or Disabled
(EBD) > 5.2 Determination of
Disability**

Old Text:
Definition of Disability

The law defines disability for Medicaid as: 'The inability to engage in any substantial gainful activity (SGA) by reason of any medically determinable physical or mental impairment(s) which can be expected to result in death or which has lasted or can be expected to last for a continuous period of not less than 12 months.'

~~Substantial gainful activity is currently defined as gross income of \$900 or more per month. See 26.1 MAPP Introduction for the Medicaid Purchase Plan (MAPP) disability definition.~~

New Text:
Definition of Disability

The law defines disability for Medicaid as: 'The inability to engage in any substantial gainful activity (SGA) by reason of any medically determinable physical or mental impairment(s) which can be expected to result in death or which has lasted or can be expected to last for a continuous period of not less than 12 months.' **See 39.4.1 EBD Assets and Income Table for the current SGA limits.** See 26.1 MAPP Introduction for the Medicaid Purchase Plan (MAPP) disability definition.

**Financial (Chs. 15 - 19) > 15
Income > 15.1 Income
Introduction > Income**

Old Text:

See 39.4 EBD Assets and Income Tables for EBD income limits. See 39.5 FPL Table for all other Medicaid income limits. Chapters for each type of MA explain how to determine the income that you compare to the income limits.

See 39.4.2 EBD Deductions and Allowances for TB-Related income limits.

~~Use the AFDC Related Determination Worksheet (40.1 Worksheet 14) for Manual Family Medicaid Financial Determinations.~~

New Text:

See 39.4 EBD Assets and Income Tables for EBD income limits. See 39.5 FPL Table for all other Medicaid income limits. Chapters for each type of MA explain how to determine the income that you compare to the income limits.

See 39.4.2 EBD Deductions and Allowances for TB-Related income limits.

**Financial (Chs. 15 - 19) > 15
Income > 15.3 Disregarded
Income > 15.3.14 Payments To
Native Americans**

New Text:

16. Disregard the first \$500 of the monthly income from Tribal Per Capita payments from gaming revenue. If the payments are received less than monthly, prorate the gross payment amount over the months it is intended to cover and disregard \$500 from the monthly amount.

This applies to eligibility determinations for BadgerCare Plus and all Medicaid subprograms for elderly, blind, or disabled persons except:

Senior Care and Long Term Care programs such as Institutional Medicaid, Family Care (FC) and Home and Community Based Waivers (HCBW) including Partnership and Pace.

For these subprograms, count all income from Tribal Per Capita payments from gaming revenue as unearned income.

**Financial (Chs. 15 - 19) > 15
Income > 15.3 Disregarded
Income > 15.3.29 Zebley
Payments**

References to Zebley payments were removed from this section since these children are all adults now.

**Financial (Chs. 15 - 19) > 15
Income > 15.3 Disregarded
Income > 15.3.29 The American
Recovery and Reinvestment
Act (ARRA) of 2009**

This new subsection was added to the list of disregarded income:

15.3.29 The American Recovery and Reinvestment Act (ARRA) of 2009

Disregard the one time payments of \$250 sent to SSI, Veterans, Railroad Retirement, and Social Security recipients as a result of The American Recovery and Reinvestment Act of 2009.

**Financial (Chs. 15 - 19) > 15
Income > 15.4 Unearned
Income > 15.4.3 Unemployment
Compensation (UC)**

New Text:

15.4.3 Unemployment Compensation (UC)

Count normal UC that is received. Count UC that is intercepted to collect child support as if the UC beneficiary actually received the intercepted dollars. Do not count the temporary supplemental benefit of \$25 per week as issued under section 2002(h) of the ARRA. These supplemental benefits are issued between March 16, 2009 and June 30, 2010.

**Financial (Chs. 15 - 19) > 15
Income > 15.4 Unearned
Income > 15.4.4 Retirement
Benefits**

Old Text:

~~Example 1: Mike withdraws \$2,000 he has in an IRA, and deposits it into a savings account. Continue to treat the \$2,000 as a countable asset. This is just a conversion from one form of an asset to another. Treat any interest that Mark~~

receives as income in the month received.

New Text:

Example 1: Mike withdraws \$2,000 he has in an IRA, and deposits it into a savings account. Continue to treat the \$2,000 as a countable asset. This is just a conversion from one form of an asset to another..

Financial (Chs. 15 - 19) > 15
Income > 15.4 Unearned
Income > 15.4.19 Payments to
Native Americans

New Text:

15.4.19 Payments to Native Americans

Disregard the first \$500 of the monthly income from Tribal Per Capita payments from gaming revenue. If the payments are received less than monthly, prorate the gross payment amount over the months it is intended to cover and disregard \$500 from the monthly amount.

This applies to eligibility determinations for BadgerCare Plus and all Medicaid subprograms for elderly, blind, or disabled persons except:

Senior Care and Long Term Care programs such as Institutional Medicaid, Family Care (FC) and Home and Community Based Waivers (HCBW) including Partnership and Pace. For these subprograms, count all income from Tribal Per Capita payments from gaming revenue as unearned income.

Financial (Chs. 15 - 19) > 16
Assets > 16.7 Liquid Assets >
16.7.24 Zebley Payments

References to Zebley payments were removed from this section since these children are all adults now.

Financial (Chs. 15 - 19) > 16
Assets > 16.7 Liquid Assets >
16.7.31 The American
Recovery and Reinvestment
Act (ARRA) of 2009

New Text:

16.7.31 The American Recovery and Reinvestment Act (ARRA) of 2009

Do not count the one-time \$250 payment under the ARRA as an asset either in the month of receipt or nine months following the month the payment is received.

Financial (Chs. 15 - 19) > 18
Spousal Impoverishment >
18.6 Spousal Impoverishment
Income Allocation > 18.6.1
Spousal Impoverishment
Income Allocation
Introduction

Broken links to Worksheet 7 were fixed.

Financial (Chs. 15 - 19) > 18
Spousal Impoverishment >
18.6 Spousal Impoverishment
Income Allocation

Effective 07/01/09

The Community Spouse Lower Income Allocation Limit, the Excess Shelter Allowance, the Family Member Income Allowance, and the examples that use them were updated in sections 18.6.2, 18.6.3, and 18.6.4.

Subprograms (Chs. 24- 38) >
26 Medicaid Purchase Plan
(MAPP) > 26.3 MAPP
Nonfinancial Requirements >
26.3.2 Disability

Old Text:

If a member does not have a disability determination from ~~SSA~~, refer the member to the DDB for a disability determination. Send a Medicaid Purchase Plan Transmittal of Medicaid Disability Application (~~F 10120~~) to identify a member who has applied for MAPP and needs a disability determination. The rest of the MAPP application may be completed at this time, however, a member cannot be eligible for MAPP until the disability determination has been made. Pend the case in CARES while you are waiting for a MAPP disability determination from DDB.

New Text:

If a member does not have a disability determination from SSA, a federal agency which administers the SSI, OASDI, and Medicare programs, complete the disability application process outlined in 5.3 Disability Application Process. The rest of the MAPP application must be completed at this time and MAPP eligibility pending only for the disability before the MADA will be sent to DDB through the automated process. (See the Process Help Chapter 12 Automated Medicaid Disability Determination)

Subprograms (Chs. 24- 38) >
30 Partnership Long Term Care > 30.4 Partnership Functional Eligibility

Old Text:

Resource Center staff use the Long Term Care Functional Screen to assess a Partnership applicant's long term care needs and to determine level of care. The functional level of care information is provided to the IM Worker so that s/he can determine eligibility for Partnership.

The levels of care are:—

- 1. ~~ISN~~
- 2. ~~ICF~~
- 3. ~~SNF~~

~~Individuals who are found functionally eligible for Nursing Home LOC are subject to Waiver logic in determining their financial eligibility for Partnership (if they are 65 or older, or have been determined disabled).~~

~~Individuals who are found functionally eligible for Non-Nursing Home LOC are not subject to Waiver logic in determining their financial eligibility for Partnership.~~

~~**Note:** There are specific Managed Care Organization (MCO) capitation rates associated with these new levels of care, so it is important that level of care and level of care effective date information are entered accurately in CARES~~

New Text:

Resource Center staff use the Long Term Care Functional Screen to assess a Partnership applicant's long term care needs and to determine **functional eligibility at the nursing home level of care. MCO staff use the Long Term Care Functional Screen to redetermine functional eligibility at least annually or more frequently if an individual's condition changes.** The functional level of care information is provided to the IM Worker so that s/he can determine eligibility for Partnership.

An individual must be found functionally eligible at the Nursing Home LOC to be eligible for Partnership. Waiver logic **should be** used in determining their financial eligibility for Partnership (if they are 65 or older, or have been determined disabled).

Individuals who are found functionally eligible at the Non-Nursing Home LOC are **not eligible for Partnership.**

Subprograms (Chs. 24- 38) >
36 Wisconsin Well Woman Medicaid (WWMA)

The Well Woman Medicaid Program chapter from the BadgerCare Plus Handbook was moved to Chapter 36 of the MEH. The changes are too numerous to list.

Appendix (Chs. 39-40) > 39 Tables > 39.4 EBD Assets and Income Tables > 39.4.1 EBD Assets and Income Table

The "Substantial Gainful Activity" amounts were added to this table. These amounts are adjusted annually. To be eligible for disability benefits, a person must be unable to engage in substantial gainful activity (SGA). A person who is earning more than the SGA is generally not considered to be disabled.

Substantial Gainful Activity limit (non-blind individuals) = \$980
Substantial Gainful Activity limit (blind individuals) = \$1,640

**Appendix (Chs. 39-40) > 39
Tables > 39.4 EBD Assets and
Income Tables> 39.4.2 EBD
Deductions and Allowances**

New Text:
Effective July 1, 2009

**Community Spouse Lower Income Allocation Limit = \$2428.33
Community Spouse Excess Shelter Cost Limit = \$728.50
Family Member Income Allowance = \$607.08**