

**WISCONSIN DEPARTMENT OF HEALTH SERVICES**  
**Division of Medicaid Services**  
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To: BadgerCare Plus Handbook Users

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

Re: **BadgerCare Plus Release 21-01**

Release Date: 03/29/2021

Effective Date: 03/29/2021

<b>EFFECTIVE DATE</b>	The following policy additions or changes are <b>effective 03/29/2021</b> unless otherwise noted. <b>Underlined text denotes new text. Text with a strike through it denotes deleted text.</b>
<b>POLICY UPDATES</b>	
<b>2.4.2 Temporary Absence</b>	Updated temporary absence conditions
<b>2.8 Modified Adjusted Gross Income Counting Rules</b>	Updated tax filing income thresholds
<b>8.2 Continuously Eligible Newborns</b>	Clarified policy for children born to incarcerated mothers
<b>9.12.5 Use of Equifax Data for Verification of Income</b>	Updated example to include last four weekly paycheck amounts
<b>11.1.2 Foster Care</b>	Moved process for sending communication to families for children leaving the Foster Care system
<b>16.2 Income Types Not Counted</b>	Updated Stimulus payments and Federal Pandemic Unemployment Compensation and added Lost Wages Assistance as an income type that is not counted
<b>16.5 Other Income</b>	Updated Unemployment Compensation and Capital and Ordinary Gains and Losses
<b>26.1.3 Administrative Renewals</b>	Updated Administrative Renewals Selection Criteria and Exclusions
<b>38.2.1 Introduction</b>	Updated Mental Health and Substance Abuse Treatment
<b>38.2.4 Copay Exempt Programs</b>	Updated services that do not require a copayment
<b>39.1 <del>Emergency Services Income</del> Limits</b>	Clarified policy for emergency services for inmates who are non-qualifying immigrants
<b>42 Long Term Care for Childless Adults</b>	Clarified the meaning of institutionalized as it applies to members receiving residential substance use disorder treatment
<b>44.2.5 Premium Payment Methods</b>	Updated policy for premium payments
<b>45.1 Introduction</b>	Updated inmate description
<b>50.1 Federal Poverty Level Table</b>	Updated FPL table

**BadgerCare Plus Release 21-01**

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## 2.4 BADGERCARE PLUS HOUSEHOLD

### 2.4.2 Temporary Absence

A child and that child's parent or caretaker relative can be in the same BadgerCare Plus test group even when not living together if either is temporarily absent, provided they meet at least one of the following conditions:

~~1. The continuous absence is expected to be for no more than six months.~~

~~The IM agency may approve an extension of a child's temporary absence beyond six months when and the caretaker ~~relatives meet the Child Welfare Caretakers requirements.~~~~

~~and~~

- ~~1. The caretaker~~ relative continues to exercise responsibility for the care and control of the child. ~~See~~
2. The child was removed from the home by a child welfare agency and the parents meet the requirements in Chapter 10 Child Welfare Parents, or
3. Either the child or the parent is out of the home and receiving residential substance use disorder treatment.

Condition 2 or 3 does not have a time limit. In addition, they do not require the caretaker relative to continue to exercise responsibility for ~~more information about Child Welfare~~ the care and control of the child during these absences, except as described in Section 10.1 Child Welfare Parent or Caretaker Relative.

The following children are not considered temporarily absent:

- Children who are placed in an institution for 30 or more days, unless they were placed there by a child welfare agency.
- Children who are placed in an *IMD*, unless they were placed there by a child welfare agency.

**Note:** Children in the above situations are considered temporarily absent if they are receiving residential substance use disorder treatment.

## 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 eligibility determination for the assistance group.

The following amounts are effective January 1, ~~2020~~2021:

- \$1,100 per year in taxable unearned income\*
- \$12,~~400~~550 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.

## 8.2 CONTINUOUSLY ELIGIBLE NEWBORNS

Newborn children are automatically eligible for BadgerCare Plus from the date of birth through the end of the month in which they turn 1 year old if both the following are true:

1. They are younger than 13 months old.
2. The natural mother was determined eligible in the state of Wisconsin for the month of the birth for one of the following programs:
  - a. BadgerCare Plus
  - b. Other full-benefit Medicaid (see Medicaid Eligibility Handbook Section 21.2 Full-Benefit Medicaid)
  - c. Emergency Services BadgerCare Plus
  - d. Emergency Services Medicaid (see Medicaid Eligibility Handbook Section 34.1 Emergency Services)
  - e. BadgerCare Plus Prenatal Program (as a nonqualifying immigrant)

There is no income or resource test for these children while they are eligible under this status; therefore, they are not required to provide any income tax filing information in order for their BadgerCare Plus eligibility to be determined.

**Note:** Children born to incarcerated mothers who are ~~only~~ eligible for the BadgerCare Plus Prenatal Program (and not eligible for any other type of BadgerCare Plus or Medicaid) on the date of the child's birth will not be eligible as **CENs**.

A child whose natural mother's eligibility was determined either prior to the date of delivery or retroactively to cover the date of delivery qualifies as a CEN.

**Example:** Sasha gave birth on April 15. On June 15, she applied for BadgerCare Plus. Her eligibility was backdated to March 15. Her infant son is eligible as a CEN from April 15 through April 30 of the following year, the end of the month in which he turns 1 year old.

The newborn child does not receive this automatic eligibility as a CEN if the mother is temporarily enrolled in BadgerCare Plus (see Chapter 32 Presumptive Eligibility-).

A newborn is not required to reside with his or her mother to be eligible as a CEN. This is true even if the newborn is being placed in foster care, adoption, or is residing with a *caretaker relative*. A CEN who no longer resides with his or her mother but still resides in Wisconsin should remain eligible as a CEN through the end of the month in which he or she turns 1 year old.

Anyone who has ever been eligible as a CEN under Wisconsin Medicaid or BadgerCare Plus is exempt from the citizenship and identity documentation requirements.

The CEN will not have to pay premiums and is not subject to the health insurance access/coverage requirements.



## 9.12 REASONABLE COMPATIBILITY FOR HEALTH CARE

### 9.12.5 Use of Equifax Data for Verification of Income

Agencies may not consider Equifax data to be the final “verified” income amount unless the Equifax data is the same as what the member reported. Agencies may not deny or terminate health care benefits based on earned income data received from Equifax without giving the applicant or member an opportunity to verify their reported earned income amount.

If the reported wage amount is the same as the Equifax wage amount, workers may consider the reported wage amount to be verified and use the verification code of “DE – Data Exchange”. If the worker is completing intake during a telephonic application for health care and/or an interview for FoodShare or Child Care, the worker should view the Equifax information during the interview and ask the member if the Equifax-reported amount is correct. If the member agrees that the Equifax-reported amount is accurate, the worker should use the Equifax-reported amount and a verification code of “DE – Data Exchange.” Because the wage has already been verified, the reasonable compatibility test will not be triggered for this employment.

If the worker is completing intake outside of an interview, and there is a discrepancy between what the member has reported and what Equifax provides, the worker must enter the member-reported information with a verification code of either ? or Q?. For health care programs, this will trigger a reasonable compatibility test. For other programs, this will cause the case to pend for verification of the member-reported amount.

If the member fails to provide verification and does not contact the agency, FoodShare, Child Care and/or W-2 will fail for lack of verification. Health care will fail for any member whose reported income is not reasonably compatible and who failed to provide requested verification.

However, if the member reports that he or she is unable to obtain the requested verification, the worker should assist the member in obtaining verification (see Chapter 9.8). If the applicant and/or worker have made reasonable efforts to obtain verification and are not able to do so, then the agency should determine the income amount based on “best available” information, and then document how this amount was determined. .

**Note:** The same policies for use of Equifax data apply when a member is reporting a change in income. Equifax data can be used for verification if it is the same as what the member has reported. If it is not the same, health care will apply a reasonable compatibility test to determine whether further verification is required.

**Example 7:** Ryan applies online for himself, his wife, and their child, with a request for health care, Child Care and FoodShare. He reports earnings of \$9.55/hour at 30

hours/week from his job at Walmart on the application. The agency does not process the application until the interview for Child Care and FoodShare. During the interview, FDSH is queried for Equifax data and the worker sees that the ~~most recent~~ last four weekly paycheck ~~amount was~~ amounts were for an hourly rate of \$9.55/hour but for 33 hours/week, for a weekly paycheck of \$315.15. The worker then confirms with Ryan that this amount is correct, enters this amount on the employment page and uses DE as the verification code. Because this information has been reported by the member and verified using Equifax data from the FDSH, it is considered verified for all programs and the reasonable compatibility test is not invoked.

**Example 8:** Mindy applies online for herself and her 2-year-old twins, with a request for health care, Child Care and FoodShare. She reports \$400/week in earnings from her job at Subway. When the worker processes the application for health care (prior to completing the interview for FoodShare and Child Care), the worker finds that Equifax data is available from the FDSH and that her most recent weekly paycheck is \$490. Because the member-reported and the FDSH-reported amount are different, the worker enters a Q? on the Employment page and runs eligibility. FoodShare and Child Care both pend for interview.

Because the employment amount has not yet been verified, a reasonable compatibility test is invoked for health care. For a group size of three (3), the reported household income is \$1,600/month, or 90% FPL, while the household income based on FDSH data is \$1,960/month, or 110% FPL.

- For Mindy's eligibility as a parent, the reasonable compatibility threshold is 100% FPL. The household's income based on reported income is below this threshold, while the household's income based on FDSH is above this threshold. As a result, the amounts are not reasonably compatible. Verification must be provided in order for Mindy to become eligible.
- For the twins, at age 2, the reasonable compatibility threshold is 191% FPL and no verification is needed. The household's income based on both the reported income and FDSH are below this threshold, so the reasonable compatibility standard is met and no further verification is required for the twins.

When the worker completes the Food Share / Child Care interview, the worker asks Mindy whether the information provided by Equifax is correct. Mindy confirms that it is. The worker can then use the amount provided by Equifax on the employment page and changes the verification to DE. When eligibility is re-run for all programs, the employment is considered verified and no further verification is needed.

**Example 9:** Same as example 8, except that during the interview, Mindy tells the worker that her hours have changed and that her weekly pay is \$400 and not \$490. The worker should leave the Q? as the verification code for the employment and issue a verification checklist.

- If Mindy provides verification, the worker should use this to verify the income per current process.
- If Mindy fails to provide verification and does not contact the agency, the employment record will be marked as NV, and she will be denied for health care for lack of verification, although her children will continue to remain open because they were reasonably compatible. Both FoodShare and Child Care will fail due to failure to provide requested verification.
- If Mindy contacts the agency to say that she has not been able to obtain verification, the agency must assist with obtaining verification. If verification cannot be obtained, the worker should determine her income based on the “best available” information and document how this was determined in case comments.

## 11.1 OUT-OF-HOME CARE (FOSTER CARE)

### 11.1.2 Foster Care Medicaid Disenrollment

When a child or ~~adult~~youth is discharged from out-of-home care, Foster Care Medicaid eligibility must be maintained until one of the following occurs:

- The ~~person~~child or youth is determined eligible for another category of Medicaid or BadgerCare Plus.
- The child or youth is determined ineligible for all categories of Medicaid and BadgerCare Plus.
- The child, youth, or family failed to provide the required information to complete an eligibility determination or chooses not to pursue other Medicaid benefits.
- The child or youth dies or leaves Wisconsin.

When the child or youth is discharged from out-of-home care, the child welfare agency will extend Foster Care Medicaid eligibility under the Foster Care medical status code for an additional three months. During this time, IM agencies ~~are expected to~~must redetermine the child or youth's health care eligibility with assistance from the child welfare agencies, when needed. ~~Child welfare agencies and~~The IM agencies ~~agency~~ should set up a formal communication process with the child welfare agency to ensure IM agencies are made aware of all children leaving the Foster Care system, and provided with information necessary to redetermine eligibility. To prevent children from losing eligibility entirely, the Department of Health Services and Department of Children and Families have set up a process to send communication to families or share information with the IM agency. See Process help 9.6.2 Youths Discharged from Out-of-Home Care and Updated All FFYC Processes for more information.

~~To help facilitate communication between child welfare and IM agencies, EM-CAPO will review a biweekly report of children or youth discharged from out of home care. EM-CAPO will then research the child or youth's eligibility history in CARES.~~

~~If the child is returning to a household with an open health care benefit in CARES, EM-CAPO will complete the Child or Youth Discharge from Out-of-Home Care Change Report (F-01665) and scan the form to the CARES case to alert workers of a household change.~~

~~The agency~~If the IM agency does not have sufficient information to redetermine Medicaid eligibility, the agency must request needed information from the individual or family. Once the IM agency has enough information, it must determine eligibility for the youth or child as of the date the child returned to the home. If the youth or child is determined eligible, a Notice of Decision must be sent. If the IM agency does not have sufficient information to redetermine Medicaid eligibility, the agency must request needed information from the individual or family.

If the individual or family does not comply with a request for information after 30 days or if the youth or child is determined ineligible, a Notice of Decision must be sent denying BadgerCare Plus or Medicaid eligibility for the appropriate reasons. In addition, the IM agency must send a manual negative Notice of Decision specifically terminating eligibility for Foster Care Medicaid. The manual notice must be mailed at least 10 days before the Foster Care Medicaid end date. The end date can be found on the Child or Youth Discharge from Out-of-Home Care Change Report.

~~If the child is not returning to a household with an open health care benefit in CARES, EM-CAPO will send the Important Information About Foster Care Medicaid letter (F-01661 or F-01661A) and a copy of the BadgerCare Plus Application (F-10182). The family or youth will need to apply for health care benefits. If no application is submitted, Foster Care Medicaid will end after the three-month extension period. The IM agency will not have to take any further action concerning health care benefits for the child or youth.~~

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~~If an application is submitted before Foster Care Medicaid ends, the IM agency must process the application like any other health care application. If the agency is unable to make an eligibility decision prior to the end date of the Foster Care Medicaid, the IM agency needs to manually extend the Foster Care Medicaid eligibility an additional month and issue a manual positive Notice of Decision.~~

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## 16.2 INCOME TYPES NOT COUNTED

### 38. Child Support

Child Support payments are not taxable and are not counted under MAGI rules. See Process Help, [\(see Section 62.2.6 Entering Child Support Income on an Unearned Income Page\)](#). If a household is receiving family support, divide the payment by the number of members in the household. The amount of the payment allocated to the child(ren) is considered child support and is disregarded. To determine whether the amount of the payment allocated to the adult(s) should be counted, [\(see #48 Section 16.2 #40 Alimony/Spousal Support\)](#).

**Example 4:** Morgan receives \$500/month in family support for herself and her three children, Kyra (age 15), Kevin (age 9), and Katie (age 7).  $\$500/4 \text{ people} = \$125/\text{person}$ . Disregard the amount allocated to the children ( $\$125 \times 3 \text{ children} = \$375$ ).

### 39. Family Support

If a household is receiving family support, divide the payment by the number of members in the household. The amount of the payment allocated to the child(ren) is considered child support and is disregarded (see Section 16.2 #38 Child Support). The amount of the payment allocated to the adult(s) is considered alimony/spousal support. To determine whether alimony/spousal support is counted as income (see Section 16.2 #40 Alimony/Spousal Support).

### 40. Alimony/Spousal Support

Do not count alimony/spousal support if it meets one of the following criteria:

- The payment was received under a separation or divorce agreement finalized on or before December 31, 2018 that designates the payments as non-taxable.
- The payment was received under a separation or divorce agreement finalized on or after January 1, 2019.
- The payment was received under a separation or divorce agreement finalized on or before December 31, 2018 but modified on or after January 1, 2019 and provides that Section 11051 of Pub. L. 115-97 applies to the modification which makes the alimony/spousal support non-taxable.

## 4042. Money from Another Person

Money a person receives that is not repayment for goods or services the person provided and is not given because of a legal obligation on the giver's part. Money from another person is not a loan.

Do not count money from another person as income (see [#41Section 16.2 #43](#) Inheritances, Bequests, and [DevisesDevises](#)) for policies regarding money received from another person through an inheritance, bequest, or devise).

**Example 6:** Mimi receives \$500 each month from her parents. She is not expected to pay back this money. The \$500 is not counted as income for BadgerCare Plus eligibility.

**Note:** If money received from another person is in exchange for goods or services (such as an informal arrangement in which someone rents a room in his or her house) and if the payment is regular and predictable, it should be counted. See Section 16.4.3.1 Income Sources for information on counting rental income.

**Example 7:** Jeremy pays Micah \$300 each month to live in a room in Micah's house. Micah and Jeremy do not have a formal lease agreement, but the payment is regular and predictable. Count the \$300/month as income for BadgerCare Plus eligibility.

## ~~48. Alimony/Spousal Support~~

~~Do not count alimony/spousal support if it meets one of the following criteria:~~

- ~~• The payment was received under a separation or divorce agreement finalized on or before December 31, 2018 that designates the payments as non-taxable.~~
- ~~• The payment was received under a separation or divorce agreement finalized on or after January 1, 2019.~~
- ~~• The payment was received under a separation or divorce agreement finalized on or before December 31, 2018 but modified on or after January 1, 2019 and provides that Section 11051 of Pub. L. 115-97 applies to the modification which makes the alimony/spousal support non-taxable.~~

#### **49. Family Support**

~~If a household is receiving family support, divide the payment by the number of members in the household. The amount of the payment allocated to the child(ren) is considered child support and is disregarded (see #38 Child Support). The amount of the payment allocated to the adult(s) is considered alimony/spousal support. To determine whether alimony/spousal support is counted as income, see #48 Alimony/Spousal Support.~~

#### **50. Federal Coronavirus Recovery Rebates (Stimulus Payments)**

Do not count Federal Recovery Rebates (sometimes referred to as Coronavirus stimulus payments) ~~received~~issued by the IRS as part of the federal CARES Act enacted in March 2020 or the COVID relief funding enacted in December 2020.

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Note: These payments were tax rebates from the IRS issued in 2020 and amounted to a maximum of \$1,200 per taxpayer, and \$500 per qualifying child.~~

#### **51. Federal Pandemic Unemployment Compensation (FPUC)**

Do not count Federal Pandemic Unemployment Compensation (FPUC) payments.

~~Note: These were the \$600 checks issued weekly from late April through July 2020, and were~~are payments in addition to regular unemployment insurance benefits.

#### **52. Lost Wages Assistance (LWA)**

Do not count Lost Wages Assistance (LWA) payments.

Note: These payments are from a Federal Emergency Management Agency (FEMA) program that provides an additional \$300 per week to eligible individuals who are unemployed or partially unemployed due to disruptions caused by COVID-19.



## 16.5 OTHER INCOME

Other income is any payment that a member receives from sources other than employment that are counted as taxable income. Count the gross payment in the person's income total.

### 1. Unemployment Compensation

Count unemployment compensation income, including the amount of unemployment compensation that is intercepted to collect child support.

Count current and retroactive Pandemic Unemployment Assistance (PUA), ~~and~~, Pandemic Emergency Unemployment Compensation (PEUC), and Mixed Earner Unemployment Compensation (MEUC) payments as income in the month it was received.

### 3. Family Support

If a household is receiving family support, divide the payment by the number of members in the household. The amount of the payment allocated to the child(ren) is considered child support and is disregarded. The amount of the payment allocated to the adult(s) is considered alimony/spousal support. To determine whether alimony/spousal support is counted as income, see Section 16.5 #2 Alimony/Spousal Support.

### 4. Social Security Benefits

Although Social Security benefits are not taxable, they must be counted as unearned income. Count Social Security benefits as unearned income in the month received.

The following is a list of some of the codes that should be used in coding Social Security income types:

- SSDC - Social Security Disabled Child
- SSDI - Social Security Disability/Wage Earner
- SSDW - Social Security Disability/Wife
- SSRE - Social Security Retirement
- SSSC - Social Security Surviving Child
- SSSS - Social Security Surviving Spouse
- SSWW - Social Security Disabled Widow(er)

**Note:** Social Security benefits are not considered when determining if a person is "expected to be required" to file a tax return for the current year (see Section 2.8 ~~Modified-Adjusted-Gross~~ MAGI Income Counting Rules).

## 15. Capital and Ordinary Gains and Losses

Capital gains are profits from the sale of assets, such as stocks and bonds ~~or~~, real estate, collectibles, or personal items. If personal capital gains are regular and predictable, count as unearned income. Personal capital losses can be used to offset the person's other income types. In situations where a person is planning to file a joint tax return with his or her spouse, personal capital losses may offset the spouse's income.

Note: If a person is in the business of buying and reselling items, it should be reported as self-employment.

## 20. Reimbursements for Normal Household Living Expenses Are Counted as Income

Examples of reimbursements that are counted as income:

- Rent
- Clothing
- Food eaten at home

For examples of reimbursements that are not counted as income, see Section 16.2 ~~Income Types Not Counted~~ #19 Reimbursements.

## 26.1 RENEWALS

### 26.1.3.2 Administrative Renewal Selection Criteria and Exclusions

To be considered for an administrative renewal, a case must be due for renewal in the following month and have one or more qualifying BadgerCare Plus, FPOS, or *EBD* Medicaid assistance groups open, including health care assistance groups open with a suspended status.

~~Cases may~~ BadgerCare Plus and FPOS can be ~~excluded from~~ administratively renewed if all members on the case have:

- Only income that can be verified through a data exchange (for example, income with a SWICA match or Equifax match through the FDSH), or only Social Security or Unemployment income
- No tax deductions on file

~~BadgerCare Plus and FPOS cannot be administratively renewed if any members on the case have or are:~~

- Income or deductions that cannot be verified through a data exchange (for example, self-employment, in-kind income, or financial aid if ending in the current month or up to two months into the future)
- Tax deductions on file
- An unverified or missing SSN
- An unresolved discrepancy
- An expired immigration status
- ~~administrative~~ BadgerCare Plus Extension due for renewal ~~process for a number~~
- Deductibles
- Pregnant women whose due date is in or before the renewal month
- Former Foster Care Youth turning 26 years old
- Continuously Eligible Newborns (CENs) turning 13 months old
- Persons turning 19 or 65 years old

~~Additionally, BadgerCare Plus cannot be administratively renewed if any members on the case have or are calendar year tax dependent(s) for a past year.~~

~~BadgerCare Plus and FPOS also cannot be administratively renewed if anyone on the case is receiving EBD Medicaid, Medicaid Purchase Plan (MAPP), or Medicare Savings Program (MSP) benefits and has any of ~~reasons~~ the exclusions for those programs, found in Medicaid Eligibility Handbook 3.1.5.2.2 Medicaid Cases that Cannot be Administratively Renewed.~~

#### 26.1.3.2.1 Exclusions During the Administrative Renewal Process

~~A BadgerCare Plus or FPOS case is excluded from being administratively renewed if:~~

- ~~• Any person on the case has or is any of the following:
  - ~~○ An unverified or missing SSN~~
  - ~~○ An unresolved Prisoner, UIB, or SOLQ / discrepancy~~
  - ~~○ A new discrepancy found through a data exchange during the administrative renewal process~~~~
  
- ~~• An expired immigration status
  - ~~○ An expired disability diary date~~
  - ~~○ MAPP benefits with a work requirement waiver or Health and Employment Counseling enrollment~~
  - ~~○ A presumptive disability~~
  - ~~○ A Former Foster Care Youth turning 26 (this is because the person's income information has not been previously collected)~~
  - ~~○ A pregnant woman whose due date is in or before the renewal month (this is because there is an anticipated change in household composition)~~
  - ~~○ A CEN turning 13 months old (this is because the child is aging out of his or her current assistance group and may either lose eligibility or become eligible under a new assistance group)~~
  - ~~○ Turning 19 or 65 years old~~~~
- ~~• The case has or is any of the following:
  - ~~○ Income that cannot be verified or is not found reasonably compatible through a data exchange (such as self-employment or room and meals income)~~~~
  
- ~~• Tax deductions on file
  - ~~○ A calendar year tax dependent for a past year~~
  - ~~○ A pending health care assistance group (i.e., health care eligibility has not been confirmed for all people on the case)~~
  - ~~○ Related unprocessed ACCESS items, including applications, program adds, renewals, change reports, and SMRFs~~
  - ~~○ Related unprocessed PPRF or SMRF documents~~
  - ~~○ An unresolved EPP~~
  - ~~○ A met deductible~~
  - ~~○ A BadgerCare Plus extension assistance group due for renewal (Note: BadgerCare Plus extension assistance groups or FPOS will not be administratively renewed, but other eligible health care categories on the same case may be selected for an administrative renewal as long as the extension is not due for renewal.)~~
  - ~~○ A reason for exclusion from batch eligibility processes (for example, an eligibility override)~~
  - ~~○ In review mode~~~~

### ~~26.1.3.2 Exclusions When CARES Runs Eligibility~~

~~A BadgerCare Plus or FPOS case is excluded from being Health care or FPOS will not be successfully administratively renewed if any of the following occur when CARES is running eligibility for during the administrative renewal process:~~

- ~~• A new Error Prone Profile (EPP) is generated ~~as a result of a data exchange.~~
  - ~~• Health care or FPOS benefits pend.~~~~
- A new discrepancy is found through a data exchange
- A new or increased premium is required
- Health care or FPOS benefits would ~~be terminated~~ pend or terminate for any person on the case:
  - ~~• A premium is now required, or the premium amount increased.~~
- Related unprocessed items are found, such as applications, change reports, renewals, or FoodShare Six Month Report Forms

### 26.1.3.3 Administrative Renewal Process

~~During the administrative renewal process, CWW will automatically do the following:~~

- ~~• Select cases subject to administrative renewal~~
- ~~• Verify and update information using data exchanges~~
- ~~• Determine the new 12-month certification period for health care~~
- ~~• Notify the member of the administrative renewal~~
- ~~• Notify the member of his or her eligibility determination~~

~~The administrative renewal process will occur~~ begins in the 11th month of a member's certification period, ~~prior to a 45-day renewal letter being sent. On the first Saturday of the 11th month,~~ CARES ~~will determine~~ determines who qualifies for an administrative renewal ~~and initiate a batch request through the RRV service through the FDSH to request Equifax data.~~

~~On the second Saturday of the 11th month, the following will occur:~~

- ~~• CARES will determine who qualifies for an administrative renewal.~~
- ~~• Data exchange, verifies and updates will occur for SWICA, New Hire, and EVHI.~~
- ~~• The existing batch process will update SSA and UIB data.~~
- ~~• The RRV response with Equifax data will be processed.~~
- ~~• Reasonable compatibility will be tested as applicable.~~
- ~~• The administrative renewal process will run through a batch eligibility cycle to determine if the administrative renewal is successful or unsuccessful.~~

### **~~26.1.3.3.1 Administrative Renewal Data Exchange Results~~**

~~If new income information is identified from SSA or UIB during the administrative renewal process, the case will be updated with the new information. Income information obtained from SWICA or FDSH will be tested information based on data exchanges, tests employment income and SWICA and FDSH results for reasonable compatibility (see Section 9.12 Reasonable Compatibility for Health Care), and runs through batch eligibility. See Process Help 4.7 Administrative Renewals.~~

~~For health care and/or FPOS only cases where a person in the household has current employment, the Begin Month on the Employment page will be updated to the current month. In addition, the wage verification code on the Employment page will be set to "Q?" if the existing verification code is not "?," "QV," "NV," "Q?," "?O," "WN," or "SP." These verification codes will allow CARES to test wages for reasonable compatibility. The income types and amounts will not be systematically updated. For cases that include programs other than health care and/or FPOS or for cases for which the administrative renewal is unsuccessful, the original wage verification code will be retained. Keeping the original verification code will ensure that other programs only have to verify wages when appropriate for their program rules.~~

### **26.1.3.3.2<sup>1</sup> Successful Administrative Renewals**

~~Cases that pass the~~ have a successful administrative renewal criteria after the will have health care or FPOS eligibility batch run will go through the administrative renewal confirmation process. During the confirmation process the following will occur:

- ~~• Case level review dates redetermined and will be set.~~
- ~~• A case comment will be added by CARES that states "Administrative Renewal completed."~~
- ~~• The Interview Details page will display "Admin Renewal" as the interview type recertified for health care and/or FPOS.~~
- ~~• a new 12 month certification period. The Generate Summary Page member will display "Admin Renewal" as the signature type.~~
- ~~• The appropriate administrative renewal be sent a letter, notifying them that their eligibility has been renewed, along with or without a case summary, will be generated and mailed. The letter will be stored in the ECF.~~
- ~~• The Enrollment and Benefits Handbook will be sent to the member.~~

~~Most categories of health care will be renewed during the administrative renewal. For example, if a case is open for both BadgerCare Plus and MAPP without a premium and the programs have different renewal dates, both programs would be renewed and their renewal dates would be synced to the later of the two renewal dates. This does not apply to time limited health care benefits (such as pregnancy related BadgerCare Plus) because these benefits are not renewed for additional months. In addition, FPOS benefits will be renewed separately from other categories of health care, and the renewal date will not be synced, unless it is due for renewal at the same time as the other health care program(s).~~

-  
~~If BadgerCare Plus and/or FPOS is successfully recertified through an administrative renewal, the member will be sent an administrative renewal letter with an attached case summary.~~ The member must review the information on the case summary and report if any of the information is incorrect within 30 days of the mailing date ~~on the letter.~~ The member ~~has the option to~~ can make the changes on the summary and mail or fax it to ~~his or her~~ their agency, or ~~to call his or her agency to~~ they can report their changes. ~~When changes are applied to the case, a Notice of Decision will be sent and will include the message "Your health care renewal has been completed."~~ through ACCESS or by phone. If all of the information on the case summary is correct, the member will not need to take any other action. The member will be sent a Notice of Decision.

-  
~~Cases will go through a batch run on the second Saturday of the 12th month of the certification period, approximately 30 days after the administrative renewal. This batch run will generate a Notice of Decision, unless one has already been sent following the processing of a change or a renewal for another program(s).~~

#### **26.1.3.3.32 Unsuccessful Administrative Renewals**

Benefits may not be terminated or reduced (for example, being charged a greater premium amount) during the administrative renewal process based solely on information obtained from a data exchange. This includes information obtained from SSA, UIB, FDSH, or SWICA data exchanges. If benefits cannot be continued through the administrative renewal process, the case will be excluded from the administrative renewal process.

-  
~~If the administrative renewal process was initiated, but not completed, any updates made to the case, with the exclusion of data exchange updates, will be undone, and the case will be returned to its original status. The member will be sent a 45-day renewal letter and a PPRF. The PPRF member will include any SSA or UIB updates.~~

-  
~~Members have at least 30 days to complete, sign, and return the PPRF or to complete their renewal by phone, in-person, or through ACCESS. Failure to complete a renewal by the end of the certification period will result in the termination of benefits.~~

#### **26.1.3.3.43 Change Reporting After Administrative Renewal**

Cases that have a successful administrative renewal remain subject to change reporting requirements. The administrative renewal letter instructs a member to review and report any changes to the attached case summary and informs him or her of the potential consequences for not reporting those changes. If a member does not correct information that is wrong and gets benefits that he or she should not get, the member is liable for any resulting overpayments. In addition, administrative renewal cases will receive a Notice of Decision that identifies program-specific change reporting requirements, as well as the potential consequences for not reporting changes timely.

Changes reported for a case that has undergone an administrative renewal should be processed under existing policy.

Changes reported as part of a renewal for another program should also be applied to health care. ~~The other program may require the person to verify his or her information. Once verification is received for the other program, the information should also be used for ongoing health care eligibility.~~



## 38.2 LIST OF COVERED SERVICES AND COPAYMENTS

### 38.2.1 Introduction

A BadgerCare Plus member may be required to pay a part of the cost of a service. This payment is called a "copayment" or "copay." The following table shows some of the covered services and copayments under BadgerCare Plus.

Services	Description
Chiropractic Services	<p>Full coverage.</p> <p>Copayment \$.50 to \$3 per service (varies by service provided).</p>
Dental	<p>Full coverage of preventive, restorative and palliative services.</p> <p>Copayment \$.50 to \$3 per service (varies by service provided).</p>
Disposable Medical Supplies (DMS)	<p>Full coverage.</p> <p>Copayment \$0.50 to \$3.00 per service.</p>
Drugs (See also 38.7 Impact on Dual Eligible Individuals)	<p>Comprehensive drug benefit with coverage of generic and brand name prescription drugs and some over-the-counter (OTC) drugs.</p> <p>Members are limited to 5 prescriptions per month for opioid drugs.</p> <p>Copayments:</p> <p>\$0.50 for OTC Drugs            \$1.00 for Generic Drugs            \$3.00 for Brand Name Drugs</p> <p>Copayments are limited to \$12.00 per member, per provider, per month. OTCs are excluded from this \$12.00 maximum.</p>
Durable Medical Equipment (DME)	<p>Full coverage.</p> <p>C-payment \$0.50 to \$3.00 per item (varies by item provided).</p> <p>Rental items are not subject to a co-payment.</p>

Health Screenings for Children	<p>Full coverage of Health Check screenings and other services for individuals under age 21 years.</p> <p>Copayment \$1 per screening for those 18, 19 and 20 years of age.</p>
Hearing Services	<p>Full coverage.</p> <p>Copayment \$.50 to \$3 per procedure.</p> <p>No copayments for hearing aid batteries.</p>
Home Care Services (home health, private duty nursing and personal care)	<p>Full coverage.</p> <p>No copayment.</p>
Hospice	<p>Full coverage.</p> <p>No copayment.</p>
Hospital - Inpatient	<p>Full coverage.</p> <p>Copayment \$3 per day with a \$75 cap per stay.</p>
Hospital - Outpatient	<p>Full coverage.</p> <p>Copayment \$3 per visit.</p>
Hospital - Outpatient Emergency Room	<p>Full coverage.</p> <p>No copayment.</p>
Mental Health and Substance Abuse Treatment	<p>Full coverage (not including room and board).</p> <p>Copayment \$.50 to \$3 per visit (limited to the first 15 hours or \$500 of services, whichever comes first, provided per calendar year).</p> <p>Copayment not required when services are provided in a hospital setting- <u>or for residential substance use disorder treatment services.</u></p>
Nursing Home	<p>Full coverage.</p> <p>No copayment.</p>
Physical Therapy (PT), Occupational Therapy (OT) and Speech Therapy (ST)	<p>Full coverage.</p> <p>C-payment \$.50 to \$3 per provider, per date of service.</p>

	<p>Copayment obligation is limited to the first 30 hours or \$1,500 whichever occurs first, during one calendar year (copayment limits are calculated separately for each discipline.)</p>
Physician Visits	<p>Full coverage, including laboratory and radiology.</p> <p>Copayment \$.50 to \$3 copayment per service (varies by service provided).</p> <p>Limited to \$30 per provider per calendar year.</p> <p>No copayment for emergency services, anesthesia or clozapine management.</p>
Podiatric Services	<p>Full coverage.</p> <p>Copayment \$.50 to \$3 per service.</p>
Prenatal/Maternity Care	<p>Full coverage, including prenatal care coordination and preventive mental health and substance abuse screening and counseling for pregnant women at risk of mental health or substance abuse problems.</p> <p>No copayment.</p>
Reproductive Health Services	<p>Full coverage, excluding infertility treatments, surrogate parenting and related services, including but not limited to artificial insemination, and subsequent obstetrical care as a non covered service, and the reversal of voluntary sterilization.</p> <p>No copayment for family planning services.</p>
Routine Vision	<p>Full coverage including coverage of eye glasses.</p> <p>Copayment \$.50 to \$3 per service (varies by service provided).</p>
Smoking Cessation Services	<p>Coverage includes prescription and over-the-counter tobacco cessation products.</p> <p>Copayment (see drugs)</p>
Transportation	<p>Full coverage of emergency and non-emergency transportation to and from a certified provider for a BadgerCare Plus covered service.</p> <p>Copayments are:</p> <ul style="list-style-type: none"> <li>• \$2 for non-emergency ambulance trips.</li> <li>• \$1 per trip for transportation by an SMV.</li> </ul>

No copayment for transportation by common carrier or emergency ambulance.
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If you or the member has additional questions, contact Member Services at 1-800-362-3002.

### **38.2.4 Copay Exempt Services**

The following services do **not** require copayment:

- Case management services.
- Crisis intervention services.
- Community support program services.
- Emergency services.
- Family planning services, including sterilizations.
- HealthCheck.
- HealthCheck "Other Services."
- Home care services.
- Hospice care services.
- Immunizations.
- Independent laboratory services.
- Injections.
- PDN and PDN services for ventilator-dependent members.
- Pregnancy related services.
- Preventive services with an A or B rating from the U.S. Preventive Services Task Force.
- Residential substance use disorder treatment services.
- School-based services.
- Substance abuse day treatment services.
- Surgical assistance.

## 39.1 EMERGENCY SERVICES INCOME LIMITS

BadgerCare Plus Emergency Services is a limited BadgerCare Plus benefit for documented immigrants who have not been in the U.S. for 5 years or more and for undocumented immigrants.

A citizen is not eligible for BadgerCare Plus Emergency Services even when he or she cannot produce citizenship and/or identity verification.

**Example 1:** Jill applies for BadgerCare Plus, declares U.S. citizenship and is asked to provide documents proving her citizenship and identity. She has a driver license to prove identity but does not have anything to prove her citizenship. Since Emergency Services BadgerCare Plus does not require proof of citizenship and identity as an eligibility requirement, she then asks to be considered for this program. However, the IM worker cannot process BadgerCare Plus Emergency Services eligibility for persons declaring to be U.S. citizens. BadgerCare Plus Emergency Services is reserved for non-qualifying non-citizens.

Because Emergency Services is funded through Title XIX only those who would receive their BadgerCare Plus benefits under Title XIX are eligible for BadgerCare Plus Emergency Services. Therefore, not everyone who meets the income limits for BadgerCare Plus qualifies for BadgerCare Plus Emergency Services.

Immigrants who only meet the criteria for BadgerCare Plus under the childless adults' coverage group are ineligible for Emergency Services.

An immigrant who is ineligible for BadgerCare Plus because of his or her *immigration status* is eligible for BadgerCare Plus Emergency Services coverage if:

1. He or she meets the income limits listed in the chart below and
2. Meets all other eligibility requirements, except having or applying for an *SSN*.

An inmate who is a non-qualifying immigrant may be eligible for Emergency Services for the dates they are hospitalized as an inpatient for emergency treatment as long as they meet the rest of the eligibility criteria for Emergency Services.

### **BadgerCare Plus Emergency Services Income Limit**

<b>Group</b>	<b>Income</b>
Pregnant Women	Up to 306% FPL
Newborns to age 1	Up to 306% FPL
Children ages 1 - 5	Up to 191% FPL
Children ages 6 - 18	Up to 156% FPL

Former Foster Care Youth	Any FPL Level
Parents and Caretakers	Up to 100% FPL

**Note:** Pregnant *non-qualifying immigrants* may be eligible under the BadgerCare Plus Prenatal Program.

An emergency means a medical condition (including labor and delivery) that shows acute symptoms of sufficient severity (including severe pain) such that the lack of immediate medical treatment could result in one or more of the following:

1. Serious jeopardy to the patient's health.
2. Serious impairment to bodily functions.
3. Serious dysfunction of a bodily organ or part.

BadgerCare Plus Emergency Services covers-:

- Only those medical services needed for the treatment of an emergency medical condition.
- All labor and delivery services for eligible non-qualifying immigrants.

See Process Help, Section 11.1 BC+ Emergency Services Manual Application Processing, for BadgerCare Plus Emergency Services manual *application* processing.

## 42 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. However, an individual is not considered "institutionalized" if he or she meets this 30-day test but is in a medical institution solely for the purpose of receiving residential substance use disorder treatment.

**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.

## 44.2 PREMIUMS FOR CHILDLESS ADULTS

### 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. One-time EFT payments for childless adults can only be made through ACCESS and MyACCESS. Childless adults are not eligible for auto-withdrawal from their accounts, and the BadgerCare Plus Premium Employer Wage Withholding (F-13025) and BadgerCare Plus Premium Member / Employer Electronic Funds Transfer (F-13026) forms used for children cannot be used for childless adults.

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.



## 45.1 INTRODUCTION

When a BadgerCare Plus applicant or member is an inmate, they may be eligible for suspended BadgerCare Plus. Suspension is a type of eligibility in which an inmate continues to be enrolled in BadgerCare Plus while incarcerated, and does not have to complete a new application to regain benefits when released.

An inmate is someone who ~~resides~~ is staying in a public institution on an involuntary basis through operation of law enforcement authorities. For example, a prisoner in a jail, prison, or other correctional facility is considered an inmate.

The following individuals are not considered to be inmates for purposes of BadgerCare Plus:

- A staff person voluntarily residing in a public institution.
- An individual voluntarily residing in an institution while waiting for other living arrangements to be made that are appropriate to the person's needs.
- An individual who is legally confined to his or her home by a monitoring device, such as an ankle bracelet.
- People who are on parole, probation, or have been released to the community pending trial (including those under pre-trial supervision).

A public institution is an institution that is the responsibility of a governmental unit or over which a governmental unit exercises administrative control. This includes correctional facilities operated by or under contract with a governmental unit. A public institution does not include a medical institution (see ~~the~~ Medicaid Eligibility Handbook, Section 27.1 Institutions), a publicly operated community residence that serves no more than 16 residents, or a child care institution in which foster care maintenance payments are made under Title IV-E.

Even though the following institutions may accommodate 16 or fewer residents, they are not considered to be publicly operated community residences. People residing in these institutions may be inmates if they are residing there on an involuntary basis through operation of law enforcement authorities: \_\_

- Residential facilities located on the grounds of, or immediately adjacent to, any large institution or multiple purpose complex.
- Correctional or holding facilities for people who are prisoners, have been arrested or detained pending disposition of charges, or are held under court order as material witnesses or juveniles.

## 50.1 FEDERAL POVERTY LEVEL TABLE

Gro up _ Size	Annu al FPL	100% FPL	133% FPL	150% FPL	156% FPL	191% FPL	201% FPL	300% FPL	306% FPL
1	\$12, <del>7</del> 60 <u>880</u>	\$1, <del>06</del> 30 <u>73</u> . 33	\$1, <del>414.</del> 23 <u>427.</u> 53	\$1, <del>595</del> 610.00	\$1, <del>658.</del> 79 <u>674.</u> 39	\$2, <del>030</del> - <u>96050</u> .06	\$2, <del>137.</del> 29 <u>157.</u> 39	\$3, <del>489</del> 219.99	\$3, <del>253.</del> 79 <u>284.</u> 39
2	\$17, <del>2</del> 40 <u>420</u>	\$1, <del>43</del> 64 <u>51</u> . 67	\$1, <del>910.</del> 77 <u>930.</u> 72	\$2, <del>455.</del> 01 <u>177.</u> 51	\$2, <del>241.</del> 21 <u>264.</u> 61	\$2, <del>744</del> - <u>04772</u> .69	\$2, <del>887.</del> 71 <u>917.</u> 86	\$4, <del>310</del> 355.01	\$4, <del>396.</del> 24 <u>442.</u> 11
3	\$21, <del>7</del> 20 <u>960</u>	\$1, <del>81</del> 08 <u>30</u> . 00	\$2, <del>407.</del> 30 <u>433.</u> 90	\$2, <del>715</del> 745.00	\$2, <del>823.</del> 60 <u>854.</u> 80	\$3, <del>457</del> - <u>10495</u> .30	\$3, <del>638.</del> 10 <u>678.</u> 30	\$5, <del>430</del> 490.00	\$5, <del>538.</del> 60 <u>599.</u> 80
4	\$26, <del>2</del> 00 <u>500</u>	\$2, <del>18</del> 32 <u>08</u> . 33	\$2, <del>903.</del> 83 <u>937.</u> 08	\$3, <del>275.</del> 00 <u>312.</u> 50	\$3, <del>405</del> 444.99	\$4, <del>170</del> - <u>16217</u> .91	\$4, <del>388.</del> 49 <u>438.</u> 74	\$6, <del>549</del> 624.99	\$6, <del>680.</del> 99 <u>757.</u> 49
5	\$30, <del>6</del> 80 <u>31</u> . 040	\$2, <del>55</del> 65 <u>86</u> . 67	\$3, <del>400.</del> 37 <u>440.</u> 27	\$3, <del>835</del> 880.01	\$3, <del>988.</del> 414.03 5.21	\$4, <del>883</del> - <u>24940</u> .54	\$5, <del>138.</del> 91 <u>199.</u> 21	\$7, <del>670</del> 760.01	\$7, <del>823.</del> 44 <u>915.</u> 21
6	\$35, <del>4</del> 60 <u>580</u>	\$2, <del>93</del> 09 <u>65</u> . 00	\$3, <del>896.</del> 90 <u>943.</u> 45	\$4, <del>395.</del> 00 <u>447.</u> 50	\$4, <del>570.</del> 80 <u>625.</u> 40	\$5, <del>596</del> - <u>30663</u> .15	\$5, <del>889.</del> 30 <u>959.</u> 65	\$8, <del>790</del> 895.00	\$8, <del>965.</del> 80 <u>907.</u> 2.90
7	\$39, <del>6</del> 40 <u>40</u> . 120	\$3, <del>30</del> 33 <u>43</u> . 33	\$4, <del>393.</del> 43 <u>446.</u> 63	\$4, <del>955</del> 5.015.0 0	\$5, <del>453.</del> 19 <u>215.</u> 59	\$6, <del>309</del> - <u>36385</u> .76	\$6, <del>639.</del> 69 <u>720.</u> 09	\$9, <del>909</del> 10,029 .99	\$10, <del>10</del> 8- <u>1923</u> 0.59
8	\$44, <del>4</del> 20 <u>660</u>	\$3, <del>67</del> 67 <u>21</u> . 67	\$4, <del>889.</del> 97 <u>949.</u> 82	\$5, <del>515.</del> 04 <u>582.</u> 51	\$5, <del>735.</del> 64 <u>805.</u> 81	\$7, <del>022</del> - <u>44108</u> .39	\$7, <del>390.</del> 11 <u>480.</u> 56	\$11, <del>03</del> 0165.0 1	\$11, <del>25</del> 0- <u>6138</u> 8.31
9	\$48, <del>6</del> 00 <u>49</u> . 200	\$4, <del>05</del> 01 <u>00</u> . 00	\$5, <del>386.</del> 50 <u>453.</u> 00	\$6, <del>075</del> 150.00	\$6, <del>348</del> 396.00	\$7, <del>735</del> - <u>50831</u> .00	\$8, <del>140.</del> 50 <u>241.</u> 00	\$12, <del>15</del> 0300.0 0	\$12, <del>39</del> 3 <u>546</u> .0 0
10	\$53, <del>0</del> 80 <u>740</u>	\$4, <del>42</del> 34 <u>78</u> . 33	\$5, <del>883.</del> 03 <u>956.</u> 18	\$6, <del>635.</del> 00 <u>717.</u> 50	\$6, <del>900.</del> 39 <u>986.</u> 19	\$8, <del>448</del> - <u>56553</u> .61	\$8, <del>890.</del> 89 <u>900.</u> 1.44	\$13, <del>26</del> 9434.9 9	\$13, <del>53</del> 5- <u>3970</u> 3.69
11	\$57, <del>5</del> 60 <u>58</u> . 280	\$4, <del>79</del> 68 <u>56</u> . 67	\$6, <del>379.</del> 57 <u>459.</u> 37	\$7, <del>495</del> 285.01	\$7, <del>482.</del> 81 <u>576.</u> 41	\$9, <del>161</del> - <u>64276</u> .24	\$9, <del>641.</del> 31 <u>761.</u> 91	\$14, <del>39</del> 0570.0 1	\$14, <del>67</del> 7- <u>8186</u> 1.41
12	\$62, <del>0</del> 40 <u>820</u>	\$5, <del>17</del> 02 <u>35</u> . 00	\$6, <del>876.</del> 10 <u>962.</u> 55	\$7, <del>755.</del> 00 <u>852.</u> 50	\$8, <del>065.</del> 20166. 60	\$9, <del>874</del> - <u>70998</u> .85	\$10, <del>39</del> 1- <u>7052</u> 2.35	\$15, <del>51</del> 0705.0 0	\$15, <del>82</del> 0- <u>2016</u> 019.10
13	\$66, <del>5</del> 20 <u>67</u> . 360	\$5, <del>54</del> 36 <u>13</u> . 33	\$7, <del>372.</del> 63 <u>465.</u> 73	\$8, <del>315</del> 420.00	\$8, <del>647.</del> 59 <u>756.</u> 79	\$10, <del>58</del> 7- <u>7672</u> 1.46	\$11, <del>14</del> 2- <u>0928</u> 2.79	\$16, <del>62</del> 9839.9 9	\$16, <del>96</del> 2- <u>5917</u> 176.79
14	\$71, <del>0</del> 00 <u>900</u>	\$5, <del>94</del> 69 <u>91</u> . 67	\$7, <del>869.</del> 17 <u>968.</u> 92	\$8, <del>875.</del> 01 <u>987.</u> 51	\$9, <del>230</del> 347.01	\$11, <del>30</del> 0- <u>8444</u> 4.09	\$11, <del>89</del> 2- <u>5112</u> 043.26	\$17, <del>75</del> 0975.0 1	\$18, <del>10</del> 5- <u>0133</u> 4.51
15	\$75, <del>4</del> 80 <u>76</u> . 440	\$6, <del>29</del> 03 <u>70</u> . 00	\$8, <del>365.</del> 70 <u>472.</u> 10	\$9, <del>435</del> 555.00	\$9, <del>812.</del> 40 <u>937.</u> 20	\$12, <del>01</del> 3- <u>9016</u> 6.70	\$12, <del>64</del> 2- <u>9080</u> 3.70	\$18, <del>87</del> 019.11 0.00	\$19, <del>24</del> 7- <u>4049</u> 2.20
16	\$79, <del>9</del> 60 <u>80</u> . 980	\$6, <del>66</del> 37 <u>48</u> . 33	\$8, <del>862.</del> 23 <u>975.</u> 28	\$9, <del>995.</del> 00 <u>10.1</u> 22.50	\$10, <del>39</del> 4- <u>7952</u> 7.39	\$12, <del>72</del> 6- <u>9688</u> 9.31	\$13, <del>39</del> 3- <u>2956</u> 4.14	\$19, <del>98</del> 920.24 4.99	\$20, <del>38</del> 9- <u>7964</u> 9.89

17	<del>\$84,440,855.520</del>	<del>\$7,036,126.67</del>	<del>\$9,358,774.78</del>	<del>\$10,555,690.01</del>	<del>\$10,977,211.117.61</del>	<del>\$13,440,046.11.94</del>	<del>\$14,143,713.24.61</del>	<del>\$21,110,380.01</del>	<del>\$21,532,218.07.61</del>
18	<del>\$88,920,906.140</del>	<del>\$7,449,505.00</del>	<del>\$9,855,309.81.65</del>	<del>\$11,115,002.57.50</del>	<del>\$11,559,607.07.80</del>	<del>\$14,153,103.34.55</del>	<del>\$14,894,101.50.85.05</del>	<del>\$22,230,515.00</del>	<del>\$22,674,609.65.30</del>
19	<del>\$93,400,946.00</del>	<del>\$7,783,883.33</del>	<del>\$10,354,484.83</del>	<del>\$11,675,825.00</del>	<del>\$12,144,297.99</del>	<del>\$14,866,150.57.16</del>	<del>\$15,644,845.49</del>	<del>\$23,349,649.99</del>	<del>\$23,816,242.122.99</del>
20	<del>\$97,880,991.140</del>	<del>\$8,156,261.67</del>	<del>\$10,848,379.88.02</del>	<del>\$12,235,043.92.51</del>	<del>\$12,724,418.88.21</del>	<del>\$15,579,247.77.9.79</del>	<del>\$16,394,916.05.96</del>	<del>\$24,470,785.01</del>	<del>\$24,959,412.5280.71</del>
21	<del>\$102,360,103.680</del>	<del>\$8,539,640.00</del>	<del>\$11,344,904.91.20</del>	<del>\$12,795,960.00</del>	<del>\$13,306,804.78.40</del>	<del>\$16,292,305.02.40</del>	<del>\$17,145,303.66.40</del>	<del>\$25,590,920.00</del>	<del>\$26,401,804.38.40</del>
22	<del>\$106,840,108.220</del>	<del>\$8,903,901.8.33</del>	<del>\$11,841,439.94.38</del>	<del>\$13,355,005.27.50</del>	<del>\$13,889,191.40.68.59</del>	<del>\$17,005,362.25.01</del>	<del>\$17,895,691.8126.84</del>	<del>\$26,709,270.54.99</del>	<del>\$27,244,195.96.09</del>
23	<del>\$111,320,112.760</del>	<del>\$9,276,939.6.67</del>	<del>\$12,337,974.97.57</del>	<del>\$13,945,140.95.01</del>	<del>\$14,471,616.58.81</del>	<del>\$17,718,449.47.64</del>	<del>\$18,646,118.87.31</del>	<del>\$27,830,281.90.01</del>	<del>\$28,386,617.53.81</del>
24	<del>\$115,800,117.300</del>	<del>\$9,659,775.00</del>	<del>\$12,834,501.3000.75</del>	<del>\$14,475,006.62.50</del>	<del>\$15,054,249.00</del>	<del>\$18,431,506.70.25</del>	<del>\$19,396,506.47.75</del>	<del>\$28,950,293.325.00</del>	<del>\$29,529,009.11.50</del>
Each Additional Person	<del>\$4,480,540.00</del>	<del>\$373,378.33</del>	<del>\$496.53,503.18</del>	<del>\$560.00,567.50</del>	<del>\$582.39,590.19</del>	<del>\$713.06,722.61</del>	<del>\$750.39,760.44</del>	<del>\$1,149,134.99</del>	<del>\$1,142,391.57.69</del>
		BadgerCare Plus Extensions trigger limit, BadgerCare Plus adults limit		BadgerCare Plus child deductible limit	BadgerCare Plus limit for children 6-18 years old subject to access, backdating, and presumptive eligibility	BadgerCare Plus limit for children 1-5 years old subject to access, backdating, and presumptive eligibility	BadgerCare Plus children premium limit	BadgerCare Plus pregnant women deductible limit	BadgerCare Plus pregnant women, and Family Planning Only Services limit

For an online tool to calculate the FPL using household income in dollars, go to [www.safetyweb.org/fpl.php](http://www.safetyweb.org/fpl.php).