

WISCONSIN DEPARTMENT OF HEALTH SERVICES
Division of Medicaid Services
1 W. Wilson St.
Madison WI 53703

To: BadgerCare Plus Users

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

Re: **BadgerCare Plus Release 20-01**

Release Date: 02/03/2020

Effective Date: 02/03/2020

EFFECTIVE DATE	The following policy additions or changes are effective 02/03/2020 unless otherwise noted. Underlined text denotes new text. Text with a strike through it denotes deleted text.
POLICY UPDATES	
2.7 Group Examples	Updated table in example 5
2.8 Modified Adjusted Gross Income Counting Rules	Updated income limits for COLA
4.2.4.1 Stand-alone Documentation of Citizenship	Clarified differences between REAL ID driver's license and Enhanced driver's license
4.2.4.3 Evidence of Identity	Clarified differences between REAL ID driver's license and Enhanced driver's license
16.2 Income Not Counted #25 Student Financial Aids	Updated note description
16.4.3.4.1 IRS Tax Forms and Worksheets	Updated tax form signature requirement
16.4.4 Verification	Updated tax form signature requirement
16.9.1.1 People Found Eligible Under Gap Filling Rules	Added link to childless adult information
18.3 Increase in Child Support or Spousal Support Extensions	Clarified spousal support requirement
19.1 BadgerCare Plus Premiums	Clarified policy for children and added link to childless adult information
26.1.3 Administrative Renewals	Added link to childless adult information
33.5 Notify Members	Updated Wisconsin Estate Recovery Program Handbook notification method
33.6 Disclosure Form	Updated Disclosure Form process
42.1 Long-Term Care Eligibility for Childless Adults Eligible for BadgerCare Plus	Added link to childless adult information

The information concerning the BadgerCare Plus program provided in this handbook release is published in accordance with: Titles XI, XIX and XXI of the Social Security Act; Parts 430 through 481 of Title 42 of the Code of Federal Regulations; Chapter 49 of the Wisconsin Statutes; and Chapters HA 3, DHS 2 and 101 through 109 of the Wisconsin Administrative Code.

43.2	Financial Tests	Updated income limits for COLA
44	BadgerCare Plus Childless Adults	<i>New section</i>
48.1	BadgerCare Plus Premium Tables	Renamed section "BadgerCare Plus Children's Premium Tables"
51.1	BadgerCare Plus Categories	Updated childless adult information

2.7 Group Examples.....	3
2.8 Modified Adjusted Gross Income Counting Rules	4
4.2 Citizenship Verification	7
4.2.4.1 Stand-alone Documentation of Citizenship.....	7
4.2.4.3 Evidence of Identity	8
16.2 Income Types Not Counted.....	11
25. Student Financial Aids	11
16.4 Earned Income	13
16.4.3.4.1 IRS Tax Forms and Worksheets	13
16.4.4 Verification	14
16.9 Gap Filling	16
16.9.1.1 People Found Eligible Under Gap Filling Rules	16
18.3 Increase in Spousal Support or Family Support Income Extensions	17
18.3.1.2 Twelve-Month Extensions.....	17
19.1 BadgerCare Plus Premiums for Children	18
26.1 Renewals	19
26.1.3 Administrative Renewals	19
26.1.3.1 Administrative Renewals Introduction	19
33.5 Notify Members	20
33.6 Disclosure Form	21
42 long-term care for childless adults.....	22
42.1 Long-Term Care Eligibility Requirements for Childless Adults Eligible for BadgerCare Plus	22
43.2 Financial Tests	24
44.1 Introduction	25
44.2 Premiums for Childless Adults.....	26
44.2.1 Premium Policy Effective Date.....	26
44.2.2 Increase or Decrease in Household Income During the Certification Period ..	27
44.2.3 Premium Payment Amount.....	27
44.2.4 Premium Due Dates	28
44.2.5 Premium Payment Methods.....	29
44.2.6 Restrictive Re-enrollment Period	30
44.2.7 Refunds	31
44.2.8 Premium Notification.....	32

44.3 Treatment Needs Question for Childless Adults.....	33
44.3.1 Answering the Treatment Needs Question	34
44.3.2 Who Can Answer the Treatment Needs Question	35
44.3.3 Submitting the Treatment Needs Question.....	35
44.3.4 Real-Time Eligibility and Administrative Renewals	35
44.3.5 Treatment Needs Question Notification	35
44.4 BadgerCare Plus Health Survey for Childless Adults	36
44.4.1 Completing the Health Survey	36
48.1 BadgerCare Plus Children's Premium Tables	38
48.1.1 Premiums for Children	38
51.1 BadgerCare Plus Categories.....	39

2.7 GROUP EXAMPLES

Example 5

George (50) and Lucille (40) are married tax filers and are filing jointly. They have three tax dependents: Michael (14), Lindsay (14), and Buster (6). Buster is Lucille's nephew who George and Lucille care for. Michael and Lindsay are George and Lucille's children. George and Lucille also care for George's nephew Tobias (17) but will not claim him as a tax dependent. All six individuals are requesting health care.

Person	BC+ Category	George	Lucille	Michael	Lindsay	Buster	Tobias
George	MAGA	EA	CA	CC	CC	CC	XC
Lucille	MAGA	CA	EA	CC	CC	CC	XC
Michael	MAGC	CA	CA	EC	CC	CC	XC
Lindsay	MAGC	CA	CA	CC	EC	CC	XC
Buster	MAGL	XA	XA	XC	XC	EC	XC
Tobias	MAGL	XA	XA	XC	XC	XC	CC

Person	BC+ Category	George	Lucille	Michael	Lindsay	Buster	Tobias
George	MAGA	EA	CA	CC	CC	CC	XC
Lucille	MAGA	CA	EA	CC	CC	CC	XC
Michael	MAGC	CA	CA	EC	CC	CC	XC
Lindsay	MAGC	CA	CA	CC	EC	CC	XC
Buster	MAGL	XA	XA	XC	XC	EC	XC
Tobias	MAGL	XA	XA	XC	XC	XC	EC

2.8 MODIFIED ADJUSTED GROSS INCOME COUNTING RULES

Within each *MAGI* assistance group, all counted and eligible individuals' countable income is budgeted with one exception: if a group member is a child or tax dependent of a counted or eligible member within the same assistance group, his or her income is only counted if he or she is "expected to be required" to file a tax return for the current year. If the tax dependent or child chooses to file a tax return when he or she is not required to, his or her income will not be counted. Tax dependents' and children's income is only counted when they are "expected to be required" to file a tax return.

Note: If a child or tax dependent is the only person in the MAGI group, he or she would not have a parent or tax filer eligible or counted in that group. As a result, his or her income will always be counted, regardless of whether or not she or he is expected to be required to file taxes. *NLRR* children are an example of children who are the only counted or eligible people in a MAGI group.

Tax dependents are only required to file a tax return if they have more income than the filing thresholds set by the *IRS* each year. If the child or tax dependent of another member in the same assistance group expects to have less annual taxable income than the amounts below, his or her income is not included in the eligible determination for the assistance group.

The following amounts are effective January 1, ~~2019~~2020:

- \$1,100 per year in taxable unearned income*
- \$12,~~200~~400 per year in taxable earned income

*For expected unearned income, do not count Child Support, Social Security, *SSI*, Workers' Compensation, Veteran's Benefits, money from another person, or educational aid.

These income counting rules apply regardless of whether the assistance group was formed based on MAGI Tax Filing Rules or MAGI Relationship Rules.

The income of household members who are currently out of the home due to military activity will still be counted according to MAGI rules, even though the person will not be eligible on the case.

Example 1: Jack and Jill are married and will be filing a joint tax return. They have two children, Mickey (16) and Minnie (12), whom they will claim as tax dependents. Minnie has no income, but Mickey works at McDonald's earning approximately

\$100 per month. Mickey's annual earned income is expected to be \$1,200; he is not expected to be required to file a tax return at the end of the year. Mickey's income is not counted.

Example 2: Daisy plans to file taxes this year. She has one tax dependent, her son Donald (16), who works part-time at a grocery store. He earns \$1,050 per month; with an annual income of \$12,600. Based on this income, Donald will be expected to be required to file a tax return. Donald's income is counted.

Example 3: Kelly and Zack are non-married co-parents and have two children, Jessie (17) and Albert (14). Albert mows lawns in the summer and makes around \$300 for the year. The only other income in the household is Zack's unemployment payment in the amount of \$400 per month (\$4,800 per year). Kelly and Zack do not plan to file taxes. Albert is not expected to be required to file taxes. The assistance groups for this case will be based on non-MAGI relationship rules since there is no tax filer in the household. Zack's UI payment will be counted, but Albert's self-employment income is not counted because he is not expected to be required to file.

Example 4: Michael (16) and his sister Janet (17) live with their aunt Barb and her two children. Barb applies for BadgerCare Plus for herself, her two children and her niece and nephew. Barb states she plans to file taxes and will be claiming Michael, Janet, and her two children as tax dependents. Barb is self-employed earning about \$800 per month. Michael is working part-time at Dairy Queen earning approximately \$150 per month. Michael is not expected to be required to file taxes. Janet works part-time at Copp's and makes \$600 per month. She will be expected to be required to file taxes.

Outcome for Barb

Barb's assistance group will consist of herself and all four children since she will be claiming them as tax dependents. Michael's income will not be counted in Barb's assistance group because he is not expected to be required to file taxes, but Janet's income will be counted in Barb's group because Janet is expected to be required to file taxes. Barb's children's assistance groups will be the same as Barb's assistance group.

Outcome for Michael and Janet

Michael and Janet will both have an assistance group of two (MAGL) since they are siblings being claimed as tax dependents by someone living in the home who is not their parent. Michael and Janet's groups are built using MAGI relationship rules. All of Michael's and Janet's earned income will be countable when determining their

eligibility because they are not the children or tax dependents of someone in their group.

Example 5: Joe is married to Deanna, and they have a son Beau who is three years old. They file taxes jointly and claim Beau as a dependent. Deanna and Joe are both working and will be required to file taxes. Deanna is also in the military. Joe applies for BadgerCare Plus for himself and Beau while Deanna is deployed overseas. Even though Deanna will not be eligible, she will be a counted adult, and her income will be counted in the BadgerCare Plus determinations for Joe and Beau.

4.2 CITIZENSHIP VERIFICATION

4.2.4.1 Stand-alone Documentation of Citizenship

Stand-alone documentation is a single document that verifies citizenship, such as a United States passport. Stand-alone documentation of citizenship is the most reliable way to establish that the person is a U.S. citizen. If an individual presents a stand-alone document, no other citizenship verification is required. See the chart below or 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.

Stand-alone Document	Description/Explanation
Certificate of Naturalization	Form N-550 or N-570. Issued by the Department of Homeland Security for naturalization.
Certificate of Citizenship	Form N-560 or N-561. The Department of Homeland Security issues certificates of citizenship to individuals who derive citizenship through a parent.
A State-issued Enhanced Driver's License	<p>A special type of driver's license identified specifically as an "Enhanced Driver's License". It requires proof of U.S. citizenship to obtain. Five states currently issue enhanced driver's licenses (Minnesota, Michigan, New York, Vermont, and Washington), but more states are expected to issue these licenses in the future. Accept an Enhanced Driver's License issued by any U.S. state.</p> <p><u>Note: REAL IDs are not Enhanced Driver's Licenses. REAL IDs only provide documentation of identity, not citizenship.</u></p>
U.S. Passport	The Department of State issues this. A U.S. passport does not have to be currently valid to be accepted as evidence of U.S. citizenship, as long as it was originally issued without limitation. Do not accept any passport as evidence of U.S. citizenship when it was issued with a limitation. Passports issued with a limitation may only be used as proof of identity.
Tribal Identification Documents	<p>Documentary evidence issued by a federally recognized Indian tribe, which meets all the following criteria:</p> <ul style="list-style-type: none"> • Identifies the federally recognized Indian tribe that issued the document • Identifies the individual by name • Confirms the individual's membership, enrollment, or

	<p style="text-align: center;">affiliation with the tribe</p> <p>Such Tribal identification documents include, but are not limited to:</p> <ul style="list-style-type: none"> • A Tribal enrollment card; • A Certificate of Degree of Indian Blood; • A Tribal census document; and • Documents on Tribal letterhead, issued under the signature of the appropriate Tribal official <p>A photograph is not required to be part of these documents.</p>
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4.2.4.3 Evidence of Identity

If an applicant is unable to provide stand-alone documentation of citizenship, in addition to providing evidence of citizenship, they must also provide evidence of identity. The applicant may provide any documentation of identity listed in the chart below or Process Help, Section 68.3 Acceptable Citizenship and Identity Documentation to prove identity, provided such document has a photograph or other identifying information sufficient to establish identity, such as, name, age, sex, race, height, weight, eye color, or address.

In addition, you may accept proof 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. The applicant may submit a Statement of Citizenship and/or Identity form, F-10161 or another affidavit.

Acceptable Documentation of Identity Only	Description/Explanation
State or Territory Driver’s license	<p>Driver’s license issued by a U.S. State or Territory either with a photograph of the individual or other identifying information of the individual such as name, age, sex, race, height, weight or eye color.</p> <p><u>Note: REAL IDs only provide documentation of identity, not citizenship.</u></p>

Education Document	For children under age 19, school records providing the name and other identifying information. School records would include, but not be limited to report cards, daycare or nursery school records.
FoodShare Identification Requirement met	Verifying the identity of the primary person is a requirement for a FoodShare application. Once this requirement is met for FoodShare, it is also met for the identity verification requirement for health care.
Identification card issued by Federal, State, or local government	Must have the same information as is included on driver license.
Institutional Care Affidavit (Form F-10175)	If the applicant cannot produce the accepted documents verifying identity, a signed Statement of Identity for Persons in Institutional Care Facilities (F-10175) may be used. A residential care facility administrator signs this form under penalty of perjury attesting to the identity of a disabled individual in the facility.
U.S. Military card or draft record, Military dependent's identification card, or US Coast Guard Merchant Mariner card	Must show identifying information that relates to the person named on the document.
Medical record	Doctor, clinic, or hospital records for children under age 19 only.
Motor Vehicle Data Exchange	This is a data exchange update with the Division of Motor Vehicles or when verifying an individual's identity through the DOT Driver License Status Check website.
Multiple Identity documents	An individual may provide two or more corroborating ID documents to verify his/her identity. Examples include marriage license, divorce decree, high school or college diploma, or an employer ID card.
Other MA Program Verified Identity	An individual has already provided proof of identity while they were receiving Wisconsin Medicaid outside of CARES. For example, use this for members previously enrolled through the Katie Beckett program.
State ID Paid by Agency	Must have the same information as is included on driver license.
School Identification card	School identification card with a photograph of the individual and/or other identifying information.
Written Affidavit for Children (Form F-10154)	If the applicant cannot produce the accepted documents verifying identity for children under 18 years of age, a Statement of Identity for Children Under 18 Years of Age, (Form F-10154) is acceptable. The affidavit must be signed under penalty of perjury by a parent, guardian or caretaker relative stating the date and place of birth of the child. The affidavit does not have to be notarized.

Written Affidavit
(Form F-10161)

If the applicant cannot produce the accepted documents verifying identity, then a Written Affidavit may be used. If the documentation requirement needs to be met through an affidavit, the following rules apply:

- It must be signed by an individual other than the applicant, who can reasonably attest to the applicant's identity, and
- That contains the applicant's name, and other identifying information such as, age, sex, race, height, weight, eye color, or address.
- The affidavits must be signed under penalty of perjury.
- The affidavit does not have to be notarized.

A signed Statement of Citizenship and / or Identity (F-10161) may be used for individuals who are unable to obtain any level of acceptable documentation.

16.2 INCOME TYPES NOT COUNTED

25. Student Financial Aids

Work study income and any income from an internship or assistantship should be counted as earned income. Grants, scholarships, fellowships, and any additional financial assistance provided by public or private organizations that exceed the cost of tuition, books, and mandatory fees are counted as unearned income and should be prorated over the period of time they are intended to cover. Student loans are not counted as income regardless of what the loan is used to pay for.

Example 3: Mary was awarded a scholarship for \$3,500 in July that is intended to cover her fall semester (September through December). Her tuition and course related expenses are \$3,250 for the semester. The \$250 that exceeds the amount of tuition and course-related expenses will be prorated over the four-month period from September through December at \$62.50 in unearned income each month ($\$250/4 \text{ months} = \$62.50/\text{month}$).

The following types of grants, scholarships, and fellowships are counted as income:

- Pell Grants
- Robert Byrd Honors scholarships
- Any grants, scholarships, or fellowships received from the college or university as part of a financial aid package
- Any grants, scholarships, or fellowships provided by public or private organizations

The following educational aid types are not counted as income:

- Loans, including Stafford Loans and Perkins Loans
- AmeriCorps or HealthCorps grant
- Bureau of Indian Affairs grant
- GI Bill/Veterans benefits
- ROTC benefits

Note: These income types will not be considered when determining if grants, scholarships, and fellowships exceed the cost of tuition, books and mandatory **fees**.

The following expense types will be used to offset income from grants, scholarships, fellowships, and other financial aid:

- Tuition

- Required books, supplies, or equipment
- Mandatory fees

The following expense types will not be allowed to offset income from grants, scholarships, or other financial aid:

- Room
- Board (meals or meal plans)
- Personal expenses
- Transportation and parking
- Loan fees
- Health insurance costs

16.4 EARNED INCOME

16.4.3.4.1 IRS Tax Forms and Worksheets

IM workers do not fill out any IRS tax forms on an applicant's or member's behalf. It is the responsibility of the applicant or member to complete IRS tax forms. ~~IRS tax forms must be signed by the applicant or member.~~

Workers should consult IRS tax forms only if all of the following conditions are met:

- The business was in operation at least one full month during the previous tax year.
- The business has been in operation six or more months at the time of the *application*.
- The person does not claim a change in circumstances since the previous year.

If all three conditions are not met or if IRS tax forms were not filed and are not available, use anticipated earnings (Section 16.4.3.4.4 [43](#) Anticipated Earnings).

If you decide to use IRS tax forms, use them together with the chart in Process Help, Section 16.2 Self-Employment Income or the self-employment income worksheets, which identify which income and expenses need to be entered onto the Self-Employment page by line on the IRS tax forms.

For each operation, select the worksheet you need (if applicable) and, using the provided tax forms and/or schedule, complete the worksheet (if applicable) and enter the income and expenses onto the Self-Employment page.

1. Sole Proprietor

There is no worksheet for Sole Proprietor. See Process Help, Section 16.2.2.3.2 Entering Information for a Sole Proprietorship to identify which lines need to be entered in CWW for each of the following IRS tax forms:

- IRS Form 4797—Capital & Ordinary Gains
- IRS Schedule C or C-EZ (Form 1040)—Profit or Loss From Business
- IRS Schedule E (Form 1040)—Rental and Royalty Income
- IRS Schedule F (Form 1040)—Farm Income

2. Partnership (F-16036)

- IRS Form 1065—Partnership Income
- IRS Schedule K-1 (Form 1065)—Partner's Share of Income

3. Subchapter S Corporation (F-16035)

- IRS Form 1120S—Small Business Corporation Income
- IRS Schedule K-1 (Form 1120S—Shareholder's Share of Income)

CWW will calculate the monthly countable income for each self-employment business, which will be added to the fiscal test group's other earned and unearned income. If monthly ~~IM~~ income is a loss, the loss will be subtracted from the non-self-employment income.

When a household has more than one self-employment operation, the losses of one may be used to offset the profits of another. Losses from self-employment can be used to offset other income types. In situations where an individual is planning to file a joint tax return with his or her spouse, losses from self-employment may offset the spouse's income.

Each self-employment operation (Sole Proprietor, Partnership, S Corporation) requires its own Self-Employment page in CWW.

Remember that while a salary or wage paid to a test group member is an allowable business expense, you must count it as earned income to the payee. Similarly, dividends or other types of passive income (as defined by the IRS) must be counted as unearned income.

Even though IRS Schedule D (Form 1040) – Personal Capital Gains and Losses is associated with sole proprietorships, it is not considered self-employment income. If someone reports personal capital gains or losses, it is counted as unearned income (see Section 16.5 Other Income).

16.4.4 Verification

Self-employment income information is not available through data exchanges and therefore must be verified (see Section 9.10 Questionable Items).

Completed ~~and signed~~ IRS tax forms (see Section 16.4.3.24.1 IRS Tax Forms and Worksheets) are sufficient verification of farm and self-employment income. If tax forms are not available or cannot be used because of a significant change in circumstances, a completed and signed Self-Employment Income Report form(s) is also sufficient verification.

Note: It is not necessary to collect copies of supportive verification, such as receipts from sales and purchases. However, verification can be requested when the information

given is in question (see Section 9.10 Questionable Items). If requesting verification, workers must document the reason for the request in case comments.

If a Program Add request is made on a case with self-employment income, use the existing SEIRF information, instead of re-verifying it, if all of the following are true:

- A recent determination was made.
- SEIRFs were used.
- No significant change has been reported by the individual.
- The business has not filed taxes in the meantime.

16.9 GAP FILLING

16.9.1.1 People Found Eligible Under Gap Filling Rules

When a person is found eligible under gap filling rules, the IM agency must document in case comments the income used to make the determination and how that amount was calculated. The worker must also clearly document the following information in the case comment:

- Name of the eligible person(s)
- Assistance group size
- Monthly income on which the original BadgerCare Plus denial was based
- Annual income
- Eligibility begin and end months (The end month will always be December of the calendar year in which the application was filed with the Marketplace.)
- Med stat code (The current med stat codes for adults with income between 0 and 100 percent of the FPL are "BL" for parents/caretakers and "9P" for childless adults.)

Note: Because their eligibility is manually certified, childless adults determined eligible under gap filling rules cannot be subject to the premium or treatment needs question requirements described in Sections 44.2 Premiums for Childless Adults and 44.3 Treatment Needs Question for Childless Adults.

IM workers should work with their CARES coordinator who will email EM CAPO to indicate when a person has been found eligible as a gap filling referral. The email must include the following items:

- Case number
- Assistance group size
- Monthly income on which the original BadgerCare Plus denial was based
- Annual income
- Eligibility begin and end months
- Med stat code

EM CAPO will manually certify the person for BadgerCare Plus and send a notice of decision informing the person of his or her eligibility and change reporting rules.

18.3 INCREASE IN SPOUSAL SUPPORT OR FAMILY SUPPORT INCOME EXTENSIONS

18.3.1.2 Twelve-Month Extensions

The 12-month BadgerCare Plus extension applies only if:

1. Earned income increased but childspousal support income remained the same or both earned income and childspousal support income increased.
2. He or she is a BadgerCare Plus member with income at or below 100% FPL, at the time the income increased to over 100% FPL.
3. He or she must have been enrolled in BadgerCare Plus with income that was at or below 100% FPL for at least 3 of the 6 months immediately preceding the month in which the income went above 100% FPL, and
4. He or she otherwise meets the BadgerCare Plus eligibility criteria for persons with income below 100% FPL.

19.1 BADGERCARE PLUS PREMIUMS FOR CHILDREN

Children in families with income over 201 percent of the *FPL* must pay a premium to become or remain eligible for BadgerCare Plus unless exempt. This includes children who are open for regular BadgerCare Plus (not an extension) but whose parents, caretakers, or siblings are in a BadgerCare Plus extension.

Example 1: Roger lives with his son, Sam, and they are open for BadgerCare Plus under an extension. Neither of them have a premium since they are both in an extension. In October, Roger's other son, Justin, moves into the household. Justin is determined eligible for regular BadgerCare Plus as a child because he does not meet the requirements to be eligible under the extension with Roger and Sam. Roger and Sam continue to be eligible under the extension and do not have a premium. The household income is 230% of the FPL. Justin has a premium of \$10.

If Justin's premium is not paid, he will go into an RRP. Roger and Sam continue to be eligible under the extension.

The following children are exempt from the requirement to pay a premium for BadgerCare Plus:

1. Pregnant minors,
2. Former Foster Care Youth (see Chapter 11 Foster Care Medicaid)
3. Children who have met a BadgerCare Plus deductible, during the remainder of the deductible period,
4. Children in a BadgerCare Plus extension,
5. All children under age 1 including Continuously Eligible Newborns (see Section 8.2 Continuously Eligible Newborns),
6. American Indian or Alaskan Native Tribal members, the son or daughter of a tribal member, the grandson or granddaughter of a tribal member, or anyone otherwise eligible to receive Indian Health Services.

Note: Persons who are members of families receiving BadgerCare Plus benefits, but who are individually certified for EBD Medicaid, Well Woman Care, Family Planning Only Services or Emergency Services, are not charged a BadgerCare Plus premium.

[Information about premiums and restrictive re-enrollment periods \(RRP\) for childless adults can be found in Section 44.2 Premiums for Childless Adults.](#)

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26.1 RENEWALS

26.1.3 Administrative Renewals

~~The following process replaces the administrative renewal process that was in place for BadgerCare Plus and FPOS cases prior to January 1, 2014.~~

26.1.3.1 Administrative Renewals Introduction

Based on federal requirements, health care eligibility must be redetermined once every 12 months based on information available to an agency. Agencies cannot require information from health care members during an annual renewal unless the information cannot be obtained through an electronic data exchange or the information from the electronic data exchange is not reasonably compatible with the information on file. The process of using electronic data exchanges for renewals is referred to as the administrative renewal process.

If information from electronic data exchanges validated information about a member's income as currently recorded in *CARES*, additional information about income cannot be requested from the member at renewal. This includes member-reported information about earned income that is found to be reasonably compatible with earned income information obtained from *SWICA* and *FDSH* data exchanges, as well as any information about unearned income verified through *SSA* or *UIB* data exchanges. Unless reported otherwise, it is assumed during the administrative renewal process that household composition and tax filing status have not changed.

Note: Information on administrative renewals that is specific to childless adults is described in Section 44.3.4 Treatment Needs Question for Childless Adults.

33.5 NOTIFY MEMBERS

~~Provide~~ A copy of the Wisconsin Estate Recovery Program Handbook (P-13032) must be provided to every BadgerCare Plus member 54 1/2 years old or older at application and review. CARES is programmed to send this automatically.

- Have each member or his or her representative read the notice of liability on the application form ("Recovery of BadgerCare Plus"). He or she acknowledges understanding of this notice when signing the application.

33.6 DISCLOSURE FORM

~~Complete an~~ The Estate Recovery Program Disclosure Form (ERP) must be provided with asset information whenever a BadgerCare Plus member:

-

1. Enters or resides in a nursing home, or
2. Enters or resides in an inpatient hospital and is required to pay a Medicaid cost of care liability, or
- ~~1.~~3. _____ Becomes 55 years old.

~~Do this~~ This information must be provided even if he or she has zero assets.

-

~~Complete the form with information about the member, his or her spouse, and his or her children that are blind, disabled, or under age 21.~~

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~~Attach a legible copy of the latest property tax bill or a copy of the property deed for any real property reported if possible. This may give ERP staff the property's legal description needed to file a lien.~~

-

~~Attach a legible copy of any documents relating~~ CARES is programmed to trusts created by the member or the member's spouse.

-

~~Request the member or his or her agent~~ send this information to sign the completed form. If he or she will not sign the form:

- ~~1. Sign the form at the "Member Signature" line.~~
- ~~2. Note near your signature that you reviewed the data with the person or his or her agent. Indicate:~~
 - ~~a. That he or she did or did not agree the data was accurate.~~
 - ~~b. The reason he or she did not sign.~~

-

~~In a mail-in application situation, document if the form was not returned or was returned without a signature.~~

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~~Send the completed form to the~~ ERP. ~~File a copy in the case record~~ automatically.

~~You need not update this form unless there is a substantial change in circumstances (for example, an inheritance).~~

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.

42.1 Long-Term Care Eligibility Requirements for Childless Adults Eligible for BadgerCare Plus

In order to be eligible to have their LTC services covered by BadgerCare Plus while they are institutionalized, childless adults need to meet the following requirements:

- They do not meet the eligibility criteria for EBD Medicaid. This includes any of the following:
 - They do not meet the asset test for EBD Medicaid.
 - They do not meet the income test for EBD Medicaid.
 - They fail to provide or verify asset information or any other information needed to determine EBD Medicaid eligibility.
 - They have not yet been determined disabled.
 - They have not yet been determined presumptively disabled.
- They are eligible for BadgerCare Plus as a childless adult.
- They have not divested in order to qualify for receipt of LTC services (see the Medicaid Eligibility Handbook Chapter 17 Divestment). Institutionalized childless adults who divest are not eligible for LTC services although they remain eligible for Medicaid services.
- They disclose information about any annuities purchased on or after January 1, 2009, in which they or their community spouse have an interest.
- They designate the state of Wisconsin as the remainder beneficiary of any annuities purchased or created on or after January 1, 2009.
- If they own their own home, the equity interest in the home must not exceed \$750,000 (see the Medicaid Eligibility Handbook Section 16.8.1.4 Home Equity over \$750,000.00) in order to receive LTC services.
- They assign to the state of Wisconsin their rights to payments from a nursing home, hospital, or LTC insurance policy and send any payments to the state of Wisconsin that they received from a nursing home, hospital, or LTC insurance carrier while receiving BadgerCare Plus.

Note: Institutionalized childless adults are not subject to the premium or treatment needs question requirements described in Sections 44.2 Premiums for Childless Adults and 44.3 Treatment Needs Question for Childless Adults.

43.2 FINANCIAL TESTS

There is no asset test for Tuberculosis (TB)-Related Medicaid.

The income limit for one adult is \$1,627651. For a married couple, the limit is \$2,399435. A person's income is determined using MAGI budgeting rules (see Section 2.3 Modified Adjusted Gross Income Test Group, Section 2.8 Modified Adjusted Gross Income Counting Rules, and Chapter 16 Income).

For children infected with TB, income must be budgeted using MAGI rules, the same way it is for children applying for BadgerCare Plus (see Section 2.3 Modified Adjusted Gross Income Test Group). If the child is determined ineligible for BadgerCare Plus, the countable MAGI income for the child will be applied against the TB-related Medicaid individual monthly income limit of \$1,627651. This income limit applies to each child no matter how many persons are in the assistance group.

Example 1: Mary and her spouse George are both applying for TB-related Medicaid. Test Mary and George as one MAGI Test Group. Test their MAGI income against the income limit for a married couple.

Example 2: Greg is a 20-year-old with TB and is applying for BadgerCare Plus. Greg lives with his dad, Barry, and is Barry's tax dependent. Under MAGI budgeting rules, Barry and Greg are one MAGI Test Group and we must count Barry's MAGI income (which includes Greg's income if he is required to file taxes). The monthly MAGI income for Barry and Greg is \$1,500, which is 106% of the FPL for a group of 2. This makes Greg ineligible for BC+ as a childless adult. However, that same MAGI income amount is less than the \$1,627651 TB income limit for an unmarried individual, which makes Greg eligible for TB-Related Medicaid.

44.1 ~~RESERVED~~ INTRODUCTION

A childless adult is a person 19 to 64 years old who is not receiving Medicare and who does not have any dependent children younger than 19 years old who reside with him or her at least 40 percent of the time. Marital status has no effect on a person being a childless adult.

Effective February 1, 2020, childless adults without an exemption must meet two new requirements to become or remain eligible for BadgerCare Plus:

- Pay monthly premiums
- Answer a treatment needs question at application and renewal

In addition, childless adults can take an optional BadgerCare Plus Health Survey to possibly reduce their household's monthly premium.

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44.2 PREMIUMS FOR CHILDLESS ADULTS

Childless adults are subject to a household premium of \$8 a month unless they are exempt for any of the following reasons:

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- Has a household income at or below 50% of the FPL
- Has verified status as a tribal member, child or grandchild of a tribal member, or individual who is eligible to get Indian Health Services
- Has a verified disability
- Has resided in or is expected to be residing in an institution for at least 30 days
- Is homeless or has been homeless in the last twelve months
 - The definition of homeless is someone who lacks a fixed and regular nighttime residence or someone whose primary nighttime residence is one of the following:
 - A supervised shelter designed to provide temporary accommodations
 - A halfway house or similar institution that provides temporary residence for individuals intended to be institutionalized
 - A temporary accommodation for not more than 90 days in the residence of another individual
 - A place not designed for, or ordinarily used as a regular sleeping accommodation for human beings
- Is deceased

Members will not be subject to premiums for backdated months.

Childless adults may qualify for a premium-free month under both of the following conditions:

- No one in the BadgerCare Plus group was eligible for BadgerCare Plus or Medicaid in the previous month.
- No one in the group received a free month in the previous 12 months.

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44.2.1 Premium Policy Effective Date

The premium requirement will apply for new applications with a filing date on or after February 1, 2020.

For renewals, when the premium requirement will apply depends on the status of the renewal:

- If it is a renewal either submitted early or late, the requirement applies as of February 1, 2020.
- If it is a timely renewal, the requirement applies to renewals due on or after March 31, 2020 (impacting benefits starting in the first month of the new certification period).

Example 1: Jane was a childless adult enrolled in BadgerCare Plus with a renewal due December 31, 2019. Jane did not renew her benefits on time, so her BadgerCare Plus closed. On February 20, 2020, Jane submits a late health care renewal to regain eligibility as of January 1, 2020. Because Jane is submitting a late renewal after February 1, 2020, she will be subject to the new premium requirement. However, because the requirement did not go into effect until February 1, 2020, Jane will not owe a premium for the month of January. Jane will begin to owe monthly premiums as of February 2020, unless she qualifies for any exemption.

Example 2: Mary is a childless adult currently enrolled in BadgerCare Plus. Her certification period began in October 2019. Mary will not be subject to the new premium requirement until she renews her health care benefits in September 2020 and her new certification period starts, if she remains a childless adult and does not qualify for any exemption.

The premium requirement will apply if a health care member becomes a childless adult during a certification period that starts after the policy effective date. This includes the member joining an existing childless adult assistance group.

Example 3: James and Beth are currently enrolled in BadgerCare Plus as parents, along with their 18-year old daughter, Sara. Their certification period began in June 2019. They complete a renewal in May 2020. Because they are parents, the premium requirement does not apply to James and Beth at the time of renewal. Sara turned 19 in July 2020, so James and Beth become childless adults. Because their certification period began after February 1, 2020, James and Beth will begin to owe monthly premiums upon this change (unless they qualify for any exemption).

44.2.2 Increase or Decrease in Household Income During the Certification Period

If the household income rises above 50% of the FPL due to a change in income or household composition, the premium payment requirement will apply the following month (subject to timely notice requirements).

If the household income drops to 50% of the FPL or less, then the premium payment requirement will no longer apply as of the same month in which the change in income was reported.

44.2.3 Premium Payment Amount

The monthly premium is assessed at the household level, not the individual level. The monthly premium amount is \$8 regardless of household size. However, this amount can be lowered during the certification period based on healthy habits reported through response(s) to the health survey, or by the response(s) to the treatment needs question by childless adults in the household. The reductions for the monthly premium are as follows:

<u>Premium Amount</u>	<u>Applicable Reductions</u>
<u>\$4</u>	<u>One-person household with that person receiving a reduction</u>
	<u>Two-person household with both people receiving a reduction</u>
<u>\$6</u>	<u>Two-person household with only one person receiving a reduction</u>
<u>\$8</u>	<u>One- or Two-person household with no reduction for the household</u>

Example 4: There are two childless adults in the household: Alice and Barry. The household pays a \$6 monthly premium because Alice took the health survey and reported healthy habits, but Barry did not. Their certification period began April 1, 2020.

Alice suffers injuries in a car accident in June 2020. Subsequently, she is verified disabled effective July 2020 and becomes eligible for EBD Medicaid.

Because Alice is no longer a childless adult, her health survey response does not result in a premium reduction for the household. Barry's household premiums will increase to \$8 but he could reduce that amount to \$4 if he completes the health survey and shows that he has healthy habits.

Reductions based on the health survey or treatment needs question apply as of the month the health survey or treatment needs question was received. However, if a health survey is submitted within the first two months of the certification period, any premium reductions will be retroactively applied back to the beginning of the certification period.

44.2.4 Premium Due Dates

Like other health care premiums, the premium that childless adults pay for BadgerCare Plus will be due on the 10th day of the benefit month. However, failure to pay the premium will not result in disenrollment until the end of the certification period. Premiums are tied to the certification period, not the calendar year. Any accrued premium amount the childless adult has not paid will result in disenrollment at the following times:

- Adverse Action of the 12th month of the certification period.
- Early renewals.
- BadgerCare Plus termination, either due to ineligibility or because they have de-requested health care.

Example 5: Aaron applies for BadgerCare Plus in March 2020. He is a childless adult with no applicable exemption and an income over 50% of the FPL. This is the first time he has applied for a health care benefit. He does not receive a reduction for the monthly premium amount.

The month of March 2020 is premium-free for Aaron. Over the next 10 months, he does not pay any premiums.

In January 2021, Aaron submits an early renewal for BadgerCare Plus. He will need to pay his entire \$80 arrears (\$8 monthly premium x 10 months (April 2020 – January 2021)) to remain eligible for BadgerCare Plus as of February 2021.

Members cannot pre-pay monthly premiums. They can pay each month, pay multiple owed months, or wait until the end of the certification period to pay. For example, if the certification period is February 2020 through January 2021, the member cannot pay in advance for future months on February 15, 2020. Instead, the member can:

- Pay for a premium each month it becomes due
- Pay for current and past months (in April, the member could pay February, March, and April premiums)
- Pay all owed premiums in January 2021

44.2.5 Premium Payment Methods

Premium statements will be sent to childless adults monthly. The statement will display the following information:

- Amount due for the current month
- Amounts due for past months (if applicable)
- Total amount due (arrears for the certification period)
- Statement informing the childless adult that the premiums for the entire certification period must be paid upon renewal
- How to pay their premiums

A mail-in section will be provided for members to include with their check or money order.

Childless adults will have several options to pay the monthly premiums:

- Check
- Money order
- Electronic Funds Transfer (EFT)
- Credit or debit card

- Childless adults will be able to pay using a credit or debit card, or pay by EFT from a checking or savings account, through the ACCESS website or MyACCESS mobile app. Members may mail in a check or money order as payment, but only when the premium payment is a condition of eligibility (for example, at renewal) can the member submit a check or money order directly to the IM agency.

44.2.6 Restrictive Re-enrollment Period

The childless adult will enter a six-month RRP when there are unpaid premiums at the end of the certification period. During the RRP, the childless adult must pay the full amount of unpaid premiums to have benefits reinstated. The childless adult can also regain eligibility if they meet an exemption (for example, they become homeless), their income has dropped to 50% or less of the FPL, or they become eligible under a different category of Medicaid. If one of these three conditions applies, the RRP would run in the background in case their situation changes (for example, they later regain eligibility as a BadgerCare Plus childless adult, or their income increases to more than 50% of the FPL).

- When the childless adult chooses not to pay the full amount during the RRP, he or she must wait until the RRP ends to re-request health care benefits. At the end of the six-month RRP, the arrears on the unpaid premiums are no longer required. At application, the member may ask for backdated eligibility (up to 3 months), even if those months overlap with the completed RRP. In any case, the member is not subject to premiums for backdated months.

Example 6: Kim applies for BadgerCare Plus in January 2021 and has a monthly premium set at \$8. She is enrolled but does not pay the premiums for January, February, March, April, and May.

- Kim reports that she has moved to Minnesota on May 9, 2021. Her benefits end May 31, 2021, and a six-month RRP is established for June through November 2021.

- Kim moves back to Wisconsin in July 2021. She reapplies for BadgerCare Plus and the worker pends eligibility to obtain the outstanding premiums. If Kim chooses not to pay the premiums by the due date, her application will be denied due to the existing RRP. She decides to pay the arrears incurred in early 2021 and her application is approved. However, she could have chosen to forgo coverage until December 2021 when she could reapply and enroll in BadgerCare Plus without paying the arrears.

Example 7: Ben applies for BadgerCare Plus in January 2021 and has a monthly premium set at \$4. He is enrolled but does not pay the premiums for January, February, March, and April.

- Ben enters a nursing home in May 2021. He stays more than 30 days and qualifies for Institutional Medicaid. His BadgerCare Plus certification period ends and his

Institutional Medicaid certification begins on May 1, 2021. Because Ben's BadgerCare Plus certification ended, and he had unpaid premiums, a six-month (May 2021 to October 2021) RRP will be established and run in the background.

Ben reports that he returned home on July 8, 2021. The worker updates the case and BadgerCare Plus pends eligibility to obtain the outstanding premiums. If he pays the arrears, he would become eligible for a new certification period as a childless adult as of August 2021. However, if he chooses not to pay the arrears, he will fail due to an RRP until he pays his premiums from the previous BadgerCare Plus certification period (January-April 2021), or until the RRP expires.

Example 8: Aaron applies for BadgerCare Plus in March 2020 and has a monthly premium set at \$8.

The month of March 2020 is premium-free for Aaron. Over the next 10 months, he does not pay any premiums. On January 10, 2021, Aaron submits an early renewal for BadgerCare Plus, during which he reports his income is less than 50% of the FPL.

Aaron is not be required to pay monthly premiums for the certification period beginning February 2021, and he would remain enrolled in BadgerCare Plus. However, he would have an RRP in the background for payment on his \$80 arrears (\$8 monthly premium x 10 months). If his income increased to more than 50% of the FPL during the RRP, he would no longer be eligible for BadgerCare Plus until he pays all of his arrears, or until the RRP expired.

Note: Childless adults will not be notified or automatically re-enrolled in health care at the end of the RRP. Instead, the notice that informs the member that he or she has entered an RRP will state the length of the RRP.

44.2.7 Refunds

Refunds of childless adult premiums are based on the current policy regarding refunding BadgerCare Plus premiums:

- If a premium is paid for a month in which a childless adult household was ineligible for BadgerCare Plus, the premium will be refunded.
- If the premium is paid for a month in which the household's income decreased and they no longer owe a premium, the premium will be refunded.
- If the premium is paid for a month in which the household qualifies for a premium reduction, the excess premium paid will be refunded as of the month that the reduction applied (for example, if the member paid \$8 and later that month they qualified for a reduction to \$4 based on their health survey, the extra \$4 will be refunded).

The refund will always be paid to the member regardless of who paid the premium.
Refunds will always be paid in the form of a check.

44.2.8 Premium Notification

Information on the required premium payments for childless adults will be included in the Notice of Decision. The Notice of Decision will also include information on an RRP if applicable.

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44.3 TREATMENT NEEDS QUESTION FOR CHILDLESS ADULTS

The treatment needs question is a screening tool that helps determine whether or not an applicant or member has used drugs in ways that have caused problems for them or their family, and if they are open to getting help for drug use.

After implementation, childless adults will be required to answer the treatment needs question as a condition of eligibility. A treatment needs question must be answered:

- For new applications, the requirement will apply for applications with a filing date on or after February 1, 2020.
- For renewals, when the requirement applies depends on the status of the renewal:
 - If it is a renewal either submitted early or late, the requirement applies as of February 1, 2020.
 - If it is a timely renewal, the requirement applies to renewals due on or after March 31, 2020 (impacting benefits starting in the first month of the new certification period).
- If a health care member becomes a childless adult during a certification period that starts after the policy effective date. This includes the member joining an existing childless adult assistance group.

During annual renewals, childless adults must answer the treatment needs question.

Example 1: Anna is a childless adult currently enrolled in BadgerCare Plus. Her certification period began in August 2019. On February 18, 2020, Anna submits an early health care renewal. Because Anna is submitting an early renewal after February 1, 2020, she will be subject to the new policies and will need to answer the treatment needs question as part of her renewal for health care.

Example 2: Edith is a childless adult currently enrolled in BadgerCare Plus. Her certification period began in November 2019. Edith will need to answer the treatment needs question in October 2020 as part of her renewal for health care.

Example 3: Brad is currently enrolled in BadgerCare Plus as a parent, along with his son Oliver. His certification period began in May 2019. Brad completes a renewal for him and Oliver in April 2020. Because he is a parent, the childless adult policies do not apply. Brad reports that Oliver has left the household in July 2020, so Brad becomes a childless adult. Brad will need to answer the treatment needs question to remain eligible for BadgerCare Plus.

The childless adult will not need to answer a treatment needs question or affirm an existing response if they fall under any of the following:

- Has a verified status as a tribal member, child or grandchild of a tribal member, or individual who is eligible to get Indian Health Services
- Has a verified disability
- Has resided in or is expected to be residing in an institution for at least 30 days
- Is deceased

Childless adults who are not required to answer the treatment needs question may voluntarily do so.

44.3.1 Answering the Treatment Needs Question

The treatment needs question will collect a self-attested answer to a question about substance abuse and desire for treatment.

If the treatment needs question is not answered (either answered Yes, or answered No) the response does not meet the requirement for BadgerCare Plus eligibility. Health care eligibility cannot be denied or terminated for failure to sign the treatment needs question.

Whether the person responds Yes or No to the treatment needs question does not affect their eligibility for health care. But the response will be used to determine whether a referral should be made to a provider for substance use disorder (SUD) treatment:

- If the answer is NO, the childless adult has met the treatment needs question requirement and no further action is taken.
- If the answer is YES, the childless adult has met the treatment needs question requirement.
 - If they are enrolled in a health maintenance organization (HMO) or managed care organization (MCO), the HMO or MCO will be notified of their response to help them get into treatment.
 - If they are exempt from HMO or MCO enrollment, they will be provided information about accessing treatment.

The treatment needs question response will also be used to determine whether the member qualifies for a reduction in the monthly premium. If the member answers “Yes” to the question, they will receive a premium reduction.

44.3.2 Who Can Answer the Treatment Needs Question

Each childless adult must answer a treatment needs question. In addition to the childless adult, any of the following may answer the treatment needs question on behalf of all childless adults in the household:

- Primary person
- Spouse
- Authorized representative
- Financial power of attorney
- Legal guardian over the estate
- Someone authorized by the individual

44.3.3 Submitting the Treatment Needs Question

Childless adults will have several different ways to submit a response to the treatment needs question:

- Online as part of ACCESS and MyACCESS
- Phone or in person through the IM worker
- The Treatment Needs Question paper form, F-02547 (available through the Department of Health Services' Forms Library or attached to the Verification Checklist)

Childless adults will be able to answer a new treatment needs question at any time.

44.3.4 Real-Time Eligibility and Administrative Renewals

Childless adults who answer the treatment needs question as part of the ACCESS application can have their eligibility determined through Real-Time Eligibility (RTE).

For the first administrative renewal after implementation, childless adults may be administratively renewed, but will be asked to answer the treatment needs question separately in order to keep their eligibility. For subsequent administrative renewals, where a treatment needs question response is on file, the childless adult will be asked to report if their treatment needs question response has changed.

44.3.5 Treatment Needs Question Notification

The Case Summary will identify whether each childless adult has answered the required treatment needs question. However, each childless adult's response to the treatment needs question will not be printed on the Case Summary in order to protect this sensitive information. Instead, a PIN-based summary will be mailed to each childless adult with their own treatment needs question response. This summary will be sent any time a Case Summary (including an Administrative Renewal Case Summary) is generated.

44.4 BADGERCARE PLUS HEALTH SURVEY FOR CHILDLESS ADULTS

The BadgerCare Plus Health Survey (health survey) is available to all childless adults. It is optional. The survey will collect self-attested answers to questions about healthy habits and any health conditions that prevent healthy habits. Healthy habits include such things as wearing a seatbelt, exercising, or not smoking.

The response of the health survey will be used to determine premium reductions for childless adults. A premium reduction is granted when any one of the following is true:

- The childless adult reports at least one healthy habit.
- The childless adult reports having a health condition that prevents their ability to engage in a healthy habit.
- The childless adult reports managing their health risks.

The results of the health survey will be valid for the certification period. When completing a new application or renewal, childless adults can complete a new health survey to determine if they qualify for a premium reduction. Also, to account for renewal processing timeframes, a health survey completed in the previous 45 days will be valid at renewal.

The health survey is self-attested. The IM agency will not audit responses, nor will it pursue overpayments based on a reduction in the premium.

The health survey responses will be shared with the childless adult's HMO or MCO.

44.4.1 Completing the Health Survey

Each childless adult can complete the health survey. However, one of the following may complete the health survey on behalf of a childless adult:

- Authorized representative
- Financial power of attorney
- Legal guardian over the estate
- Someone authorized by the individual

Childless adults will have several different ways to complete the health survey:

- Online as part of ACCESS and MyACCESS
- Phone or in person by speaking with the Enrollment Broker

- The BadgerCare Plus Health Survey paper form, F-02548 (available through the Department of Health Services' Forms Library) processed by the Enrollment Broker

The health survey is not a condition of eligibility and is not part of the application or renewal. It is offered to childless adults as an optional action only after they submit an application or renewal.

Childless adults may complete a health survey at any time and there is no restriction on how often they may do so. The ability to complete the survey at any time will permit childless adults to provide an update for any change to a health risk behavior or condition. Only the results of the most recent survey will provide the basis for calculating the premium and will be shared with the HMO or MCO.

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48.1 BADGERCARE PLUS CHILDREN'S PREMIUM TABLES

48.1.1 Premiums for Children

Non-exempt children with an assistance group income above 201 percent of the *FPL* will be required to pay premiums. Each child's premium will be based on his or her own assistance group's size and income. The five percent cap for the cost of total household premiums for children will continue to apply. The cap will be five percent of the income of the premium paying assistance group with the highest countable income amount. The total household's premiums will be determined based on the combined amount of all children's premiums or the five percent cap, whichever amount is less. See Section 19.2 Premium Calculations and Section 19.3 Premium Limits for more information on premium caps.

The below table outlines the premium amounts for children.

FPL Income Range	Above 201% to 210.99%	211% to 220.99%	221% to 230.99%	231% to 240.99%	241% to 250.99%	251% to 260.99%	261% to 270.99%	271% to 280.99%	281% to 290.99%	291% to 300.99%	301% to 306.00%
Premium Amounts	\$10	\$10	\$10	\$15	\$23	\$34	\$44	\$55	\$68	\$82	\$97.53

Note: Children in extensions are not required to pay premiums (see Section 19.1 BadgerCare Plus Premiums). If a parent in the household is in an extension, the children are exempt from paying premiums regardless of their income.

51.1 BADGERCARE PLUS CATEGORIES

Note: For a list of medical status codes, see Process Help, Chapter 81 Forward Health iChange.

The following table identifies the copayments or premiums for which BadgerCare Plus members may be responsible. The table also provides information on the federal program under which members are eligible, if applicable.

Description	Income (FPL)	Subject to Copayment	Premium	Funding
Pregnant woman	>0 - 306%	No	No	T19
Pregnant woman deductible	>300%	No	No	T19
Pregnant minor under age 19	>0 - 306%	No	No	T19
Pregnant non-qualifying immigrant	>0 - 306%	No	No	T21 Separate CHIP
Pregnant inmate	0 - 306%	No	No	State- Funded
<i>CEN</i>	0 - 156%	No	No	T19
CEN—Mom on T19 on DOB	>156%	Yes	No	T19
Child under age 19	0 - 100%	No	No	T19
Child under age 6	>100 - 156%	No	No	T19
Child < age 1	>156 - 306%	Yes	No	T19
Child age 1 through 5	>156 - 191%	No	No	T19
Child age 1 through 5	>191 - 201%	Yes	No	T21 Separate CHIP
Child age 1 through 5 who is a tribal member	>191% - 201%	No	No	T21 Separate CHIP
Child age 6 through 18	>100 - 133%	No	No	T19
Child age 6 through 18	>133 - 156%	Yes	No	T19
Child age 6 through 18	>156 - 201%	Yes	No	T21 Separate

				CHIP
Child age 6 through 18 who is a tribal member	>156% - 201%	No	No	T21 Separate CHIP
Child age 1 through 18	>201 - 306%	Yes	Yes	T21 Separate CHIP
Child age 1 through 18 who is a tribal member	>201 - 306%	No	No	T21 Separate CHIP
Child, under age 19 deductible	>150%	Yes	No	T19
Adult Parent/Caretaker	0%	No	No	T19
Adult Parent/Caretaker	>0 - 100%	Yes	No	T19
Youth exiting out-of-home care up to age 21	N/A	Yes	No	T19
Former Foster Care Youth up to age 26	N/A	Yes	No	T19
Childless Adult	0%	No	No	T19
Childless Adult	>0 - 100%	Yes	No	T19
<u>Childless Adult</u>	<u>>0 - 50%</u>	<u>Yes</u>	<u>No</u>	<u>T19</u>
<u>Childless Adult</u>	<u>>50 - 100%</u>	<u>Yes</u>	<u>No</u>	<u>T19</u>
<u>Childless Adult</u>	<u>>50 - 100%</u>	<u>Yes</u>	<u>Yes</u>	<u>T19</u>
<u>Transitional Childless Adult</u>	<u>>0 - 50%</u>	<u>Yes</u>	<u>No</u>	<u>T19</u>
<u>Transitional Childless Adult</u>	<u>>50 - 100%</u>	<u>Yes</u>	<u>No</u>	<u>T19</u>
<u>Transitional Childless Adult</u>	<u>>50 - 100%</u>	<u>Yes</u>	<u>Yes</u>	<u>T19</u>
<u>Transitional Childless Adult</u>	<u>0%</u>	<u>No</u>	<u>No</u>	<u>T19</u>
<u>Transitional Childless Adult</u>	<u>>0 - 100%</u>	<u>Yes</u>	<u>No</u>	<u>T19</u>
12-Month BadgerCare Plus Extension Benefit Adult	>100 - 133%	Yes	No	T19
12-Month BadgerCare Plus Extension Benefit Adult	>133%	Yes	No	T19
12-Month BadgerCare Plus Extension Benefit Disabled Adult	>100%	Yes	No	T19

4-Month BadgerCare Plus Extension Benefit, Adult	>100 - 133%	Yes	No	T19
4-Month BadgerCare Plus Extension Benefit, Adult	>133%	Yes	No	T19
4-Month BadgerCare Plus Extension Benefit, Disabled Adult	>100%	Yes	No	T19
12-Month BadgerCare Plus Extension Benefit, Child Under 19	>100%	No	No	T19
4-Month BadgerCare Plus Extension Benefit, Child Under 19	>100%	No	No	T19
Presumptive eligibility for a child under 1	0 - 306%	No	No	T19
Presumptive eligibility for a child >1, <6	>0 - 191%	No	No	T19
Presumptive eligibility for a child >5, <19	0 - 156%	No	No	T19
Presumptive eligibility for a pregnant woman	0 - 306%	No	No	T19
Presumptive eligibility for parent/caretaker	0 - 100%	No	No	T19
Presumptive eligibility for childless adult	0 - 100%	No	No	T19
Emergency Services for Non-Qualifying Immigrants**	≤306%	N/A	No	T19
Family Planning Only Services	≤306%	N/A	No	T19