

ACCESS Application Assistance



This supportive, user-friendly resource is designed to provide tips in sections of the application that might be tricky. Not all sections are addressed. If you get stuck the **ACCESS User Guide** www.emhandbooks.wisconsin.gov/ah/ah.htm#t=home.htm provides detailed information about each step of the application.

Application Steps:

- Link: www.access.wi.gov
- An email address is needed to create an account
- Navigation Key
- <-Back: takes you to the prior page
- *required: need to provide the information requested.
- Optional: answer if you like but more information provided, quicker eligibility can be determine
- Blue boxes on pages: provide helpful tips or information on questions being asked
- Save and next – if green, able to move to next page
- If not green, need to review page to see what information was not provided
- MyACCESS app – Cannot complete application but can be use to submit verification, check your benefits, report changes, and view notices or letters
- Save and next – when green, will take you to the next page
- Log out – upper right corner with arrow – able to leave application and return at a later date.

ACCESS Home Page:

Apply for benefits: this will open the Welcome to ACCESS page to create an account for first time users

LOG IN: account has already been created and want to return to the account.

Create an account: if already open for benefits and want to set up an ACCESS account

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How do I set up an ACCESS Account?

1. From access.wi.gov, choose apply now
2. Choose Create an account.
3. Fill in your full legal name.
4. Create a user ID and password.
5. Choose your secret questions and provide the answers to them.
6. Agree to the terms of use.
7. Email verification link sent to email confirm the email address provided
 - Need to click link with 30 minutes of it being sent

Now that you've created your account, you can log in and start an application or link your new account to an existing case.

Please note: Once your account is created you must begin your application within four days, or your account will expire and you'll have to start over.

Please note: You must submit your completed application within 30 days, or you will need to start over.

Submitting an Application:

Applying for myself: I am the applicant

Applying for someone else: They are the applicant

If the applicant already has an open case:

Go to Your identity, enter the applicants information (like date of birth or Social Security number) or case information (like PIN, case number, QUEST card number, or ForwardHealth ID number).

This information is used to find applicant's current case and link it to their new ACCESS account.

If the applicant doesn't already have an open case:

Go to Your identity and choose Start my application. Fill out all the information requested to see what benefits you might qualify for.



Who is Applying?

Applying for myself: If you are doing your own application or the applicant is sitting next to you and they are their own decision maker, select apply for myself.

Applying for someone else:

If you are one of the following you can apply for the applicant and have access to their case:

1. Guardian of Estate
2. Power of Attorney
3. Authorized Representative – if you are not presently identified as an authorized representative the form can be completed on ACCESS if the applicant is present and the following signatures are valid:

Applicant/POA Finance

Person agreeing to be Authorized Rep

Witness

If you are the Guardian of Estate or Power of Attorney, you will need to submit legal paperwork to prove your status at the time of application. This can be uploaded on ACCESS.

Express Enrollment Application:

This is only available for individuals who have been preapproved to have Medicaid while your application is being processed. In order to link your application to your prior approval, you would have a letter received a letter that informs you what needs to be entered in this spot.

Programs You're Applying for:

Select the programs you wish to apply for. A description of each program is provided.

To apply for Medicaid: Click apply for health care (BadgerCare or Medicaid)









You can also apply for other benefits like FoodShare at the same time.

Help Paying Medical expenses:

This section refers to possibly backdating the program up to three months prior. It could help cover previous unpaid bills if you met the eligibility criteria for health care during those previous months. Any backdated months will require your assets and income to be verified. Please note **Medicaid through Community Waivers for long term care will not back date**. If you want to backdate, select yes and ACCESS will provide the months that can be chosen for backdate.

Application Overview:

As you finish each section the following screen will appear. You can go back to any section that you have already completed to make any changes but all sections need to be complete before submitting the application.

 Your information	Resume
 People in your household	Not Ready
 Household details	Not Ready
 Income and benefits	Not Ready
 Assets	Not Ready
 Bills	Not Ready
 Health insurance	Not Ready
 Finish and submit	Start

Navigation Key

- Start – begin a section
- Resume – go back to finish a section already started
- Edit – able to go back and change or update information

Your Information:

Filing for yourself – provide your information in this section

Assisting someone to apply – provide the applicant's information even though it is asking for "your information"

Social Security number – not required at time of application but recommended to prevent delay

Places currently living defined: (Click drop down arrow for options not all options are listed on this resource)

- My home – if you own the house or rent the place
- Assisted living: If you choose Assisted Living Facility an additional dropdown appears:
- Adult Family Home
- Community Based Residential Facility (CBRF)
- Residential Care Apartment Complex (RCAC)
- Health care facility: If you choose Health Care Facility an additional dropdown appears:
- Hospital (more than 30 days in a row)
- Nursing facility or nursing home (more than 30 days or a combination of the hospital and nursing home stay more than 30 days in a row)

***If you are currently in the hospital/nursing facility for less than 30 days select living arrangement prior to health care facility stay

Your Address:

- Address of place you live as noted above
- If living in an assisted living or health care facility, enter that address here
- Do you have a separate mailing address: (Optional)
- Address of where the mail should be sent if different than the address above

Email Information:

If you select that you want to view most of your letters online, keep an eye on your inbox because not all of your letters will be mailed to you. When a new letter is available, you will receive an email notification to log into your ACCESS Account to read the letter.

People in Your Household

Able to add people in your household including:

- Spouse and other family members living with you (This includes a spouse living in a health care facility)
- Family members living outside the home but will be returning
- Anyone you buy food or make meals with

Disability, Illness, or Injury

Answer the questions on this page. Depending on how you answer the questions, you may get the following question.

“Will they submit a Medicaid disability application within the next 30 days to get an official decision about blindness or disability?”

Not all applicants will need to complete the Medical Disability Application. Call Bay Lake Consortium to determine if you need to complete this form.

Tax filers:

Anyone who plans to file taxes for current tax year is optional but recommended to prevent delays

Under household details section “Does anyone in your household need help with activities of daily living?”

Tip: Activities of daily living can mean activities like: bathing, dressing, eating, moving around the home, using the toilet. If someone in your household needs help, select yes

Make sure to select yes if you are working with the ADRC to have a Long Term Care functional screen completed

Select the name of the person who needs that help



Income and Benefits

Must be current showing values within the last 30 days (need to provide verification for backdated months if requesting)

- **Employment** (last 30 days of paystubs)
- **Retirement benefits** – pensions and annuities payments (current gross monthly amount)
- **Veterans benefits** (current pension/aid and attendance breakdown)
- **Railroad Retirement/Social Security payments** (current gross monthly amount)

In-kind – Is a monthly activity where you provide goods or services in exchange for goods or services with another person. Not sure if you have an activity that counts as In-Kind or you have questions call the ADRC.


Tips:

Employer is the person you provide goods or services for

If you select yes you will need to complete form– F-02577 to verify your In-Kind activity

Assets

You must report all assets.

Click on  if you are unsure what kind of asset they are asking about for a more detailed description of that asset

If there is a spouse as part of the application, all their assets will need to be reported and verified if they are not jointly owned

If you own an asset with someone else (or someone else's name is also listed on your asset) provide the other person's name.

If you are in the process of spending down assets for MA eligibility, enter \$1.00 as a place holder instead of the current value of each asset being spent down

You will be required to provide details and verification for all assets.

Verification

Must be current showing values within the last 30 days (need to provide verification for backdated months if requesting)

Current Bank Statements – showing owner’s name, name of bank and account number

- Checking
- Savings
- Money Market
- Certificate of Deposit/Savings Certificate

Direct Express card -

- Statement from Direct Express or
- Copy of card and ATM receipt with current balance

Cash:

- Money being held
- Resident account

Life Insurance Policies – copy of policy

- Whole life – current face value and cash value
- Term – no cash value but still needs to be reported

IRA, Annuities (current values)

- Provide copy of documents to verify how set up

Estates/Trusts

- Copy of documents

Burial Assets – policy should verify:

- Value of goods purchased
- Irrevocable assignment
- Cost of goods and services

Vehicles (only verified when more than one is owned)

Registration or title to verify ownership

Property owned (Property tax statement used as verification)

Selling or giving away assets: Answer YES if anyone has sold an asset for less than what it was worth (fair market value), transferred any assets, or gave away any assets with the last 60 months or 5 years.

Health Insurance

Medicare was reported earlier in this application. This section refers to other forms of health insurance. We highly encourage you to report monthly premium amounts in this section.



Finish and Submit

When you are ready to submit the application, check the box that you have read and understand the information provided.

Enter your first and last name in the box as your signature if you are the applicant, POA of Finance, Authorized Representative, or Legal Guardian of Estate.

If the applicant is married, the spouse should enter their first and last name in the box as their signature.

Reminder: If you are the POA of Finance, Authorized Representative, or Legal Guardian of Estate when signing on behalf of an applicant or a spouse, make sure to sign your own name. If you are not one of the people listed above then you cannot sign the application.

After you have submitted your application, save your application number. You can download or print your application Summary.

At the bottom of the screen is a “Submit proof documents” bottom This will provide you a list of needed and suggested documents. We encourage you to submit as many needed and suggested documents as possible.

Reminder: If you are the POA of Finance, or Legal Guardian of Estate for the applicant or a spouse, make sure to upload the documents verifying your legal decision maker status. Bay Lake Consortium will need to see these documents before they will talk to you about this application.

Keep an eye on your mail for letters from the state of Wisconsin. These are important documents about this application and may require action.

If you are confused about these letters, call Bay Lake Consortium as soon as possible at 888-794-5747

**** The ADRC does not determine Medicaid program eligibility**

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