**Medicaid Eligibility Handbook Release 22-01 Presented** by Kathy King

**Release Date: 4/4/22**

**22.6 Restoration of Benefits –**(New Section)

* If it is determined that a member’s benefits have been incorrectly denied or terminated, their Medicaid should be restored from the date of the incorrect denial or termination through the time period that they would have remained eligible.

If the member was incorrectly denied or terminated for BadgerCare Plus or MAPP with a premium obligation, the member should be allowed to pick the months in which they would like to receive benefits. All premiums owed for the months in which the member would like to receive benefits.

**CTS Release 22-01** Presented by: Melissa Dybas

**Release/Effective Date: 4/4/22**

Information regarding notices and changes and their required actions were removed from the Income Maintenance Manual and updated in the CTS Handbook.

**FoodShare Release 22-01 Presented** By: Melissa Dybas

**Release/Effective Date: 4/4/22**

**1.2.2 Sources for Verification-1.2.2.2 Collateral Contacts**

Clearly document the collateral contact information. Include the following details:

* Name of collateral contact
* Title of Individual
* Organization the individual is affiliated with
* Address
* Phone number
* Significance to household
* Date(s) of contact(s) and when pertinent information was obtained
* The information obtained and used for verification

**1.2.4.4 Asset Verification**

* Asset limit was increased to $3750 for EBD households.

**4.3.4 Unearned Income-4.3.4.3 Disregarded Unearned Income**

* **Added: Living Independently through Financial Empowerment (LIFE)**

The LIFE program provides short-term, monthly cash payments to families, including

Tribal members, experiencing crises resulting from a domestic violence situation. The LIFE program is only available for a until August 31, 2022. Approved applicants receive $3,500 over three consecutive months: $1,500 in month one, $1,000 in month two, and $1,000 in month three.

**7.1.1 Allotments**

* This section was updated to clarify that FS benefits remain with the assistance group they were issued to and give an updated example.

**BadgerCare Plus Release 22-01 Presented** By: Erin Heiman

**Release/Effective Date: 4/4/22**

**16.9.1.1 People found Eligible Under Gap Filling Rules**

Copay Limits were added to what must be documented in case comments when a person is found eligible under gap filling rules.

* If the annual AG income is less than or equal to 50% of FPL, the member’s copay limit is $0
* If the annual AG income is greater than 50% of FPL, the member is in the >50-100% of FPL copay limit tier
* If the member is married and the spouse is also in a health care program with a copay limit and the spouse is not exempt from copays, use the prorated amount. If the member and spouse are in different health care AGs and neither spouse is exempt from copays, the AG with lower income should be used to determine the copay limit tier for both spouses.

**These are the main takeaways. Please read the full releases.**