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TO: Economic Support Supervisors
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W-2 Agencies
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Job Center Leads and Managers

FROM: Amy Mendel-Clemens
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Bureau of Health Care Eligibility
Division of Health Care Financing

BHCE/BWP OPERATIONS MEMO

No: 04-30

DATE: 06/04/2004

FS	<input type="checkbox"/>	MA	<input checked="" type="checkbox"/>	SC	<input type="checkbox"/>
CTS	<input type="checkbox"/>	CC	<input type="checkbox"/>	W-2	<input type="checkbox"/>
FSET	<input type="checkbox"/>	EA	<input type="checkbox"/>	CF	<input type="checkbox"/>
JAL	<input type="checkbox"/>	JC	<input type="checkbox"/>	RAP	<input type="checkbox"/>
WIA	<input type="checkbox"/>	WtW	<input type="checkbox"/>		
Other EP	<input type="checkbox"/>	*			

PRIORITY: HIGH

SUBJECT: Applications For Medicaid Benefits For DOC Offenders Released Into The
Community

CROSS REFERENCE: Operations Memo 03-06

EFFECTIVE DATE: July 1, 2004

PURPOSE

This memo introduces an expedited Medicaid application process to assist Department of Corrections (DOC) inmates to obtain Supplemental Security Income (SSI) and Medicaid (MA) benefits upon re-entry into the community. While most applications from this process will be directed to the Social Security Administration (SSA), some MA applications for these inmates will be filed at county/tribal agencies. This memo explains:

- What actions will be taken by state DOC staff to assist the inmates,
- The application process to be followed by local agency ES staff, and
- The process for local agencies to designate a contact person who will work with DOC.

BACKGROUND

The number of persons with severe mental illnesses in jail or prison is growing. When these persons are released from prison, many have little or no access to medical treatment to control

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their illnesses and DOC provides offenders with a two-week supply of prescribed medications after their release from prison. For some of these offenders, access to medication can be an important factor in reducing recidivism.

Bureau of Health Care Eligibility and DOC staff have been collaborating with the SSA and the Disability Determination Bureau (DDB) to devise procedures to assist disabled offenders with severe mental health illnesses in applying for SSI and MA.

PROCESS

IM AGENCY DESIGNATION OF DOC CONTACTS

BHCE has agreed to provide DOC with a list of at least one contact person per county/tribal IM agency who will be able to assist DOC staff in processing the MA applications. Agencies are asked to designate this contact person no later than June 18, 2004, by going to the following link and completing the survey form. If no response is received from an agency, the CARES Coordinator will be added to the list as the contact person for that agency.

<http://www.surveymk.com/s.asp?u=50803506554>

DOC WILL ASSIST OFFENDERS APPLYING FOR SSI

As early as six months prior to the inmate's release date, DOC will begin to gather personal financial and medical records needed for an SSI application. DOC will then assist the inmate with submitting an SSI application to SSA 90 days prior to release. DDB will review the disability application and, given the amount of lead-time and the intent of DOC to submit thorough medical records, it is expected most SSI and Disability applications will be processed prior to release.

DOC ASSISTS OFFENDERS APPLYING FOR MA

There will be cases where DOC assists offenders in applying for MA directly to the county/tribe where they will reside upon release. DOC will only assist offenders who SSA has denied a disability claim for excess income and/or determined not disabled but in a small subset who may otherwise qualify for MA (see Non-Disability Applications). Applications may also be submitted directly to the county/tribe for offenders released before DOC has time to complete and submit an SSI application. DHFS is providing DOC with details of the application process and will also provide training to the DOC staff on the basics of MA eligibility.

Disability Applications

For offenders whose application for SSI was not processed by SSA in time for the offender's release, DOC will be submitting an application for MA based on disability to the county/tribal agency.

DOC prison social workers and community corrections parole agents will complete a copy of the Authorized Representative Form (**HCF 10126**) and assist these offenders in completing the following forms.

- Wisconsin Medicaid Elderly/Blind/Disabled Application form (**HCF 10101**)
- Medicaid Disability Application Form (**HCF 10112**)
- Medicaid Presumptive Disability Form (**HCF 10130**) signed by medical staff
- Authorization to Disclose Information to Disability Determination Bureau (**HCF 14014**)

All application materials associated with this process will be submitted by mail to the county/tribal agency contact for DOC about 3 weeks prior to the scheduled release date.

The parole agent and the prison social worker will both be listed as authorized representatives to receive MA notices on the offender's behalf. The prison social worker will work with the IM worker to process the MA application and deal with any correspondences on the offender's behalf prior to his release. DOC will fax a letter to the County/Tribal MA offices on the day the offender is released to confirm that they are now residing in the community. On the day of release, responsibility for dealing with the MA application shifts from the prison social worker to the parole agent assigned to work with the offender in the community. If the offender's application for MA benefits is approved, the offender's parole agent should receive the Notice of Decision and the "Forward Card". The community corrections agent will continue to assist the offender with MA benefits and application/review processing for as long as the inmate needs the assistance and is under supervision of the agent.

Non-Disability Applications

DOC will submit MA applications for those offenders denied SSI because they were not determined disabled by DDB but may otherwise qualify non-financially for MA. This relatively small group of offenders may include those who:

1. Will be under age 19 at the time of release;
2. Will be age 65 or older at the time of release;
3. Is expected to be returning to live with his/her family, including minor children upon release, or
4. Is pregnant.

The process that DOC will follow will be the same as the one used for disability applications. The only differences will be the use of the Wisconsin Family Medicaid, BadgerCare and Family Planning Waiver Application form (**HCF 10100**) for those under 65 and the Wisconsin Medicaid Elderly/Blind/Disabled Application and Review (**HCF 10101**) for those over 65. Disability or presumptive disability forms will not be submitted.

IM AGENCY PROCESSING OF MA APPLICATIONS

County/Tribal IM agencies must follow the following application processing guidelines for these applications received from the DOC.

1. Process the mail-in application from DOC up to the point of running eligibility and confirming as if the inmate is already in the community even though she/he is incarcerated. The date the application is received is the filing date.
2. Social workers and parole agents will be the offender's authorized representatives and both will complete a copy of the Authorized Representative Form (**HCF 10126**). Any requests for additional information or verification must be mailed or faxed to the Authorized Representative. Workers will use the mailing address of the prison social worker for any correspondence and the mailing address of the parole agent for correspondence and the Forward Card (see attachment for CARES processing instructions.)
3. To expedite the disability determination process, the DOC social worker will complete the disability forms normally filled out by the county/tribal IM worker and send along medical records with the forms.

NOTE ➤ The IM worker must add his or her name and phone number to the form and indicate the agency in the space below the interviewer signature area on page 12 of the HCF 10112 form before forwarding that form to DDB.

4. Due to the serious nature of their mental illnesses and/or physical disabilities, DOC will be submitting the Medicaid Presumptive Disability forms (HCF 10130) and indicating an urgent need for medical services and sometimes an impairment for many of these offenders. If an impairment is indicated along with the urgent need, the IM worker may make the presumptive disability decision. If only an urgent need exists, the IM worker must fax to DDB:

- The Request for Medicaid Presumptive Disability Decision form (HCF 10125).
- The Medicaid Disability Application form (HCF 10112).
- The Authorization to Disclose Information to Disability Determination Bureau (DDB) forms, (HCF 14014)

DDB will return a presumptive disability determination within three business days. See Operations Memo 03-06 for more information of the presumptive disability determination process.

5. DOC will fax the county/tribal MA offices to notify the worker on the day the offender is released. The worker should have everything needed to make an eligibility determination by the date of release. Workers are expected to run eligibility in CARES and confirm the results on the date of release.
- If the offender's application filing date is in the calendar month prior to the release date, deny the first month of the application for residing in a public institution (CARES Reason Code 043) and approve MA for the second month of the application.
 - If the offender's application filing date is in the same calendar month as the date of release, CARES will set eligibility as of the first of the month. DOC will not bill for service prior to the date of the inmate's release.

NOTE ➤ County/tribal IM workers should deny an offender's application for MA if the offender is not released into the community by the thirtieth day after the filing date.

ATTACHMENT: Cares Processing Instructions for Multiple Authorized Representatives

CONTACTS

BHCE CARES Information & Problem Resolution Center

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

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