

Medicaid (BadgerCare) Expansion



Governor Evers' budget proposal expands Medicaid (BadgerCare) to serve people up to 138% of the federal poverty level, up from the current 100%.

A single person making around \$12,000/year is at 100% of the federal poverty level (FPL). Raising the allowable income to 138% FPL allows a single person making under \$17,000/year to get Medicaid health insurance. The Department of Health Services (DHS) estimates 82,000 additional people will gain Medicaid coverage under this proposal.

The federal government matches 90% of Wisconsin's cost for covering the expansion population, bringing in an estimated \$1.5 billion additional dollars to Wisconsin that will be reinvested into critical Medicaid programs and services that benefit people with disabilities and older adults.

Medicaid expansion directly supports people with disabilities and older adults

Many people with disabilities are eligible for Medicaid programs other than BadgerCare, but there are people with disabilities in BadgerCare who would be able to earn more and keep their health care. People already in BadgerCare that would directly benefit from this proposal include:

- People waiting for a disability determination from the Social Security Administration (which can take up to two years)
- People with disabilities with chronic conditions who need the comprehensive coverage of Medicaid
- People with serious and persistent mental health conditions
- People with intellectual and developmental disabilities that are too functional to qualify for Family Care or IRIS, but need health care, services and supports only available in Medicaid
- Low-wage workers, including direct care workers, many of whom work fewer hours than they want in order to keep their health care
- Family caregivers who have left the workforce to care for a loved one and need health insurance themselves.



Medicaid expansion will also provide access to Medicaid health care for thousands of Wisconsinites with disabilities whose income exceeds 100% FPL and is less than 138% FPL.

Medicaid expansion will help mental health and substance abuse



- Medicaid expansion will provide access to mental health and substance abuse disorder services for thousands of Wisconsinites with significant behavioral health needs.
- Medicaid coverage provides access to more comprehensive mental health services than private insurance, such as Comprehensive Community Services (CCS) which requires Medicaid enrollment.
- Medicaid expansion will also increase the number of people with mental illnesses working, and can provide access to employment supports for people with mental illness.

\$10⁵⁰/hr. 

Direct care workers in Wisconsin make an average of just **\$10.50/hour** and many (an estimated **29%**) already qualify for Medicaid. Almost 29,000 homecare workers are already in BadgerCare¹.

40% 

40% of the people receiving caregiving from family caregivers are people with disabilities, and they spend an average 57 hours per week providing care for their disabled family member.

8,000


An additional **8,000** care workers would become eligible for BadgerCare health insurance, helping to increase direct care worker retention.

Medicaid expansion will help the caregiver crisis

- Lack of benefits—including health insurance—is a major factor contributing to direct care professionals leaving the workforce.
- Many workers are forced to restrict the number of hours they can work in order to keep their health care.
- When workers can't work to their fullest potential, that untapped capacity exacerbates the workforce crisis.
- 85% of individuals with disabilities require direct care for some or all of their support. The caregiver crisis is jeopardizing people's lives and independence and ability to stay out of expensive Medicaid funded institutional settings.
- The pressure on family caregivers is mounting and unsustainable. Without family caregivers contributing their labor—often because there is no paid caregiver to hire—most of these caregiving hours would otherwise have to be paid for by Medicaid.
- Low income family caregivers depend on BadgerCare, especially when their caregiving contributions force them to limit their participation in the workforce.
- Family caregivers are contributing care hours at great cost to themselves. For low-income family caregivers, ensuring they can take care of their own health acknowledges their caregiving contributions that are benefiting the state and extends them a benefit in exchange for their caregiving work.

\$4,800 

For workers already in BadgerCare, increasing the income threshold from 100% of the federal poverty level (FPL) to **138% FPL** translates into the ability for single workers to earn almost **\$4800** more and work up to 457 more hours annually (or an extra shift per week).

138% 

Allowing 29,000 homecare workers to earn up to **138%** FPL could literally result in millions of additional hours of caregiving capacity for people with disabilities and aging adults in Family Care and IRIS.



www.survivalcoalitionwi.org
survivalcoalitionwi@gmail.com