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TO: **Income Maintenance Supervisors**
Income Maintenance Lead Workers
Income Maintenance Staff
W-2 Agencies
Workforce Development Boards
Job Center Leads and Managers
Training Staff
Child Care Coordinators

FROM: Amy Mendel-Clemens
Technical Assistance, Training & Education
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Bureau of Eligibility Management
Division of Health Care Financing

BEM/DWS OPERATIONS MEMO					
No:	06-19				
DATE:	5/11/2006				
FS	<input type="checkbox"/>	MA	<input checked="" type="checkbox"/>	SC	<input type="checkbox"/>
CTS	<input type="checkbox"/>	CC	<input type="checkbox"/>	W-2	<input type="checkbox"/>
FSET	<input type="checkbox"/>	EA	<input type="checkbox"/>	CF	<input type="checkbox"/>
JAL	<input type="checkbox"/>	JC	<input type="checkbox"/>	RAP	<input type="checkbox"/>
WIA	<input type="checkbox"/>	Other	EP	<input type="checkbox"/>	★
PRIORITY: HIGH					

SUBJECT: Revisions to Medicaid Disability Application Process

CROSS REFERENCE: 3.6.1 Medicaid Eligibility Handbook

EFFECTIVE DATE: JUNE 1, 2006

PURPOSE

This operations memo describes changes to the Medicaid Disability Application (MADA) form ([HCF 10112](#)) and changes to agency processing of this form.

BACKGROUND

The MADA form is processed by the Disability Determination Bureau to determine if a Medicaid applicant is disabled and qualifies for Medicaid benefits. Improperly completed or incomplete MADA forms slow the disability determination process.

A recent study completed by the Disability Determination Bureau (DDB) identified numerous areas for improvement on the Medicaid Disability Application (MADA) form and instructions.

As a result of this study, the MADA form and instructions have been revised to provide clearer instructions to:

1. Medicaid applicants and their representatives who complete the form,
- and**
2. Income Maintenance workers who review the form for completeness, and send the completed form to DDB for processing.

Client Completing the form

The MADA form must be completed by the Medicaid applicant or his/her representative. The applicant must send the following to the local county/tribal human or social service agency:

1. The completed MADA form ([HCF 10112](#)),
2. Two signed copies of the Authorization to Disclose Information to Disability Determination Bureau ([HCF 14014](#)),

and if appropriate,

3. The Medicaid/FoodShare Wisconsin Authorization of Representative form ([HCF 10126](#))

Agency Processing form

When completed MADA forms are received by the local agency, the IM worker must:

1. Determine if the applicant meets all other Medicaid eligibility requirements, with the exception of the disability determination. There is a reminder for the IM worker in Section IX of the MADA application that it should not be sent to DDB if the applicant does not meet all other Medicaid eligibility requirements aside from disability.

NOTE: The Medicaid application should pend in CARES until a decision on the disability application has been made by DDB. Once the DDB decision is returned, the Medicaid determination should be processed back to the original request date or three months prior to that date if appropriate. If the case is open for any other programs of assistance, those programs should be confirmed and the case taken to Open/Ongoing status before pending the Medicaid.

2. Complete and sign Section IX of the MADA form. Section IX is a checklist for the IM worker.

In Section IX, the income maintenance (IM) worker confirms:

- a. The MADA is complete

At a minimum, the following sections must be complete:

- Section I
- Section II, questions 1 & 2
- Section VIII
- Section IX

- b. The applicant meets all other Medicaid eligibility criteria except for a disability determination.
- c. The MADA includes two properly signed Authorization to Disclose Information to Disability Determination Bureau forms ([HCF 14014](#)). And, if the applicant has appointed someone to represent him/her, a properly completed and signed Medicaid/FoodShare Wisconsin Authorization of Representative form ([HCF 10126](#)).

Note: DDB will return MADA forms which do not have an IM worker signature in Section IX. If the identity of the IM worker is unknown DDB will send the incomplete form to an IM supervisor in the appropriate county/tribal agency. DDB will obtain the name and address of the IM supervisor from the Department of Health and Family Services website at <http://dhfs.wisconsin.gov/em/imagencies/imagencyinfo.htm>.

Transition Period

The new form is available online now.

Printed versions of the MADA ([HCF 10112](#)) will be available June 1, 2006. Agencies are reminded to only order a three to four month supply of the new application. Any old applications the agency has must be destroyed.

Agencies must accept either the old or new MADA forms through June 30, 2006. Beginning July 1, 2006 if an obsolete version of the MADA form is submitted to a county/tribal agency, return the obsolete version to the client along with a current version of the form. Advise the client to complete the current version of the MADA and return it to the county/tribal IM agency.

CONTACTS

BEM CARES Information & Problem Resolution Center

★Program Categories – FS – FoodShare, MA – Medicaid, SC – Senior Care, CTS – Caretaker Supplement, CC – Child Care, W-2 – Wisconsin Works, FSET – Food Stamp Employment and Training, CF – Children First, EA – Emergency Assistance, JAL – Job Access Loan, JC - Job Center Programs, RAP – Refugee Assistance Program, WIA – Workforce Investment Act, Other EP – Other Employment Programs.

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