

Wisconsin Medicaid Program

Providing access to essential care and services

Core Member Organizations

- Aging and Disability Professionals Association of Wisconsin (ADPAW)
- Alzheimer's Association SE Wisconsin Chapter
- Wisconsin Adult Day Services Association (WADSA)
- Wisconsin Association of Area Agencies on Aging (W4A)
- Wisconsin Association of Benefit Specialists (WABS)
- Wisconsin Association of Nutrition Directors (WAND)
- Wisconsin Association of Senior Centers (WASC)
- Wisconsin Institute for Healthy Aging (WIHA)

The Wisconsin Aging Advocacy Network is a collaborative group of individuals and associations working with and for Wisconsin's older adults to shape public policy to improve their quality of life.

WAAN State Issue Brief
July 2016

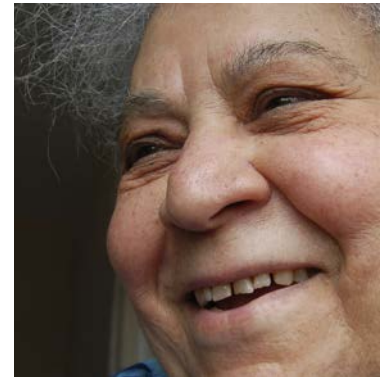
WAAN's Position: Strengthen, enhance, and expand Medicaid.

Medicaid is a joint federal and state program that helps people with limited income and resources afford medical expenses. Medicaid is the single largest source of healthcare coverage in the nation—covering over 68 million low-income children, families, pregnant women, workers, people with disabilities, and seniors. Of the over 68 million Medicaid enrollees, 17% are low-income seniors eligible for both Medicare and Medicaid, called “dual eligibles.” Because of their dual-eligible status, these Medicaid enrollees receive vital assistance with Medicare premiums, co-pays, and other costs.

Medicaid must be strengthened, enhanced, and expanded by implementing the following options:

1. Expand Medicaid.

- Federal dollars are available to states that expand Medicaid. Expanding Medicaid means the program would be available to adults under 65 at or below 138% of the federal poverty level (FPL). More people would be eligible because Wisconsin currently uses 100% to determine eligibility for older adults in a number of Medicaid programs—such as BadgerCare Plus.
- Medicaid expansion in Wisconsin would ensure more people become insured for the first time and have access to affordable insurance.



2. Increase the \$2,000 asset limit for Medicaid programs.

- The asset limit for Medicaid programs has not been adjusted for inflation for over 25 years.
- The small \$2,000 asset limit immediately deems thousands of Wisconsin seniors ineligible for Medicaid programs.
 - ◇ For example, a senior may have income under 100% of FPL but be deemed ineligible for Medicaid programs because Medicaid counts an IRA account, life insurance policy, or savings for emergency needs as available assets.



3. Re-examine estate recovery laws.

- The state seeks repayment only from people age 55 and older participating in a long-term care program. This process targets middle-class families; very poor families; and farmers, who have minimal cash resources and often the only asset to pass along is the family home or farm. These seniors cannot afford or do not qualify for private long-term care insurance and rely on Medicaid for long-term care.
- These laws deter older adults from accessing needed services early on—resulting in more intensive and expensive, publicly-funded care later.

4. Ensure non-emergency transportation services (NEMT) remain an eligible funded benefit.

- The Medicaid NEMT benefit has become an integral part of a coordinated care plan for Medicaid beneficiaries with chronic health care needs.
- NEMT is vital to ensure seniors receive preventive and maintenance care—which is far less expensive than emergency treatment and ambulance costs.
- Without NEMT, seniors miss appointments and do not adhere to medication routines—which leads to frequent trips to the emergency room and extended hospital stays.
- Without the NEMT benefit, the burden of providing medical transportation shifts to other local, state, and federally-funded transit and human services transportation programs.

5. Increase nursing home allowances for community spouses.

- If the individual on Medicaid receiving nursing home care has a spouse living in the community, that spouse may have a maximum monthly income of \$2,655 (or \$2,980.50 if high shelter expenses).
- Unexpected health issues or incidents can quickly change the financial landscape for anyone—at any age. Yet, people still have mortgages, car loans, college tuitions, and other bills to pay. The \$2,655 income allocation is frequently not enough to sustain a family. A spouse can bring a fair hearing to request a higher amount be allocated to him/her on a long- or short-term basis due to extreme financial hardship, but people do not always realize this is an option and the request may not be approved. Huge financial change—specifically if that nursing home spouse was working until experiencing a health crisis—presents a huge financial burden on families at a very difficult time.



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