SSI-E Handbook Coversheet

Change Summary for SSI-E Handbook Release 26-02

Release Date: 11/13/2026

This coversheet contains a summary of the changes included in this release and the redline edit changes that were made in the handbook.

Clarifications and Corrections

TOPIC	SUMMARY	SECTIONS
SSI-E for People in Substitute Care	Updated punctuation error.	2.1.6 Certification Procedure
SSI-E for People in Substitute Care	Clarified case management services are only available to SSI-E recipients who are eligible for SSI Medicaid.	2.1.10 Ongoing Monitoring
Federal and State SSI Recipients	Updated punctuation error.	3.1.6 Responsible Agencies
State-Only SSI Recipients	Clarified case management services are only available to SSI-E recipients who are eligible for SSI Medicaid.	3.1.15 Case Management
State-Only SSI Recipients	Clarified that SSI recipient's immigration status affects Medicaid eligibility.	4.1.4 Medicaid/ BadgerCare Plus
State-Only SSI Recipients	Updated Medical Assistance to Medicaid.	5.1 Appeals and Complaints

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2 SSI-E For People in Substitute Care

2.1 SSI-E for People in Substitute Care

2.1.6 Certification Procedure

SSI-E shall be authorized only after careful review by agency staff or a contractor agency. Both the needs of the recipient and the level of support service provided must be taken into account in deciding if SSI-E is to be approved.

When a person applies for SSI-E, the agency must determine eligibility for that person within 30 days of when the person first expresses an intent to apply.

Do not certify for the future based on anticipated situations. You may be planning a living arrangement that meets SSI-E criteria and plan to certify, but do not send in the certification until the plan is implemented. Complete the certification only after the person meets all the eligibility criteria.

Counties Where Family Care is Available

For Family Care populations in Family Care counties, at the county's option, the county or the Aging and Disability Resource Center (ADRC) may determine SSI-E eligibility.

For non-Family Care populations, i.e. people with mental illness and children, the county can complete the SSI-E determination or contract with a private contract agency or ADRC.

For SSI-E determinations performed by ADRCs, the county agency director is not required to review and approve SSI-E certifications. In these cases, the ADRC director or designee may review and approve SSI-E certifications.

In counties where Family Care is available, there will be cases where individuals will become eligible for SSI-E after initial enrollment in Family Care due to change(s) in the individual's condition and/or circumstances. In these cases, the Managed Care Organization will complete the initial SSI-E determination and certification, since the Managed Care Organization is familiar with these individuals and their functional condition. Which~~]~~ever entity the county designated responsible for the initial SSI-E determination (a county agency or ADRC), that same entity would be responsible for the certification of individuals who become eligible for SSI-E after enrollment in IRIS.

2.1.10 Ongoing Monitoring

The local authorizing agency must establish a method for monitoring that the person continues to reside in a qualified substitute care setting with costs to the person at least equal to the E payment level. Agency monitoring must be sufficient for the agency to report to the Department of Health Services in a timely manner changes of address or living arrangement, decertifications and moves from substitute care to natural residential settings.

The authorizing agency may provide the recipient or guardian and the recipient's representative payee, if any, with a form on which to report changes of address and other changes to the authorizing agency.

For SSI-E recipients who are eligible for Medicaid, ~~Case~~ case management services may be provided ~~to SSI-E recipients~~ as a covered service under Medicaid, to the extent allowed by the State MA Administrative Code or the MA Community Waivers Manual. Such services must meet all applicable standards of those funding sources.

Monitoring in Counties where Family Care is Available

For Family Care populations, the Managed Care Organization is responsible for the annual Family Care eligibility recertification for its members. The ADRC is responsible for the annual eligibility recertification of clients in the IRIS self-directed supports waiver.

It is most efficient for the monitoring of SSI-E eligibility to be coupled with the annual Family Care/IRIS recertification given the recertification process involves a comprehensive review of a client's needs and living situation. For this reason, for Family Care populations, Managed Care Organizations will be responsible for monitoring SSI-E eligibility for their members and ADRCs will be responsible for monitoring SSI-E eligibility for IRIS members, as part of the annual recertification of each group. To fulfill the monitoring requirement, the Managed Care Organization or ADRC would only need to provide notification to HP Enterprise Services if a client no longer met SSI-E eligibility by completing Form F-20818. This form is used to both certify or decertify individuals (see item #12 to give reason for decertification). No additional action or paperwork would be needed in cases where the client continues to meet eligibility criteria for SSI-E, which will be the majority of cases.

3 SSI-E For People in Natural Residential Settings

3.1 SSI-E for People in Natural Residential Settings

3.1.6 Responsible Agencies

The "local authorizing" county agency responsible for completing the certifications for SSI-E depends on the target group description which applies to the person.

AGENCIES AUTHORIZED TO CERTIFY SSI-E RECIPIENTS					
	DSS	DHS	DCP	CAU	DDS
Elderly	X	X		X	
Alzheimer's Disease	X	X	X	X	
Blind	X	X			
Chronically Mentally Ill		X	X		
Developmentally Disabled		X	X		X
Physically Disabled	X	X			
Alcohol or Drug Abuse		X	X		

However, any one of the above agencies may select another county agency in this group to authorize and monitor SSI-E for certain groups of recipients.

Counties Where Family Care is Available

For Family Care populations in Family Care counties, at the county's option, the county or the Aging and Disability Resource Center (ADRC) may determine SSI-E eligibility.

For non-Family Care populations, i.e. people with mental illness and children, the county can complete the SSI-E determination or contract with a private contract agency or ADRC.

For SSI-E determinations performed by ADRCs, the county agency director is not required to review and approve SSI-E certifications. In these cases, the ADRC director or designee may review and approve SSI-E certifications.

In counties where Family Care is available, there will be cases where individuals will become eligible for SSI-E after initial enrollment in Family Care due to change(s) in the individual's condition and/or circumstances. For these situations, the Managed Care Organization will complete the initial SSI-E determination and certification, since the Managed Care Organization is familiar with these individuals and their functional condition. Which ever entity the county designated responsible for the initial SSI-E determination (a county agency or ADRC), that same entity would be responsible for the certification of individuals who become eligible for SSI-E after enrollment in IRIS.

3.1.15 Case Management

For SSI-E recipients who are eligible for Medicaid, ~~Case~~ case management services may be provided ~~to SSI-E recipients~~ as a covered service under Medicaid, to the extent allowed by the State MA Administrative Code or the MA Community Waivers Manual. Such services must meet all applicable standards of those funding sources.

4 SSI-E and Other Benefits

4.1 SSI-E and Other Benefits

4.1.4 ~~Medical Assistance~~Medicaid/ BadgerCare Plus

~~All SSI recipients, including persons certified for the E Supplement, are automatically eligible for Medical Assistance (also called Medicaid, MA, or Title XIX).~~Most people who are eligible for a federal or state SSI payment are automatically enrolled in Medicaid. A person may be eligible for a federal or state SSI payment but not eligible for Medicaid due to their immigration status.

SSI recipients who are enrolled in Medicaid are eligible for all the services covered by the ~~Medical Assistance~~Medicaid program.

~~For MA recipients~~For people enrolled in Medicaid, ~~including those eligible because of receipt of SSI or SSI-E,~~ some services may require the ~~recipient~~ person to pay a portion of the cost of the service (a "co-payment") and some services require ~~Medical Assistance~~Medicaid approval before they are provided ("prior authorization") for ~~the Medical Assistance~~Medicaid to pay for them.

5 Appeals and Complaints

5.1 Appeals and Complaints

Samples of the Notice of SSI-E Exceptional Expense Certification Action for Persons in Natural Residential Settings

Model Approval Letter (PDF, 50 KB)
Model Denial/Decertification Letter (PDF, 50 KB)

Note *Denial or discontinuance of certification for the SSI-E Exceptional Expense payment does not affect ~~Medical Assistance~~Medicaid, BadgerCare Plus, FoodShare, or your basic SSI money payment.*

If you have been denied or discontinued from certification for the SSI-E Exceptional Expense Payment at this time, you have the right to make a new request at any time you believe yourself to be eligible.

If you have questions about the action or believe it improper, we will be glad to discuss the matter with you further.

If you believe this action should not have been taken, you have the right to appeal the decision. You have 45 days from the effective date of the denial or discontinuance of certification to appeal.

If you have been notified that your certification for the SSI-E payment will be discontinued, you have 10 days from the date on this notice to appeal if you want the payment to continue until a decision based on a hearing is made; otherwise, payment will be stopped.

Let us know at the address or phone number on the other side of this notice if you are requesting that your payment continue until a hearing decision is made.

Send a written request for a hearing to:

Department of Administration
Division of Administrative Hearings
P.O. Box 7875
Madison, WI 53707-7875

Briefly state why you think the action you are appealing was in error. If you require assistance in putting your request in writing, we will help you.

At a hearing, you have the right to:

1. Be assisted by a representative of your choice.
2. Present oral and written statements and other evidence.
3. Have witnesses subpoenaed.
4. Cross-examine witnesses.
5. Bring an interpreter, if needed.
6. Examine all documents and records to be used by the agencies at the hearing. If you employ an attorney, we cannot pay the fee.

If you believe you have been discriminated against because of race, color, age, sex, disability or national origin, you have the right to file a complaint with:

Secretary
Department of Health Services
P.O. Box 7850
Madison, WI 53707-7851

or with:

Secretary
U.S. Department of Health and Human Services
Washington, D.C. 20201