

**MEDICAL ASSISTANCE PURCHASE PLAN (MAPP)**

The federal Balanced Budget Act of 1997 allows states to establish Medicaid buy-in programs through which working people with disabilities whose earnings are too high for them to qualify for Medicaid under existing rules may qualify for coverage. Wisconsin’s buy-in program is MAPP. MAPP eligibility is based on income, which is calculated according to federal SSI rules, applying different disregards to earned and unearned income. Participants at or above 150% of the FPL must pay a premium equal to 3% of the individual’s earned income plus his or her total unearned income after certain deductions. Also, MAPP participants can accumulate savings in DHS-approved accounts known as independence accounts.

**CURRENT STATUS**:

The Governor’s budget:

* Modifies MAPP’s eligibility criteria and its premium structure. Earned and unearned income will be treated equally in both the eligibility and premium calculations. An individual will have to provide documentation that he or she is paying, or having withheld, taxes on earned income to enroll/maintain MAPP eligibility. Documentation would be provided at initial application, at annual review, or within 10 days of a change in income.
* To the extent approved by the federal government, excludes independence accounts and retirement assets and income accumulated while an individual is employed and enrolled in MAPP when determining eligibility and cost-sharing requirements under various MA programs.

**REQUESTED ACTION**:

Oppose the changes proposed to the MAPP program included in the Governor’s budget.

**TALKING POINTS**:

* MAPP eligibility is currently the Medicaid tier that many county residents qualify under that are involved in county intensive mental health programs [Community Support Program (CSP), Comprehensive Community Services Program (CCS), and Crisis]. These MAPP changes will have significant revenue implications for

Medical Assistance Purchase Plan

Page 2

county Departments of Human Services and Departments of Community Programs. Several counties are presently calculating the impact of this change, but this change would significantly reduce Medicaid revenues for large, medium and small sized counties.

* Many current MAPP clients will end up having very high deductibles for other levels of Medicaid and it is anticipated that many current MAPP clients would only have Medicaid coverage for 1-2 months during a 6 month Medicaid eligibility period. As a result, many of the current MAPP clients will have no medical coverage or only very limited medical coverage.
* Many clients involved in the Family Care, Partnership and IRIS programs also qualify for these services as a result of obtaining MAPP Medicaid. This change will also largely impact MCOs across the State of Wisconsin. These are some of our most vulnerable State residents that are elderly, blind and disabled.

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