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To: BadgerCare Plus Eligibility HandbookUsers

From: Rebecca McAtee, Bureau Director
Bureau of Enrollment Policy and Systems

Re: **BadgerCare Plus Eligibility Handbook Release 18-02**

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EFFECTIVE DATE	The following policy additions or changes are effective 08/03/2018 unless otherwise noted. Underlined text denotes new text. Text with a strike through it denotes deleted text.
POLICY UPDATES	
Glossary	Updated definition of authorized representative
4.1 U.S. Citizens and Nationals	Updated proof of citizenship requirements
4.2 Documenting Citizenship	Updated policy for verification of US citizenship
4.2.2 Exempt Populations	Updated section number from 4.2.1.1 to 4.2.2
4.2.3 Citizenship Verification Through Data Exchange	<i>New section</i>
4.2.4 Hierarchy of Documentation	Updated classification of citizenship documentation
4.2.5 Agencies Paying for Documentation	Updated citizenship documentation requirements
4.2.6 Policy for Special Populations	<i>Section deleted</i>
4.2.7.4 Child Citizenship Act 2000	Updated citizenship documentation terminology
4.2.7.5 Non-citizens	Updated citizenship documentation terminology
9.4.1 Date of Death Matches	<i>New section</i>
16.2 Income Types Not Counted	Added Case Management Follow-up Plus (CMF+) payments to payment types not counted as income for health care
16.9.5 Eligibility Under Another Category of BadgerCare Plus or Medicaid	Updated to remove reference to EM CAPO

17.4.1	When Expenses Can Be Counted Toward a Deductible	Updated to add an example
25.5	Valid Signature	Updated terminology to better align with MEH
25.8.1	Backdated Eligibility	Updated citizenship and identity information
25.9	Denials and Terminations	Updated to clarify signature requirement for members requesting BadgerCare Plus after termination
32.2.5	Household Size	<i>New section</i>
32.2.6	Income	<i>New section</i>
34.1	Representatives	<i>New page</i>
40.8	Reporting Changes	Updated to clarify FPOS eligibility when income increases
40.9	Extension Phase	Updated to clarify FPOS eligibility when income increases
40.10	Reviews and Recertifications	Updated to clarify FPOS eligibility when income increases
42.0	Long-Term Care for Childless Adults	Updated to clarify when parent may be considered a childless adult

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GLOSSARY

Authorized Representative

~~A person authorized to act on a client's behalf for any of the Forward Health Programs. An authorized representative may be designated by the client and may exercise all the rights and responsibilities of a client.~~ A person or organization authorized to act on a member's behalf. An authorized representative may be appointed by the member and may exercise all the rights and responsibilities of the member.

4.1 U.S. CITIZENS AND NATIONALS

4.1.1 Child Citizenship Act

4.1.2 Compact of Free Association States

To qualify for BadgerCare Plus, persons who are otherwise eligible and declare that they are ~~All U.S. citizens~~ or ~~and U.S. nationals must be entitled to apply for and receive BadgerCare Plus if they~~ provide documentation of their citizenship, unless they are exempt or their citizenship is verified by the Social Security Administration through a data exchange ~~and identity and meet all other eligibility requirements.~~

A U.S. citizen is anyone who:

1. Was born in the United States, the Commonwealth of Northern Mariana Islands, Puerto Rico, Guam or the U.S. Virgin Islands.
2. Was born to a U.S. citizen who was living abroad.
3. Is a naturalized U.S. citizen.

A U.S. national is anyone who was born in American Samoa (including Swain's Island). The Independent State of Samoa (also known as Western Samoa) is not part of American Samoa, therefore individuals from this country are not U.S. nationals.

4.2 DOCUMENTING CITIZENSHIP ~~AND IDENTITY~~

~~4.2. Documenting Citizenship and Identity~~

4.2.1 Covered Programs

~~4.2.1.1 Exempt Populations~~

~~4.2.2 Reserved~~

4.2.2 Exempt Populations

~~4.2.3 Reserved~~

4.2.3 Citizenship Verification through Data Exchange

~~4.2.4 Hierarchy of Documentation~~

4.2.4 Citizenship Documentation

4.2.5 Agencies Paying for Documentation

~~4.2.6 Policy For Special Populations~~

4.2.6 Reserved

4.2.7 Situations which require Special Documentation Processing

4.2.7.1 Person Add

4.2.7.2 Presumptive Eligibility/Express Enrollment (EE)

4.2.7.3 Individuals Without Verification and Affect on Household Eligibility

4.2.7.4 Child Citizenship Act 2000

4.2.7.5 Non-citizens

4.2.7.6 Individuals in Institutional Care Facilities

~~The Federal Deficit Reduction Act of 2005 requires persons~~ Persons applying for or receiving Medicaid (MA), BadgerCare Plus, or FPOS benefits, who have declared that they are a U.S. citizen, ~~to provide documentation of their U.S. citizenship and identity.~~ must provide documentation of their U.S. citizenship unless they are exempt from this requirement (See 4.2.2) or their citizenship is verified by the Social Security Administration through a data exchange.

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~~Agencies must comply with the BadgerCare Plus requirement to document citizenship and identity in order for the State to obtain Federal matching funds. As part of on-going DHS quality assurance initiatives, periodic quality control reviews will be done on randomly selected cases throughout the state to monitor agency compliance. Cases will be examined to determine if proper documentation was used to verify citizenship/identity and if the proper verification code was used. The Department will work with non-compliant agencies to achieve compliance.~~

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Certain documents, such as a passport, are considered verification of citizenship by themselves. These are called “stand-alone documents.” Those who are not exempt from the requirement, have not had their citizenship verified by the Social Security Administration, and do not provide a stand-alone document must provide documentation of citizenship and of identity. Any document used to establish U.S. citizenship must show either a birthplace in the U.S., or that the person is otherwise a U.S. citizen. In addition, any document used to establish identity must show identifying

information that relates to the person named on the document. For a list of all the allowable documentation, see [Process Help, Section 68.3](#) ~~the~~ Acceptable Citizenship and Identity Documentation.

If an individual has provided proof of citizenship in a state other than WI, the IM worker can either request that the individual resubmit the documentation or request and obtain a copy or electronic copy of the original documentation reviewed by the other state to keep on file in WI.

Agencies may accept citizenship and identity documents from a woman whose last name has changed due to marriage or divorce if the documentation matches in every way with the exception of the last name. If there is any doubt, the agency may request that the individual provide an official document verifying the change such as a marriage license or divorce decree. If an individual has changed his or her first and last name, he or she must produce documentation from a court or governing agency documenting the change.

Applicants who are otherwise eligible and are only pending for verification of citizenship (and identity when needed) must be certified for health care benefits within the normal application processing timeframe (30 days from the filing date). Applicants are not eligible for backdated health care benefits while pending for citizenship and/or identity. Once verification is provided, the applicant's eligibility must then be determined for backdated health care benefits if they have been requested.

The applicant will have 95 days after the request for verification to provide the requested documentation. If the requested verification is not provided by the end of the 95 days, the eligibility will be terminated with Adverse Action notice, unless the eligibility worker believes a good-faith effort is being made by the applicant/member and the worker chooses to extend the good-faith period. This 95-day period applies to applications, reviews and person adds. An individual can only receive one 95 day good-faith effort period in his or her lifetime.

Once the citizenship (and identity [when needed](#)) requirement is met, it need not be applied again, even if the person loses Medicaid at some point and later re-applies. A person should ordinarily be required to submit evidence of citizenship (and identification [when needed](#)) only once, unless other information is received causing the evidence to be questionable.

Note: Do not re-verify identity for a person who has had his or her identity verified through the signing of a Statement of Identity for Children Under 18 Years of Age, F-10154.

~~An electronic copy of documentation~~ ~~Documentation~~ submitted by the applicant or member to satisfy the requirement must be maintained in the case record.

See Process Help, ~~Section-Chapter~~ 68.1 Citizenship and Identity Verification, for tools that IM workers can use to assist clients and applicants in meeting this requirement.

~~4.2.2 Reserved~~

~~4.2.2~~ 4.1.1 Exempt Populations

The following populations are exempt from the citizenship and identity documentation requirement:

- Anyone currently receiving Social Security Disability Insurance (SSDI).
- Anyone who is currently receiving Supplemental Security Income (SSI) benefits.
- Anyone currently receiving Medicare.
- Anyone currently receiving Foster Care (Title IV-E and Non IV-E)
- Anyone currently receiving Adoption Assistance
- Anyone applying for or receiving BadgerCare Prenatal Program benefits.
- Anyone who has ~~ever~~ been eligible for Wisconsin Medicaid or BadgerCare Plus as a Continuously Eligible Newborn (CEN) at any time on or after July 1, 2006. This includes CENs born on or after July 1, 2005.

Former SSI and Medicare Recipients

States cannot consider individuals who received Medicare or SSI in the past to be exempt. An individual is not required to be a citizen to receive these benefits. Since SSA does not share information regarding the reason benefits were lost, it is not possible to determine if the termination was due to citizenship status or not.

Note: Confirm the receipt of SSI, SSDI, and Medicare through SOLQ or DXSA.

Note: Qualified providers who conduct BadgerCare Plus express enrollment determinations must not apply the citizenship and identification documentation requirement to persons seeking eligibility through express enrollment. Persons determined eligible for BadgerCare Plus through express enrollment are not subject to the documentation requirement until they file a formal application with the local Income Maintenance Agency.

~~4.2.3 Reserved~~

4.2.3 Citizenship Verification through Data Exchange

For individuals who meet the selection criteria below, CARES will automatically submit a request to the Social Security Administration (SSA), with the person's name, verified Social Security Number (SSN), and date of birth for comparison to SSA's data. If SSA is able to verify the person's U.S. citizenship, no additional verification of citizenship is required.

Only persons meeting all of the following criteria will be selected for this data exchange:

- Requesting Medicaid, BadgerCare Plus, or Family Planning Only Services
- Declaring to be a US citizen or national
- Provides an SSN
- Is not a member of an exempt population listed in 4.2.2
- Citizenship/nationality has not already been verified through other means

Non-exempt BCP applicants/members who do not provide an SSN or whose SSN cannot be verified, must meet the citizenship/identity verification requirement by providing verification as defined in 4.2.4.

4.2.4 Hierarchy of Documentation

4.2.4 Citizenship Documentation

If an individual applying for BadgerCare Plus is not exempt from documenting citizenship and the Social Security Administration is unable to verify his or her citizenship through the data exchange, he or she needs to provide documents that verify citizenship (and identity when needed).

~~The list of valid documents used to verify citizenship and identity is divided into five levels in accordance with federal regulations. Level 1 consists of documents of the highest reliability and can prove both citizenship and identity. Levels 2 through 4 consists of documents that can prove citizenship only with Level 2 being the most reliable and Level 4 the least reliable. Level 5 consists of documents that can prove identity only. Applicants and members must provide documentation from the highest level available that can be obtained during the reasonable opportunity period.~~

~~If an individual needs to verify citizenship and/or identity at the point of application or renewal he or she should try to fulfill the requirement with proof he or she already has available. If an applicant/member contacts the agency, work with him or her to check Documentation Levels 1 through 5 to determine if anything on the document list in Process Help, Section 68.3 Acceptable Citizenship and Identity Documentation list is readily available to the applicant/member. If an applicant/member was born in Wisconsin, use the online Birth Query to verify citizenship.~~

In certain circumstances the agency can authorize payment of documentation for an applicant/member. See ~~the~~ 4.2.5, Agencies Paying for Documentation.

Stand-alone Documentation Level 1 - Evidence of Citizenship and Identity

Stand-alone documentation is a single document that verifies Primary evidence documents both citizenship, such as a United States passport. Stand-alone documentation and identity. Primary evidence of citizenship and identity is the most reliable way to establish that the person is a U.S. citizen. If an individual presents a

stand-alone document~~documents from level 1~~, no other information is required. See Process Help, Section 68.3 Acceptable Citizenship and Identity Documentation, for a list of stand-alone documents.

- An applicant or member who does not provide a stand-alone document must provide documentation of citizenship and identity. ; ~~however, relatively few BadgerCare Plus applicants and members~~

Evidence of Citizenship

= If an applicant is unable to provide stand-alone documentation of citizenship, the first thing he or she must provide is evidence or other documentation proving citizenship. (See Process Help, Section 68.3 Acceptable Citizenship and Identity Documentation, for a list of acceptable Documentation of Citizenship Only.) If an applicant is unable to provide any of the acceptable documents of citizenship found in Process Help, he or she may submit an affidavit signed by another individual under penalty of perjury who can reasonably attest to the applicant's citizenship, and that contains the applicant's name, date of birth, and place of U.S. birth. The affidavit does not have to be notarized. Provide the applicant with the Statement of Citizenship and/or Identity form, F-10161.~~be able to provide documents from this group.~~

~~Level 2 - Evidence of Citizenship~~

= ~~Secondary evidence of citizenship is the next most reliable way to establish someone is a US citizen. Many BadgerCare Plus applicants and members will be able to present documents from level 2 during the reasonable opportunity period and should be encouraged to do so.~~ Note, however, that a citizenship document from this group is evidence of U.S. citizenship only and must be accompanied by evidence of identity.

Note: Completing an on-line birth query (~~level 2 documentation~~) can be done for all persons born in Wisconsin. ~~Enter tran code MNOS on CARES mainframe screen, hit enter, then F2. There is no cost to the agency to use this method of verification.~~

~~Level 3 - Evidence of Identity~~ Citizenship

If an applicant is unable to provide stand-alone documentation of U.S. citizenship, in addition to providing evidence of ~~Third level evidence of U.S. citizenship, in addition to providing evidence of~~ ~~is acceptable and may be presented by applicants and members who are unable to obtain level 1 or level 2 evidence during the reasonable opportunity period. As with level 2 evidence, a document from this group is evidence of U.S. citizenship, they only and must also provide~~ be accompanied by evidence of identity. (See Process Help, Section 68.3 Acceptable

~~Level 4 - Evidence of~~ Citizenship

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~~Fourth level evidence of U.S. citizenship is acceptable evidence of the lowest reliability. While most BadgerCare Plus applicants and members will be able to present documents at this level, they should do so only if unable to obtain evidence of citizenship from the other levels during the reasonable opportunity period. As with second and third level evidence, a document from this group is evidence of U.S. citizenship only and must be accompanied by evidence of identity.~~

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~~Level 5 – Evidence of Identity~~

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~~Level 5 documentation can only be used to verify identity. Documentation, for a list of acceptable Documentation of Identity Only. of citizenship from levels two through four must be accompanied by evidence of the applicant's or member's identity from Level 5.~~

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The applicant may provide any documentation of identity listed in PH 68.3 Acceptable Citizenship and Identity Documentation~~three or more corroborating documents, such as a marriage license, divorce decree, high school or college diploma, property deed/title, death certificate, or employer ID card,~~ to prove identity, provided such document has a photograph or other identifying information sufficient to establish identity, including, but~~This option can only be used if the applicant submitted level 2 or 3, not limited to, name, age, sex, race, height, weight, eye color, or address..level 4, citizenship documentation. The applicant may not use a document that was also used for citizenship verification.~~

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In addition, you may accept as proof of identity a finding of identity from a Federal agency or another State agency, including but not limited to a law enforcement, revenue, or corrections agency, if the agency has verified and certified the identity of the individual. If the applicant does not have any documentation of identity and identity is not verified by another Federal or State agency, he or she may submit an affidavit signed, under penalty of perjury, by a person other than the applicant who can reasonably attest to the applicant's identity. Such affidavit must contain the applicant's name and other identifying information establishing identity, as described above. The affidavit does not have to be notarized. Provide the applicant with the Statement of Citizenship and/or Identity form, F-10161.**Naturalized Citizens**

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~~Naturalized citizens must provide level 1 or 2 citizenship documentation. The Citizenship Affidavit is also available for this population if no document from level 1 or 2 is available. This group cannot use level 3 or 4 documentation.~~

4.2.5 Agencies Paying for Documentation

The worker can authorize payment for a birth certificate from the state where the applicant was born and/or a WI State ID if an applicant/member:

- Has no documentation of citizenship or identity~~from Levels 1-5~~;
- Needs either an out of state birth certificate and/or has no identity documentation; and
- Requests financial assistance.

Note: If a member has obtained and already paid for his or her own documentation and later asks the IM agency for reimbursement of those costs, the IM agency should not provide reimbursement. ~~If an individual has requested and paid for documentation before applying but does not yet have the documentation, do not confirm program eligibility for this individual. Eligibility can only be granted once the individual receives documentation and provides it to the agency.~~

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If an individual was born in Wisconsin and not found in the Wisconsin online birth query, agencies may authorize payment for a WI birth certificate to verify citizenship.

IM agencies should pay for a birth certificate or state ID card before relying on a written affidavit~~using the "Special Populations" option (4.2.6)~~. If there is an opportunity to obtain a document that meets the federal~~the~~ guidelines then that should be pursued.

However, when an applicant/member lacks any identity documentation needed to apply for a birth certificate or lacks any citizenship documentation to be able to apply for an ID card, it is appropriate to consider using a written affidavit~~the Written Affidavit~~ for citizenship and/or identity.

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~~"Special Populations Policy.~~

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In order to obtain birth certificates or state ID cards for applicants/members, agencies need to follow the process outlined in ~~Chapter (68.2.5) of Process Help~~, Section 68.2.5 Agency Documentation Requests.

4.2.6 Reserved Policy For Special Populations

~~It is expected that all non-exempt individuals requesting or receiving BadgerCare Plus provide acceptable documentation to verify citizenship and identity from the federally approved Levels 1 through 5 at application or review. However, certain special populations may be particularly disadvantaged with regard to providing the required documentation. For some persons within a special population, it will be allowable to accept other documents besides those listed in Levels 1-5, once it is determined that the person is unable to produce any Level 1-5 documentation.~~

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~~This policy only applies when it is determined that an individual within a special population is in a situation where he or she does not have the ability to obtain citizenship or identity documentation from Level 1-5. This policy should be used with discretion and only when an individual has no other means of meeting the requirement.~~

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Examples of individuals in special populations include, but are not limited to, persons who:

- Are physically or mentally incapacitated and whose condition renders them unable to provide necessary documentation.
- Are chronically homeless and whose living arrangement makes it extremely difficult to provide the necessary documentation.
- Are minors.
- Have religious beliefs that prevent them from securing the documentation.

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There are two ways for individuals in special populations to meet the citizenship and identity documentation requirement:

1. Present other documents besides those listed in Levels 1-5 to meet the requirement as long as the document meets the general documentation requirement stated here:

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"Any document used to establish U.S. citizenship must show either a birthplace in the U.S. or that the person is otherwise a U.S. citizen. Any document used to establish identity must show identifying information that relates to the person named on the document."

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Some examples of documents that could be used to establish citizenship for special populations as long the document shows a birthplace in the U.S. or that the person is otherwise a U.S. citizen are:

- Hospital "souvenir" birth certificate
- Baptismal certificate
- Native American documentation

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Below are examples of documents that could be used to establish identity for special populations as long the document shows some identifying information (e.g., name, address, telephone number, etc.) that relates to the individual:

- ~~Social Security Card~~
- ~~Driver education course completion certificate~~
- ~~School record or transcript~~
- ~~Credit card with signature~~
- ~~Voter registration materials~~
- ~~Permanent Resident card~~

Example 1: ~~Due to their religious practices, an Amish family is not able to present a birth certificate for their child because the child was not born in a traditional hospital setting and no record of the child's birth exists within the state system. In addition, the child is home schooled so there is no school identification card to present for identification verification. However, the family is able to produce a signed letter from their church leader that states the child's birth place and birth date. This document can be used to satisfy the citizenship and identification requirement under the policy for Special Populations.~~

- ~~2. The newly developed Statement of Citizenship and/or Identity for Special Populations form, F-10161, can be used to meet the new requirement only when no other documentation is available from Levels 1-5 or item #1 above.~~

~~This form can be completed by a related or unrelated individual who knows the applicant/member, an *authorized representative*, an IM Agency worker, a worker for a housing agency who is aware of the individual's living situation, a BadgerCare Plus provider for a minor, etc. Additional requirements concerning the Statement of Citizenship and/or Identity for Special Populations form are as follows:~~

- ~~The person completing the form attesting to another person's citizenship must be a US citizen.~~
- ~~IM agencies are not required to verify the citizenship of the person signing the form.~~
- ~~Do not accept a form attesting to the citizenship of another individual when you know the person completing the form is not a US citizen.~~

Example 2: ~~A 15-year-old minor female applies for the Family Planning Only Services program. She does not have a copy of her birth certificate, but because she was born in Wisconsin, the IM worker is able to complete an online birth query to verify her citizenship. The applicant does not have a driver license. She does not have a school ID because the school district in which she lives does not issue a school identification card. Further, she does not have nor is she able to provide any other acceptable document from Levels 1-5. In this case, an F-10161 can be signed by a Family Planning Only Services program provider on the behalf of a minor female to verify her identity and meet the federal requirement.~~

~~**Note:** A Statement of Citizenship and/or Identity for Special Populations form can be signed by the authorized representative of an individual who is not able to procure any other documents on his or her own.~~

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~~While an IM worker is obligated to assist an applicant or member who asks for help in meeting the citizenship and identity requirement, this does not necessarily mean the IM worker must sign the Statement of Citizenship and/or Identity for Special Populations form. The signatory to the Statement of Citizenship and/or Identity for Special Populations form must know and be able to truthfully attest to the applicant/member's citizenship or identity. If an IM worker can do this for an applicant/member, then he or she may sign the form.~~

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~~Maintain copies of any documents secured under this temporary policy in the case record. Enter case comments to document why this policy was used and note whether the Statement of Citizenship and/or Identity for Special Populations form or another document was used to verify citizenship and identity.~~

~~-~~

~~**Note:** An individual who met the citizenship requirement by using documents obtained under the Special Populations policy or by using the Statement of Citizenship and/or Identity for Special Populations form has complied with the federal requirement and is not required to provide other documentation at his/ her next review.~~

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~~If you are aware of an individual who meets the special population category outlined above and whose BadgerCare Plus application has been denied or eligibility has ended because of his or her inability to provide acceptable documentation, contact the individual to see if the Special Populations policies may be applied. See Documentation Level 7 Acceptable Citizenship and Identity Documentation.~~

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4.2.7.4 Child Citizenship Act 2000

Certain foreign-born individuals have derivative U.S. citizenship as a result of the Child Citizenship Act (CCA). Within the context of the BadgerCare Plus citizenship verification requirement, this means that for any applicant or member claiming citizenship through the CCA, IM workers should not request documentation for that person. In these cases, IM workers need to acquire documentation proving the citizenship and identity of at least one U.S. citizen parent. The parent's U.S. citizenship is the basis for the child receiving derivative citizenship.

For persons who meet the citizenship verification requirement through the means allowed in the CCA, this is considered ~~level 2~~ evidence of citizenship.—Therefore this counts for citizenship only and the individual needs to provide another document to verify identity. ~~The code <CA> should be used in the BadgerCare Plus Citizenship Verification field.—~~

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See 4.1.1 Child Citizenship Act of 2000

4.2.7.5 Non-citizens

As a reminder, do not request or require citizenship and identity documentation from individuals who have not declared that they are citizens. Non-citizens who apply for IM programs are not subject to this policy. Legal non-citizens are subject to the verification process through *FDSH* and *SAVE*, and undocumented non-citizens do not have any status that can be verified. (See Process Help, Section 44.2.2.11 Immigrant/Refugee Verification, for instructions on using FDSH and Process Help, Chapter 82 *SAVE*, for instructions on using SAVE .) Undocumented non-citizens can apply for Emergency Medicaid or BadgerCare Plus Prenatal Program and should not be subject to the citizenship and identification verification policy.

When an individual who had legal non-citizen status subsequently gains U.S. citizenship, this is recorded in SAVE. Therefore SAVE can be used to verify these individuals' citizenship. The verification result from SAVE will be used to verify these individuals' citizenship. The verification result from SAVE will be "individual is a US Citizen." ~~Use the <SV> code in the Medicaid Citizenship verification field when using SAVE for this population.~~ These individuals ~~do~~ still need to provide proof of identity ~~since the SAVE verification is considered to be Level 2 citizenship documentation.~~

9.4.1 Date of Death Matches

When a Social Security Administration data exchange indicates that an eligible member or applicant has died and the IM agency has not received any other information to confirm the death, the member, another family member, or the member's representative must be allowed 10 days to correct any misinformation prior to benefits being impacted. For ongoing cases, the member for whom a death match was received will still be considered to be alive and benefits for the member or others on the case will not be changed or pended during this time. The case should be pended when verifications, such as earned income, are needed. Benefit changes due to changes in eligibility will still need to be processed. However, for an application, person add or renewal, it means allowing at least the minimum 10 days for a response before a worker confirms eligibility for the application, renewal or person/program add.

This 10-day period is known as the "refutation period." A letter is automatically sent to the primary person requesting a response if the individual is not deceased. The response due date will be extended to a longer period to allow for mailing delays due to weekends or holidays (will follow the VCL due date logic). The refutation period may only be shortened when either:

- A member, family member, or his or her representative, confirms the date of death
- A worker verifies a date of death through a third party source, such as a local newspaper obituary

At the end of the refutation period, if no response is received from the member/applicant or the household, the date of death is considered verified and eligibility for the household must be redetermined and a notice of decision issued.

16.2 INCOME TYPES NOT COUNTED

32. Payments for W-2 Transition, *Custodial Parent* of an Infant, At Risk Pregnancy, Case Management Follow-up Plus (CMF+) and Community Service Jobs. Do not disregard payments for Trial Employment Match Program or Transform Milwaukee Jobs.

16.9.5 Eligibility Under Another Category of BadgerCare Plus or Medicaid

~~If EM CAPO will end the gap filling certification if~~ the member ~~becomes~~has become eligible in another category of BadgerCare Plus or Medicaid, the gap filling certification will end. EM CAPO does not send a notice of termination to the member if the gap filling certification ended due to the member becoming eligible in another category of BadgerCare Plus or Medicaid.

17.4.1 When Expenses Can Be Counted Toward a Deductible

To be counted toward the deductible, a medical or remedial expense must meet all of the following conditions:

1. Be incurred by the member, his or her spouse (if applicable), or, if the member is younger than 19 years old, his or her parents.

Expenses may also be counted if incurred for someone the member is legally responsible for if that person's bills could be counted toward the member's deductible. The medical bill may be used even if the person is no longer living or no longer in the current BadgerCare Plus group.

Example 1: Sally's spouse, Michael, died in April. In September, Sally requests that a medical bill incurred for Michael be used toward her deductible. Sally is still legally responsible for the bill. The bill can be used to meet the deductible as long as it did not result in a BadgerCare Plus certification in an earlier period.

Example 2: Jenny's children, Sam and Olivia, each have a \$1000 deductible. Jenny has a medical bill for \$1000. This bill can be used to meet both Sam's \$1000 deductible and Olivia's \$1000 deductible at the same time.

25.5 VALID SIGNATURE

25.5.1 Valid Signature Introduction

The *applicant* or the applicant's caretaker relative must sign (using his or her own signature):

1. The paper application form,
2. The signature page of the application (telephone or face to face) or
3. The ACCESS application form with an electronic signature.
4. The online or paper Application for Health Coverage & Help Paying Costs from the Federally-facilitated Marketplace.

25.5.1.1 Signatures from Representatives

The following people can sign the application with their own name on behalf of the applicant:

Except when:

1. ~~Guardian~~A guardian signs for him or her. When an application is submitted with a signature of someone claiming to be the applicant's guardian, obtain a copy of the document that designates the signer of the application as the guardian. From the documents provided, ensure that the individual claiming to be the applicant's guardian can file an application on his or her behalf. Only the person designated as the guardian of the estate, guardian of the person and the estate, or guardian in general may sign the application. In this situation, the applicant may not sign the application or appoint an authorized representative.
~~File the copy of the document in the case record.~~

~~Your agency's social services department determines the need for a guardian or conservator (IMM, Ch. I, Part A, 19.0.0). Determine the guardian type specified by the court.~~

~~Only the person designated as the guardian of the estate (IMM, Ch. I, Part A, 19.2.0), guardian of the person and the estate, or guardian in general may sign the application. You may not require a conservator (IMM, Ch. I, Part A, 19.4.0) or guardian of the person (IMM, Ch. I, Part A, 19.1.0) to sign the application.~~

2. ~~An authorized representative signs for the applicant.~~ Authorized Representative The applicant may authorize someone to represent him or her. ~~(IMM, Ch. I, Part A, 18.3.0).~~ An authorized representative can ~~must~~ be an individual or, ~~not~~ an organization. See 34.1 Authorized Representatives for more information

~~If the applicant wishes to authorize someone to represent him or her when applying by mail, instruct him or her to complete the authorized representative section of the application form.~~

If the applicant needs to appoint an authorized representative when applying by telephone or in person, instruct the applicant to complete the Appoint, Change, or Remove an Authorization of Representative form (F-10126).

~~An authorized representative is responsible for submitting the signed application (completed insofar as able) and any required documents.~~

~~When appointing an authorized representative, someone other than the authorized representative must witness the applicant's signature. If the applicant signs with a mark, two witness signatures are required.~~

~~When a Marketplace application is processed by the agency and an applicant has appointed an authorized representative in the application, the agency must honor this appointment of an authorized representative.~~

3. The Durable Power of Attorney (Wis. Stat. ch. 244):~~applicant's durable power of attorney (Wis. Stat. ch. 244) signs the application.~~ A durable power of attorney is a person to whom the applicant has given power of attorney authority and agrees that the authority will continue even if the applicant later becomes disabled or otherwise incapacitated.

When a submitted application is signed by someone claiming to be the applicant's durable power of attorney, workers must do both of the following:

- a. Obtain a copy of the document the applicant used to designate the signer of the application as the durable power of attorney.
- b. Review the document for a reference that indicates the power of attorney authority continues notwithstanding any subsequent disability or incapacity of the applicant.

Do not consider the application properly signed unless both of these conditions are met. ~~File a copy of the document in the case record.~~ An individual's Durable Power of Attorney may appoint an authorized representative for purposes of making a BadgerCare Plus application, if authorized on the power of attorney form. The Durable Power of Attorney form will specify what authority is granted.

The appointment of a Durable Power of Attorney does not prevent an individual from filing his or her own application for BadgerCare Plus, nor does it prevent the individual from granting authority to someone else to apply for public assistance on his or her behalf.

- Someone acting responsibly for ~~an~~the individual ~~signs the form on behalf of the individual, if the individual is~~ incompetent or incapacitated person.

Example 1: Carl is in a coma in the hospital. Sherry, a nurse who works at the hospital, can apply for BadgerCare Plus on Carl's behalf.

- A superintendent of a state mental health ~~institute~~institution or center for the developmentally disabled ~~signs on behalf of a patient~~.
- A warden ~~or warden's designee~~signs the application for an ~~applicant that is an~~ inmate of a state correctional institution ~~who that~~ is a hospital inpatient ~~out~~ for more than 24 hours .
- The director of a county social or human services department delegates, in writing (retain a copy of this written authorization), to the superintendent of the county psychiatric institution the authority to sign and witness an application for residents of the institution.

The social or human services director may end the delegation when there's reason to believe that the delegated authority is not being carried out properly.

25.8.1 Backdated Eligibility

All pregnant women, except those eligible under the BadgerCare Plus Prenatal program, may have their eligibility backdated to the first of the month, up to three calendar months prior to the month of application.

All former foster care youth that meet the criteria in Chapter 11 Foster Care Medicaid may have their eligibility backdated to the first of the month, up to three calendar months prior to the month of application.

Children determined eligible for BadgerCare Plus are eligible for the following periods of backdated eligibility:

- Infants less than 1 year old may have their eligibility backdated up to the first of the month, three calendar months prior to the month of application for any of the months in which their family income was at or below 306% FPL,
- Children ages 1 through 5 may have their eligibility backdated up to the first of the month, three calendar months prior to the month of application for any of the months in which their family income was at or below 191% FPL, and
- Children ages 6 through 18 may have their eligibility backdated up to the first of the month, three calendar months prior to the month of application for any of the months in which their family income was at or below 156% FPL.

All non-pregnant, non-disabled parents and caretakers may have their eligibility backdated up to the first of the month, three calendar months prior to the month of application for any of the months in which their family income was at or below 100% FPL.

Childless adults with assistance group income under 100% FPL are eligible for backdating.

When backdating BadgerCare Plus, do not go back further than the first of the month, three months prior to the application month. Certify the person for any backdate month in which he or she would have been eligible had he or she applied in that month. In the case of children, certify the person for any backdate month in which he or she would have been eligible had he or she applied in that month and in which their assistance group income was at or below the appropriate FPL level for their age group.

When determining backdated eligibility, use actual nonfinancial information (e.g., household composition) and actual income in the backdated months. When determining backdated eligibility under gap filling rules for months in a past calendar year, use actual income. When determining backdated eligibility under gap filling rules for months in the current calendar year, assess expected annual income using the same process for non-backdated months.

A backdate request can be made at any time, except in the case where the member is already enrolled and backdating the member's eligibility would result in a deductible for the backdated period.

Note: Applicants are not eligible for backdated health care benefits while pending for citizenship and/or identity. Applicants who are otherwise eligible must be certified for health care benefits for the 95 day good-faith period within the normal application processing timeframe. Once verification is provided, the applicant's eligibility must then be determined for backdated health care benefits if they have been requested. See Section 4.2 Documenting Citizenship and Identity for more information.

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25.9 DENIALS AND TERMINATIONS

25.9.1 Termination

During the calendar month after a member's enrollment has been terminated, BadgerCare Plus can be reopened without requiring a new application. The person may need to provide verification if required to complete the eligibility determination.

If more than a calendar month has passed since a member's enrollment was terminated, the person must file a new application to reopen his or her BadgerCare Plus.

If a case is closed at renewal due to failure to complete the renewal, including providing verification for that renewal, the person's case can be reopened for BadgerCare Plus without filing a new application if he or she provides the necessary information within three months of the renewal date (see Section 26.1.2 Three-Month Late Renewals).

If the person re-requests BadgerCare Plus after enrollment was terminated and the case is open for any other program of assistance, do not require him or her to re-sign his or her application or sign a new application.

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25.9.2 Denial

If less than 30 days has passed since the applicant's eligibility was denied, allow the applicant or his or her representative to re-sign and date the original application, the signature page of the application summary, or page one of the application or to call the agency to submit a telephonic signature to set a new filing date.

If more than 30 days has passed since an applicant's eligibility was denied and the person is not open for any other program, the person must file a new application to reopen his or her Medicaid.

~~If the person is open for any other program of assistance, do not require him or her to re-sign his or her application or sign a new application.~~

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The person may need to provide verification if required to complete the eligibility determination.

32.2.5 Household Size

For presumptive eligibility for BadgerCare Plus, the household size must include all members of the household, even if they are not requesting presumptive eligibility and are not listed on the application. Household members include:

- - Children under age 19. If the child is married, his or her spouse should also be included.
 - The natural, adoptive or step parents living with the children under age 19.
 - Spouses.
 - Caretaker relatives.
 - For pregnant woman, the number of babies she is expecting.

For presumptive eligibility for Family Planning Only Services, the household size can only be "1" regardless of whether the individual is under age 18, married and/or has children, so this field will be automatically filled with "1."

32.2.6 Income

32.2.6.1 Monthly Earned Income

For presumptive eligibility for BadgerCare Plus, earned income from all household members listed in ACCESS Handbook Section 12.4.5.1 Household Size should be reported even if they are not requesting presumptive eligibility and are not listed on the application.

For presumptive eligibility for Family Planning Only Services, only the earned income of the individual on the application should be reported.

Earned income is income resulting from performing a job or providing a service. Earned income includes commissions, tips, salaries, wages and self-employment. To calculate the amount of the monthly earned income, the user must first determine how the employee is paid:

- - **Paid Hourly:** If the employee is paid hourly, the user must multiply the number of hours worked per week by the amount of pay per hour and then multiply that amount by 4 to get the monthly income. The user should count monthly income before taxes are taken out but after any pre-tax deductions are taken out of the paycheck. Any overtime or weekend pay should also be counted.
 - **Paid a Salary:** If the employee is paid a salary, the user must enter the monthly amount of the salary. If the salary is based on a yearly amount, the user should divide the yearly amount by 12 to determine the monthly amount. The user should count monthly income before taxes are taken out but after any pre-tax deductions are taken out of the paycheck.

- **Tips and Commission:** If the employee is paid in tips or commission, the user should count the average amount of tips or commission received monthly.

Note: Former Foster Care Youth are not subject to the income eligibility criteria. If an individual is a Former Foster Care Youth and is the only person in the household, the user should enter income amounts of \$0. If an individual is a Former Foster Care Youth and is on the same presumptive eligibility for BadgerCare Plus application as other household members, the user must include the Former Foster Care Youth's income since it must be considered when determining the eligibility of the other household members. The Former Foster Care Youth's income will not be considered when determining the Former Foster Care Youth's eligibility.

Self-employment Income: Self-employment income (income earned directly from one's own business, rather than earned as an employee with a specified salary or wages from an employer) should be counted as monthly earned income. However, self-employment expenses (the monthly average of expenses) should be deducted from self-employment income to determine the net self-employment amount.

Student income: Income earned from work-study jobs should be counted as monthly earned income.

The following should **not** be counted as monthly earned income:

- Tax refunds, including Earned Income Tax Credits payments.
- Allowances.

32.2.6.2 Other Monthly Income

For presumptive eligibility for BadgerCare Plus, other monthly income from all household members listed in ACCESS Handbook, Section 12.4.5.1 Household Size, should be reported even if they are not requesting presumptive eligibility and are not listed on the application.

For presumptive eligibility for Family Planning Only Services, only the other monthly income of the individual on the application should be reported.

Other monthly income includes taxable income from a source other than a job or self-employment. For example:

- Social Security (gross amounts should be used).
- Unemployment.
- Pensions (only the taxable amount should be counted).
- Annuity payments (only the taxable amount should be counted).
- Insurance benefits.

- Payments received for the rental of rooms, apartments, dwelling units, buildings or land (if not reported as self-employment income). Taxes and the expense of property maintenance may be deducted.
- Income from Tribal Per Capita payments from gaming revenue.

The following should **not** be counted as other monthly income:

- Supplemental Security Income (SSI).
- Student loans.
- Student financial aid including grants, scholarships and fellowships.
- Child support income.
- Workers' compensation.
- Veteran's benefits.
- Reimbursement for expenses that the applicant has incurred or paid, except for reimbursement for normal household living expenses such as rent, clothing or food eaten at home.
- Foster care or subsidized adoption payments.
- Life insurance policy dividends.
- Payments made by a third party directly to landlords or other vendors.
- Governmental (federal, state, or local) rent and housing subsidies, including payments made directly to the applicant for housing or utility costs (e.g., U.S. Department of Housing and Urban Development (HUD) utility allowances).
- Nutrition-related benefits, such as FoodShare Wisconsin.

34.1 AUTHORIZED REPRESENTATIVES

Applicants or members can appoint either an individual or an organization as authorized representative. An authorized representative can be appointed through any of the following means:

- ACCESS, when applying
- Federally Facilitated Marketplace (Note: When a Marketplace application is processed by the agency and an applicant has appointed an authorized representative in the application, the agency must honor this appointment of an authorized representative.)
- Paper form:
 - Appoint, Change, or Remove an Authorized Representative: Person, F-10126A
 - Appoint, Change, or Remove an Authorized Representative: Organization, F-10126B

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A valid authorized representative appointment requires all contact information of the authorized representative and the signatures of the applicant or member, the authorized representative, and a witness. If the applicant or member is signing with an "X," a valid appointment requires two witness signatures. If any of the required signatures are missing, the following three conditions apply:

- The authorized representative appointment is not valid.
- This authorized representative cannot take action on behalf of the applicant or member.
- The agency cannot disclose information about the case to the invalid authorized representative.

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There can only be one authorized representative at a time on a case. There is no time limit on how long a person or organization can act as authorized representative. The appointment of the authorized representative is valid until the applicant or member notifies the agency of a change or removal in writing. Once appointed, the authorized representative has ability to act for all open programs on the case.

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Organizations acting as authorized representatives must provide the name and contact information of a person from the organization. Once the organization has been appointed as the authorized representative, anyone from the organization will be able to take action on behalf of the applicant or member (not just the person who signed the form on behalf of the organization). If an organization is only changing the contact person for the organization, the member is not required to complete a new Appoint, Change or Remove Authorized Representative form if the organization is going to remain as the authorized representative.

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The authorized representative should be familiar with the applicant or member's household situation and is expected to fulfill their responsibilities to the same extent as the individual being represented. An authorized representative is limited to doing any or all of the following on behalf of the applicant or member:

- Apply for or renew benefits
- Report changes in the applicant or member's circumstances or demographic information
- Receive copies of the applicant or member's notices and other communications from the agency
- Work with the IM agency on any benefit related matters
- File grievances or appeals regarding the applicant or member's eligibility

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To change an authorized representative, the member must complete and submit the Appoint, Change, or Remove an Authorized Representative form to their IM agency. To remove an authorized representative, the member needs to let the agency know of the removal in writing, for example completing Section one of the Appoint, Change, or Remove an Authorized Representative form or submitting a signed letter indicating the removal. The member does not need to gather additional signatures from the authorized representative or a witness to complete the removal of an authorized representative.

34.1.2 Additional Responsibilities

The applicant or member can choose to appoint the person who is acting as his or her authorized representative to receive the member's ForwardHealth card and is also allowed to do the following tasks:

- Enroll the applicant or member in an HMO
- Contact Member Services or the HMO about a bill, service or other medical information, including Protected Health Information (PHI)

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An authorized representative who is appointed by the member to have these additional functions is coded in CARES as a Medicaid (MA) Payee. The authorized representative and the MA Payee must be the same person, and the MA Payee cannot be an organization. If the member's authorized representative is an organization and the member wants to appoint a MA Payee, the member will need to change the authorized representative to a person and authorize that person to have the MA Payee functions.

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The applicant or member can appoint his or her authorized representative to fulfill the additional responsibilities on Section 1 Part C of the Appoint, Change or Remove Authorized Representative: Person form (F-10126). The applicant or member acknowledges that he or she is authorizing the disclosure of PHI to the authorized representative since the authorized representative will have access to medical information such as health care services or treatments, medical bills, etc.

- There is no time limit on the MA Payee designation. An applicant or member can request removal of the MA Payee in writing at any time. For example, the applicant or member can submit the Appoint, Change or Remove Authorized Representative form or write a letter indicating the MA Payee removal.

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40.8 REPORTING CHANGES

Members receiving *FPOS* only are not required to report changes in income or household composition during the 12-month *certification period*. However, FPOS members are still required to report all other changes that would result in ineligibility such as moving out of state, incarceration, etc. within 10 days of the change.

Changes ~~reported in household composition or income~~ do ~~resulting in ineligibility will~~ not affect FPOS eligibility during ~~benefits for the remainder of~~ the 12-month certification period even if the ~~Eligibility is put into an extension phase until the end of the 12-month certification period or until the member reports an~~ income exceeds ~~decrease that is again below~~ the FPOS income limit.

Once eligibility has been established, the increase in income will not be considered until the next annual renewal that was originally set for the FPOS eligibility.

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Note: Household composition changes will not affect eligibility as all FPOS assistance groups will only include the member in the household composition, regardless of his or her living arrangement.

Changes reported in income or household composition resulting in eligibility for BadgerCare Plus should be applied. If there is a request for BadgerCare Plus on file, he or she will be found eligible for BadgerCare Plus. At that time, FPOS will end.

FPOS eligibility terminates when a member loses non-financial eligibility. Terminate eligibility, using *adverse action* logic, when she:

1. Moves out of state.
2. Is 19 years or over and is no longer cooperating with TPL, Medical Support, or *SSN* requirements.
3. Enrolls in BadgerCare Plus or becomes eligible for other full benefit Medicaid.
4. Becomes an inmate of a public institution.

40.9 ONGOING ELIGIBILITY ~~EXTENSION PHASE~~

Changes in income do not affect ~~An FPOS eligibility member enters into a FPOS extension phase if a change is reported at any time~~ during the 12-month *certification period, even if the* ~~-in income or household composition that results in~~ income that exceeds the FPOS income limit. Once eligibility has been established, the increase in income will not be considered

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~~The extension continues~~ until the next annual renewal ~~date~~ that was originally set for the FPOS eligibility.

This policy does not apply to backdated months. Backdated months are determined in addition to the 12-month certification period, and are not used as the basis for whether someone's eligibility will be maintained after an increase in income.

Note: Household composition changes will not affect eligibility as all FPOS assistance groups will only include the member in the household composition, regardless of his or her living arrangement.

40.10 REVIEWS AND RECERTIFICATIONS

A renewal/recertification (see Chapter 26 Renewal) is required every 12 months, after an initial eligibility determination. At the time of the *FPOS* renewal, income and household composition are again tested against the FPOS eligibility criteria.

If a member completes a renewal for another program of assistance at any time during the 12 month FPOS *certification period* and the information collected from that renewal indicates that she still meets FPOS eligibility requirements, the FPOS renewal date will be set 12 months from that renewal date.

If a member completes a renewal for another program of assistance at any time before the 12th month of FPOS eligibility ends, and reports income that is over the income limit for FPOS, this increase in income will not affect FPOS eligibility. It will not be considered until the next annual renewal that was originally set for the FPOS eligibility. ~~no longer meets the FPOS eligibility requirements, he or she will enter into an FPOS extension phase.~~ He or she will be required to complete a renewal at the end of the original 12-month certification period. If at this renewal, he or she is found to still have income in excess of the FPOS limit, eligibility for FPOS ends.

42.0 LONG-TERM CARE FOR CHILDLESS ADULTS

Institutionalized childless adults who do not meet the eligibility criteria for *EBD* Medicaid but are eligible for BadgerCare Plus are eligible to have their *LTC* services covered by BadgerCare Plus if they are functionally eligible. "Institutionalized" means the individual has resided in a medical institution for 30 or more consecutive days or is likely to reside in a medical institution for 30 or more consecutive days.

Note: Once institutionalized and considered out of the home, a parent would be considered a childless adult and may qualify for long-term care as a childless adult.