

Wisconsin Section 1115 Waiver Demonstration Summary

Background

In 2013, Wisconsin received approval from CMS to expand Medicaid eligibility to childless adults (19-64 years of age) with household incomes of up to 100 percent of the federal poverty level (FPL). In June 2017, the state submitted waiver amendment to add new eligibility requirements, premiums, and health risk assessments to non-pregnant childless adults in its expansion group. The waiver also seeks to implement policies affecting all BadgerCare Plus and Medicaid members specifically related to treatment for substance use disorders (SUD). This waiver application is currently pending CMS approval.

1115 Waiver Elements

Monthly Premiums

The waiver proposes to implement an \$8 monthly premium for the childless adult population of household income equating to 51 to 100 percent of the FPL. Members who fail to pay the premiums may not be eligible for benefits for up to six months, but may reenroll at any time during the six month period by paying owed premiums. After the six-month period, individuals may gain eligibility for benefits again by meeting all program rules, even if they still have unpaid premiums. Additionally, third-party contributors are permitted to make payments on a member's behalf.

Healthy Behavior Incentives and Health Risk Assessments

The waiver also seeks to reduce premiums if beneficiaries demonstrate healthy habits. Members who refrain from health risk behavior will have their premiums reduced by 50 percent. (A health risk behavior includes alcohol consumption, body weight, illicit drug use, seatbelt use, and tobacco use.) Members who do not refrain from health risk behaviors, but who attest to actively managing their behavior, and/or have a condition beyond their control, may also have their premiums reduced by 50 percent. Members who do not refrain from health risk behaviors, and who are not actively managing their behavior, will be subject to the standard monthly premium. Members will have the opportunity to update and self-attest to changes in their behavior on an annual basis by completing a Health Risk Assessment. Members who fail to complete the HRA will be subject to the standard premium.

CoPayments for Emergency Department Use

Members of the childless adult population utilizing the emergency department (ED) will be responsible for an \$8 copay for each visit. This copayment will not exceed 5 percent of the member's household income and is not a requirement to receive services.

Time Limit and Work Requirement

The waiver proposes to limit the childless adult expansion population's enrollment to 48 months, beginning at the first month of enrollment. After the 48-month period, the member will not be eligible for benefits for six months, after which the member may reenroll to start another 48-month enrollment period. Members over the age 49 years old will not be subject to the 48-month time limit.

For childless adults between 19-49 years of age, a work component will apply to the enrollment time limit, and the 48-month clock will stop if a member of this population works and/or receives job training for at least 80 hours per month. A member will, however, be exempt from the work requirement, and associated eligibility time limit, if any of the following apply: (1) the member is mentally ill; (2) the member receives Social Security Disability Insurance (SSDI); (3) the member is a primary caregiver for an incapacitated person; (4) the member is physically or mentally unable to work; (5) the member is receiving or has applied for unemployment insurance; (6) the member is in an alcohol or other drug abuse treatment program; (7) the member is enrolled at least part-time in an institution of higher learning; (8) the member is enrolled at least part-time as a high school student age 19 or older.

Required Drug Screening and Testing

The waiver seeks to require an applicant or member to submit a drug screen assessment, as a condition of eligibility. If a drug screen indicates risk of a substance use disorder (SUD), the individual will subsequently be required to complete a drug test. A positive result on either the drug screen or drug test will not disqualify the individual from eligibility, or from receiving benefits.

The drug screen assessment will consist of questions related to current and prior use of controlled substances. Individuals whose answers to the questions do not indicate a possible SUD will be deemed eligible for program benefits without any further drug test or treatment. If answers do reflect a possible SUD, individuals must submit a drug test or agree to enter treatment. Individuals who test positive for a controlled substance, without showing a valid prescription, will be required to enter a substance abuse treatment program, or else lose eligibility. Individuals who refuse to submit a required drug screen or drug test will be ineligible for program benefits.

IMD Exclusion Waiver for SUD Services

The waiver requests federal financial participation for SUD treatment services provided to all Medicaid beneficiaries in institutions for mental disease (IMD). Additionally, the waiver requests a waiver of the 15-day limit for IMD coverage found in Medicaid managed care regulations.