

WISCONSIN DEPARTMENT OF HEALTH SERVICES

Division of Medicaid Services

1 W. Wilson St.

Madison WI 53703

To: BadgerCare Plus Users

From: Bureau of Eligibility and Enrollment Policy

Re: **BadgerCare Plus Handbook Release 24-02**

Release Date: 08/22/2024

Effective Date: 08/22/2024

EFFECTIVE DATE	The following policy additions or changes are effective 08/22/2024 unless otherwise noted. Underlined text denotes new text. Text with a strike through it denotes deleted text.
POLICY UPDATES	
3.1 Residence	Clarified that migrant workers who are currently present in Wisconsin meet the residency requirement even without the intention to reside.
4.2.4 Citizenship Verification through Documentation	Updated information on when agencies must attempt to verify citizenship using the SAVE database or birth record query. Effective date 06/03/2024.
4.2.4.1 Stand-Alone Documentation of U.S. Citizenship	Updated to add the SAVE database and birth record query as examples of acceptable stand-alone documentation. Effective date 06/03/2024.
4.2.4.2 Evidence of U.S. Citizenship	Updated to remove the SAVE database and birth record query as acceptable documentation of citizenship only. Effective date 06/03/2024.
4.2.4.3 Evidence of Identity	Updated to add birth record queries and the SAVE database as examples of documentation that do not require verification of identity. Effective date 06/03/2024.
4.2.4.4 Reasonable Opportunity Period for Verification of Citizenship	Updated to remove the limitation of one Reasonable Opportunity Period per verification period. Effective date 06/03/2024.

4.2.7.5	Non-U.S. Citizens	Updated to remove the proof of identity requirement for non-U.S. Citizens who have been verified through SAVE. Effective date 06/03/2024.
4.3.2.2	Reasonable Opportunity Period for Verification of Immigration Status	Updated to remove the conditions on the number of Reasonable Opportunity Periods per lifetime and added an example. Effective date 06/03/2024.
4.3.3.3	Iraqis and Afghans with Special Immigration Status	Updated class of admission codes for special immigrants from Iraq or Afghanistan and added codes SW1, 2 and 3. Updated the description from interpreter to Principal Applicant. Effective date 04/24/2024.
4.3.3.5	Ukrainian Parolees	Updated the dates of the policy for Ukrainian Parolees. Updated to link to Process Help for further information on mapping to CARES Immigration Status Codes. Effective date 04/24/2022.
9.3	Eligibility Renewals	Clarified the first example to state that health care is extended by one month for renewals that are returned but processing not completed before adverse action. Updated the second example to be consistent with the late renewals policy.
9.9	Mandatory Verification Items	Updated the link for migrant worker's eligibility to direct to the new section included in this release. Added links for the sections for each bullet point.
9.9.9	Pretax Deductions	Clarified that verification sources such as pay stubs received during the last 30 days can serve as acceptable documentation.
9.9.10	MAGI Tax Deductions	Updated the language from Check Stubs to Pay Stubs.
9.9.14	Student Financial Aids	New section.
9.12.3	Reasonable Compatibility Test	Clarified verification of earnings received during the last 30 days.
12.1	Migrant Workers	Page rewritten.
12.2	Nonfinancial Eligibility for Migrant Workers	Page rewritten.
12.3	Financial Eligibility for Migrant Workers	Page rewritten.
12.3.1	Renewal Dates for Simplified Application	Deleted section.
12.4	Migrant Worker Applications	Renamed section from "Regular Application" to "Migrant Worker Applications."

12.4.1	Application Methods for Migrant Workers	Page rewritten.
12.4.2	Simplified Application Procedure for Migrant Workers	New section.
12.4.3	Regular Application Procedure for Migrant Workers	New section.
12.5	Migrant Worker Renewals	New section.
12.5.1	Renewal Methods for Migrant Workers	New section.
12.5.2	Renewal Dates for Migrant Workers	New section.
12.5.3	Financial Eligibility for Migrant Workers at Renewal	New section.
16.2.14	Payments to Native Americans	Added that payments under the Michigan Indian Claims Settlement Act (MICSA) are not counted as income.
16.2.47	Live-In Care Providers	Added a link to the Verifying Tax-Exempt Income for Live-In Care Providers form.
16.2.52	Guaranteed Income Payments	Removed the \$500 per month limit from excluded guaranteed income. Added The Bridge Project in Milwaukee as an example of guaranteed income.
16.2.53	Canceled Debt	New section.
16.4.1.2	Housing Allowances for Members of the Clergy	Clarified that the housing allowance must be counted as income if housing expenses are not verified and that eligibility cannot be denied for failure to provide verification.
16.8	Reserved	Deleted section.
18.1.3	Children	Added qualifying conditions for children to remain eligible to in their BadgerCare Plus extension.
19.1	BadgerCare Plus Premiums for Children	Updated the note to correct "Well Woman Care" to "Wisconsin Well Woman Medicaid."
38.4.4.1	Automatic Disenrollment	Clarified that the HMO disenrollment date is the end of the month in which BadgerCare Plus eligibility ends.

39.2.1	Determining Eligibility	Clarified that the referral to the child support agency and cooperation policies apply also to Emergency Services.
40.4	Nonfinancial Requirements	Updated to add parents in the policies that apply to caretaker relatives.
51.1	BadgerCare Plus Categories	Updated to add references to the sections on calculating deductibles for children and pregnant people.

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3.1 Residence

A person must be a Wisconsin resident to be eligible for BadgerCare Plus and must meet both of the following conditions:

1. Be physically present in Wisconsin. There is no minimum requirement for the length of time the person has been physically present in Wisconsin. Wisconsin residents who are temporarily out of state (see [SECTION 3.5 ABSENCE FROM WISCONSIN](#)), including students going to school in another state, do not have to be physically present to apply. However, individuals who are not Wisconsin residents and intend to move to Wisconsin must be physically present in Wisconsin to apply.
2. Express intent to reside in Wisconsin (see [SECTION 3.2 INTENT TO RESIDE](#)). Effective January 1, 2014, an individual can also be considered a resident of Wisconsin if they are physically present in the State and have entered Wisconsin with a job commitment or seeking employment, whether or not they are employed at the time of application.

Example 1	John, a student from Wisconsin who is attending college in Minnesota, can apply for BadgerCare Plus as a Wisconsin resident.
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Example 2	Margie lives in Florida. She is planning to move to Wisconsin in the next few months. Margie would not be considered a resident of Wisconsin until she is physically present in Wisconsin.
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Example 3	This is George's first day in Wisconsin. He states that he intends to reside in Wisconsin. For BadgerCare Plus purposes, George is a Wisconsin resident.
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Migrant ~~Farm Worker~~ Workers

~~A migrant who meets all of the following conditions is a Wisconsin resident:~~

- ~~1. Their primary employment in Wisconsin is in the agricultural field or cannery work.~~
- ~~2. They are authorized to work in the U.S.~~
- ~~3. They are not related (immediate family) by blood or marriage to the employer (as distinguished from a "crew leader").~~
- ~~4. They routinely leave an established place of residence to travel to another locality to accept seasonal or temporary employment.~~

~~See [SECTION 12.3 SIMPLIFIED APPLICATION](#) for Special Migrant Laborer Processing Instructions.~~

A person who meets the definition of a migrant worker (see [SECTION 12.1 MIGRANT WORKERS](#)) meets the residency requirement if they are currently present in Wisconsin. They do not have to "intend to reside" in Wisconsin. Certain migrant workers qualify for a simplified application procedure. (see [SECTION 12.4.2 SIMPLIFIED APPLICATION PROCEDURE FOR MIGRANT WORKERS](#)).

4.2 Verifying U.S. Citizenship

4.2.4 Citizenship Verification through Documentation

~~These~~For individuals who are not exempt from the citizenship verification requirement and have not had their citizenship verified by the Social Security Administration, agencies must first attempt to verify an individual's citizenship as follows:

- For applicants born in Wisconsin, attempt verification of citizenship through a birth record query.
- For applicants who had legal non-citizen status and subsequently gain U.S. citizenship, attempt verification of citizenship through SAVE.

If verification cannot be obtained through the SSA, birth record query, or SAVE, the individual must provide verification of citizenship. ~~Verification will consist of~~ through either stand-alone documentation of citizenship (see [SECTION 4.2.4.1 STAND-ALONE DOCUMENTATION OF CITIZENSHIP](#)) or both documentation of citizenship (see [SECTION 4.2.4.2 EVIDENCE OF CITIZENSHIP](#)) and identity (see [SECTION 4.2.4.3 EVIDENCE OF IDENTITY](#)). Whether benefits may be granted while waiting for documentation to be provided and for how long are discussed under the Reasonable Opportunity Period for Verification of Citizenship (see [SECTION 4.2.4.4 REASONABLE OPPORTUNITY PERIOD FOR VERIFICATION OF CITIZENSHIP](#)).

If an individual has provided proof of citizenship in a state other than Wisconsin, the IM worker can either request that the individual resubmit the documentation or request and obtain a copy or electronic copy of the original documentation reviewed by the other state to keep on file in Wisconsin.

If an applicant or member contacts the agency for help with verifying citizenship, work with them to determine if anything on the document list in Process Help, [Section 68.3 Acceptable Citizenship and Identity Documentation](#) is readily available to the applicant or member. In certain circumstances the agency can authorize payment for obtaining documentation for an applicant or member (see [SECTION 4.2.5 AGENCIES PAYING FOR DOCUMENTATION](#)).

Agencies may accept citizenship and identity documents from an individual whose last name has changed due to marriage or divorce if the documentation matches in every way with the exception of the last name. If the different last names are found questionable, the agency may request that the individual provide an official document verifying the change such as a marriage license or divorce decree. If an individual has changed their first and last name, they must produce documentation from a court or governing agency documenting the change.

An electronic copy of documentation submitted by the applicant or member to satisfy the citizenship verification requirement must be maintained in the case record.

See Process Help, [Section 68.1 Citizenship and Identity Verification](#), for tools that IM workers can use to assist applicants and members in meeting the citizenship verification requirement.

Once citizenship has been verified by a State or IM agency, verification may never be requested again, even after periods of ineligibility for health care benefits, unless other information is received causing past previously verified information to be questionable. This includes verification of citizenship or identity documented by a written affidavit.

4.2.4.1 Stand-alone Documentation of U.S. Citizenship

Stand-alone documentation is a single document that verifies U.S. citizenship, such as a United States passport. Stand-alone documentation of U.S. citizenship is the most reliable way to establish that the person is a U.S. citizen. If a person presents a stand-alone document, no other citizenship verification is required. See the chart below or Process Help, [Section 68.3.2 Stand-Alone Documentation of Citizenship](#), for a list of acceptable documents.

An applicant or member who does not provide a stand-alone document must provide documentation of both U.S. citizenship and identity (see [SECTION 4.2.4.2 EVIDENCE OF CITIZENSHIP](#) and [SECTION 4.2.4.3 EVIDENCE OF IDENTITY](#)).

Stand-alone Document	Description/Explanation
Certificate of Naturalization	Form N-550 or N-570. Issued by the Department of Homeland Security for naturalization.
Certificate of Citizenship	Form N-560 or N-561. The Department of Homeland Security issues certificates of citizenship to individuals who derive citizenship through a parent.
A State-issued Enhanced Driver's License	A special type of driver's license identified specifically as an "Enhanced Driver's License." It requires proof of U.S. citizenship to obtain. Five states currently issue enhanced driver's licenses (Minnesota, Michigan, New York, Vermont, and Washington), but more states are expected to issue these licenses in the future. Accept an Enhanced Driver's License issued by any U.S. state. Note: REAL IDs are not Enhanced Driver's Licenses. REAL IDs only provide documentation of identity, not citizenship.
U.S. Passport	The Department of State issues this. A U.S. passport does not have to be currently valid to be accepted as evidence of U.S. citizenship, as long as it was originally issued without limitation. Do not accept any passport as evidence of U.S. citizenship when it was issued with a limitation. Passports issued with a limitation may only be used as proof of identity.
Tribal Identification Documents	<p>Documentary evidence issued by a federally recognized Indian tribe, which meets all the following criteria:</p> <ol style="list-style-type: none">1. Identifies the federally recognized Indian tribe that issued the document2. Identifies the individual by name3. Confirms the individual's membership, enrollment, or affiliation with the tribe <p>Such Tribal identification documents include, but are not limited to:</p>

	<ul style="list-style-type: none"> • A Tribal enrollment card • A Certificate of Degree of Indian Blood • A Tribal census document • Documents on Tribal letterhead, issued under the signature of the appropriate Tribal official <p>A photograph is not required to be part of these documents.</p>
SAVE database	Using the SAVE system to verify citizenship status for non-citizens who gained U.S. citizenship.
Birth Query	A birth record query confirms a person's birth in Wisconsin.

4.2.4.2 Evidence of U.S. Citizenship

~~For applicants whose U.S. citizenship has not been verified by the Social Security Administration (SSA), if the person was born in Wisconsin, the agency should attempt to verify U.S. citizenship through the online birth query before requesting documentation of U.S. citizenship from the applicant.~~

If an applicant whose U.S. citizenship has not been verified by SSA, [birth query](#), or through the [SAVE database](#), is unable to provide stand-alone documentation of U.S. citizenship (see [SECTION 4.2.4.1 STAND-ALONE DOCUMENTATION OF U.S. CITIZENSHIP](#)), they must provide other documentation proving U.S. citizenship.

Any document used to establish U.S. citizenship must show either a birthplace in the U.S. or that the person is otherwise a U.S. citizen (see the chart below or Process Help, [Section 68.3.3 Documentation of Citizenship Only](#)).

If an applicant is unable to provide any of the acceptable documents of U.S. citizenship, they may submit an affidavit signed by another person, under penalty of perjury, who can reasonably attest to the applicant's U.S. citizenship. The affidavit must contain the applicant's name, date of birth, and place of U.S. birth. The affidavit does not have to be notarized. The applicant may submit a Statement of Citizenship and/or Identity ([F-10161](#)) form or another affidavit.

Applicants whose U.S. citizenship cannot be verified by SSA or through stand-alone documentation of citizenship must also provide documentation of identity (see [SECTION 4.2.4.3 EVIDENCE OF IDENTITY](#)).

Acceptable Documentation of Citizenship Only	Description/Explanation
Final Adoption Decree	The adoption decree must show the child's name and U.S. place of birth. If an adoption is not finalized and the state in which the child was born will not release a birth certificate prior to final adoption, a statement from a state approved adoption agency that shows the child's name and U.S. place of birth is acceptable. The adoption agency must state in the certification that the source of the place of birth information is an original birth certificate.
Birth Certificate	<p>A U.S. public birth certificate showing birth in one of the 50 States, the District of Columbia, Puerto Rico (if born on or after January 13, 1941), Guam, the Virgin Islands of the U.S. (on or after January 17, 1917), American Samoa, Swain's Island, or the Northern Mariana Islands (after November 4, 1986). The birth record document may be recorded (previously 'issued') by the state, commonwealth, territory, or local jurisdiction.</p> <p>Note: A Puerto Rican birth certificate used to verify U.S. citizenship of anyone applying for health care benefits must have been issued on or after July 1, 2010. Older birth certificates that were used to verify citizenship for persons when they previously applied for any IM program before October 1, 2010, are still considered valid.</p>
Birth Query	A birth record query confirms a person's birth in Wisconsin.
U.S. birth record amended more than five years after person's birth	An amended U.S. public birth certificate showing birth in one of the 50 States, the District of Columbia, Puerto Rico (if born on or after January 13, 1941), Guam, the Virgin Islands of the U.S. (on or after January 17, 1917), American Samoa, Swain's Island, or the Northern Mariana Islands (after November 4, 1986).
Acquired citizenship through parent(s) as outlined in the Child Citizenship Act of 2000 (CCA)	An individual demonstrates that they have gained their U.S. citizenship through the Child Citizenship Act of 2000.
U.S. Citizen ID Card or Northern Mariana Card	<p>U.S. Citizen ID Card</p> <p>The Immigration and Naturalization Service (INS) issued the I-179 and the I-197 from 1960 until 1983 to naturalized U.S. citizens living near the Canadian or Mexican border who needed it for frequent border crossings.</p> <p>Northern Mariana Card</p>

	Form I-873. Issued by INS for those born in the Northern Mariana Islands before November 4, 1986.
State or Federal census record	Must show birthplace and citizenship. Census records from 1900 through 1950 contain certain citizenship information. To secure this information, the applicant, member, or State should complete a Form BC-600, Application for Search of Census Records for Proof of Age. Add in the remarks portion "U.S. citizenship data requested." Also add that the purpose is for Medicaid eligibility. This form requires a fee.
Education Document	The school record must show a U.S. birthplace and the name of the child.
Evidence of civil service employment by U.S. government	The document must show employment by the U.S. government before June 1, 1976. Persons employed with the U.S. Government prior to that date had to be U.S. citizens.
Hospital record	Extract of a hospital record on hospital letterhead established at the time of the person's birth and that indicates a U.S. place of birth. This is not a souvenir "birth certificate" issued by the hospital.
Life, health or other insurance record	Must show a U.S. place of birth.
Medicaid Birth Claim	<p>When the Wisconsin Medicaid program pays the costs associated with the birth of an infant who either:</p> <ul style="list-style-type: none"> • Did not qualify as a CEN, or • Was a CEN, but born before July 1, 2006, <p>The infant will be considered a U.S. citizen who has met the citizenship documentation requirement. If citizenship is not verified through a data exchange, identity documentation is still required.</p>
Medical record (doctor, clinic, hospital)	The document must show a U.S. birthplace. An immunization record is not considered a medical record for purposes of establishing U.S. citizenship.
Official Military record of service	The document must show a U.S. birthplace.
Admission papers from nursing home, skilled nursing care facility or other institution	The document must show a U.S. birthplace.

Other MA Program Verified Citizenship	An individual has already provided proof of citizenship while they were receiving Wisconsin Medicaid outside of CARES. For example, use this for members previously enrolled through the Katie Beckett program.
Birth Certificate Paid by IM Agency	A U.S. public birth certificate (paid for by the Income Maintenance agency) showing birth in one of the 50 States, the District of Columbia, Puerto Rico (if born on or after January 13, 1941), Guam, the Virgin Islands of the U.S. (on or after January 17, 1917), American Samoa, Swain's Island, or the Northern Mariana Islands (after November 4, 1986). The birth record document may be recorded (previously 'issued') by the state, commonwealth, territory or local jurisdiction.
Religious Record or Baptismal Certificate	An official religious record. The document must show a U.S. birthplace and either the date of birth or the individual's age at time the record was made.
Certification of Report of Birth	The Department of State issues a DS-1350 to U.S. citizens in the U.S. who were born outside the U.S. and acquired U.S. citizenship at birth.
Certification of Birth Abroad	Form FS-545. Issued by the Department of State consulates prior to November 1, 1990.
Consular Report of Birth Abroad of a U.S. Citizen	Form FS-240. The Department of State consular office prepares and issues this. Children born outside the U.S. to U.S. military personnel usually have one of these.
SAVE database	Using the SAVE system to verify citizenship status for non-citizens who gained U.S. citizenship.
Written Affidavit (Form F-10161)	<p>If the applicant cannot produce the accepted documents verifying <u>U.S. citizenship</u>, then a Written Affidavit <u>written affidavit</u> may be used. If the documentation requirement needs to be met through an affidavit, the following rules apply:</p> <p>It <u>The affidavit</u> must be <u>be</u>:</p> <ul style="list-style-type: none"> • <u>Be signed under penalty of perjury</u> by an individual <u>a person</u> other than the applicant, who can reasonably attest to the applicant's citizenship, and • That contains <u>Include</u> the applicant's name, date of birth, and place of U.S. birth. • The affidavits must be signed under penalty of perjury. <p>The affidavit does not have <u>doesn't need</u> to be notarized.</p>

	The "Citizenship Statement" section of the Statement of Citizenship and/or Identity form (F-10161) may be used for the affidavit.
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4.2.4.3 Evidence of Identity

If an applicant whose U.S. citizenship is not verified by SSA is unable to provide stand-alone documentation of citizenship (see [SECTION 4.2.4.1 STAND-ALONE DOCUMENTATION OF U.S. CITIZENSHIP](#)), they must provide evidence of both citizenship (see [SECTION 4.2.4.2 EVIDENCE OF CITIZENSHIP](#)) and identity.

As a reminder, verification of identity **must not** be requested or required for:

- U.S. citizens who are exempt from the verification requirement (see [SECTION 4.2.2 EXEMPT POPULATIONS](#)).
- U.S. citizens whose citizenship is verified by SSA ~~or~~, [birth query, through the SAVE database, or other](#) stand-alone documentation of citizenship.
- People who have not declared they are U.S. citizens.
- Non-U.S. citizens.

To provide separate verification of identity, the applicant must provide documentation to establish identity, provided such documentation includes a photograph or other identifying information sufficient to establish identity (such as, name, age, sex, race, height, weight, eye color, or address) (see the chart below or Process Help, [Section 68.3.4 Documentation of Identity Only](#)).

In addition, IM agencies may accept proof of identity from a federal agency or another state agency, including but not limited to a law enforcement, revenue, or corrections agency, if the agency has verified and certified the identity of the person. If the applicant does not have any documentation of identity and identity is not verified by another federal or state agency, they may submit an affidavit, signed under penalty of perjury, by a person other than the applicant who can reasonably attest to the applicant's identity. Such affidavit must contain the applicant's name and other identifying information establishing identity, as described above. The affidavit does not have to be notarized. The applicant may submit a Statement of Citizenship and/or Identity ([F-10161](#)) form or another affidavit.

Acceptable Documentation of Identity Only	Description/Explanation
State or Territory Driver's license	Driver's license issued by a U.S. State or Territory either with a photograph of the individual or other identifying information of the individual such as name, age, sex, race, height, weight, or eye color. Note: REAL IDs only provide documentation of identity, not citizenship.
Education Document	For children under age 19, school records providing the name and other identifying information. School records would include, but not be limited to report cards, daycare, or nursery school records.
FoodShare Identification Requirement met	Verifying the identity of the primary person is a requirement for a FoodShare application. Once this requirement is met for FoodShare, it is also met for the identity verification requirement for health care.

Identification card issued by Federal, State, or local government	Must have the same information as is included on driver license.
Institutional Care Affidavit (Form F-10175)	If the applicant cannot produce the accepted documents verifying identity, a signed Statement of Identity for Persons in Institutional Care Facilities (F-10175)(F-10175) may be used. A residential care facility administrator signs this form under penalty of perjury attesting to the identity of a disabled individual in the facility.
U.S. Military card or draft record, Military dependent's identification card, or U.S. Coast Guard Merchant Mariner card	Must show identifying information that relates to the person named on the document.
Medical record	Doctor, clinic, or hospital records for children under age 19 only.
Motor Vehicle Data Exchange	This is a data exchange update with the Division of Motor Vehicles or when verifying an individual's identity through the DOT Driver License Status Check website.
Multiple Identity documents	An individual may provide two or more corroborating ID documents to verify their identity. Examples include marriage license, divorce decree, high school or college diploma, or an employer ID card.
Other MA Program Verified Identity	An individual has already provided proof of identity while they were receiving Wisconsin Medicaid outside of CARES. For example, use this for members previously enrolled through the Katie Beckett program.
State ID Paid by Agency	Must have the same information as is included on driver license.
School Identification card	School identification card with a photograph of the individual and /or other identifying information.
Statement of Identity for Children Under 18 Years of Age (Form F-10154)	<p>If the applicant cannot produce the accepted documents verifying identity for children under 18 years of age, a completed F-10154F-10154 is acceptable documentation of identity. The form must be signed under penalty of perjury by a parent, guardian, or caretaker relative stating the date and place of birth of the child.</p> <p>The form doesn't need to be notarized.</p>
Written Affidavit (Form F-10161)	If the applicant cannot produce the accepted documents verifying identity, then a Written Affidavit a written affidavit may be used. If the documentation requirement needs to be met through an affidavit, the following rules apply:

	<p>†The affidavit must be:</p> <ul style="list-style-type: none"> • <u>Be signed</u> by<u>under penalty of perjury</u> an individual other than the applicant, who can reasonably attest to the applicant's identity, and. • That contains <u>Contain</u> the applicant's name, and other identifying information such as, age, sex, race, height, weight, eye color, or address. • The affidavits must be signed under penalty of perjury. <p>The affidavit does not have <u>doesn't need</u> to be notarized.</p> <p>A signed <u>The "Identity Statement" section of the</u> Statement of Citizenship and/or Identity (<u>F-10161</u>) may be used for individuals who are unable to obtain any level of acceptable documentation. <u>the affidavit.</u></p>
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4.2.4.4 Reasonable Opportunity Period for Verification of Citizenship

Applicants who are otherwise eligible for BadgerCare Plus or other health care benefits and are only pending for verification of citizenship (and identity when needed) must be certified for health care benefits within the normal application processing timeframe (30 days from the filing date). They are able to continue receiving health care benefits for which they are eligible, while the IM agency waits for citizenship verification. Applicants have 90 days after receiving a request for citizenship verification to provide the requested documentation. This 90-day period is called the Reasonable Opportunity Period (ROP). The 90-day ROP starts on the date after the member receives the notice informing them of the need to provide citizenship verification by the end of the reasonable opportunity period. Federal regulations require that a minimum five days' time frame be allotted for applicants to receive notices. For this reason, the end of the ROP must be set no less than 95 days after the date on the notice, even when the member receives the notice in less than five days. If a member shows that a notice was received more than five days after the date on the notice, the deadline must be extended to 90 days after the date the member received the notice.

The 90-day ROP applies when citizenship verification is needed from a person at any time: applications, reviews, and when a person is newly requesting benefits on an existing case.

Applicants are not eligible for backdated health care benefits while pending for citizenship verification. Once citizenship verification is provided, the applicant's eligibility must then be determined for backdated health care benefits if they have been requested.

The ROP ends on the earlier of the date the agency verifies the person's citizenship or identity or on the 95th day following the date the reasonable opportunity period notice was sent (unless receipt of the notice was delayed). If the requested verification is not provided by the end of the 95 days, the worker must take action within 30 days to terminate eligibility. Extensions of the reasonable opportunity period are not allowed for verification of U.S. citizenship.

~~An individual may only receive one 95-day reasonable opportunity period for verification of U.S. citizenship or identity in their lifetime.~~ When a person is terminated from health care benefits for failure to provide verification of citizenship or identity by the end of the reasonable opportunity period, they are not eligible to have their benefits continued if they request a fair hearing. If a person later reapplies for ~~healthcare~~ health care benefits, they ~~must~~ may receive another reasonable opportunity period to provide citizenship verification ~~within regular verification deadlines and they are not eligible for health care benefits until they provide verification~~ of citizenship or identity.

Benefits issued during a reasonable opportunity period (including benefits issued due to timely notice requirements) to a person otherwise eligible for BadgerCare Plus are not subject to recovery, even if the person never provides citizenship verification.

4.2.7 Situations Which Require Special Documentation Processing

4.2.7.5 Non-U.S. Citizens

~~Agencies~~ IM agencies must not request or require citizenship or identity documentation from persons who have not declared that they are U.S. citizens. Non-U.S. citizens who apply for IM programs are not subject to the citizenship verification policy. Documented non-U.S. citizens are subject to the verification process through Federal Data Services Hub (FDSH) and Systematic Alien Verification for Entitlements (SAVE), and undocumented non-U.S. citizens do not have any status that can be verified (see Process Help, [Section 44.2.1.12 Immigrant/Refugee Verification](#) for instructions on using FDSH and Process Help, [Chapter 82 SAVE](#) for instructions on using SAVE). Undocumented non-U.S. citizens can apply for Emergency Medicaid or BadgerCare Plus Prenatal Program and are not subject to the citizenship verification policy.

A person who had documented non-U.S. citizen status and subsequently gained U.S. citizenship should be verified through SAVE. The verification result from SAVE will be "individual is a US Citizen." ~~Proof of identity is still required for these persons.~~

4.3 Immigrants

4.3.2 Verification

4.3.2.2 Reasonable Opportunity Period for Verification of Immigration Status

Applicants who have declared that they are in a satisfactory immigration status, are otherwise eligible and are only pending for verification of immigration status must be certified for health care benefits within the normal application processing timeframe (30 days from the filing date). They are to continue receiving health care benefits for which they are eligible, while the IM agency waits for immigration status verification. Applicants who are otherwise eligible and are only pending for verification of immigration will have 90 days after receiving a request for immigration verification to provide the requested documentation. This 90-day period is called the Reasonable Opportunity Period (ROP). The 90-day ROP starts on the date after the member receives the notice informing the member of the need for the member to provide immigration verification by the end of the reasonable opportunity period. Federal regulations require that a minimum of five days be allotted for applicants to receive notices. For this reason, the end of the ROP must be set no less than 95 days after the date on the notice, even when the member receives the notice in less than five days. It also means that if a member shows that a notice was received more than five days after the date on the notice, the deadline must be extended to 90 days after the date the member received the notice.

The 90-day ROP applies when immigration verification is needed from a person at any time: applications, renewals, and when a person is newly requesting benefits on an existing case.

Applicants are eligible for benefits beginning with the first of the month of application or request. However, they are not eligible for backdated health care benefits while waiting for verification of their immigration status. Once verification of an eligible immigration status is provided, the applicant's eligibility must then be determined for backdated health care benefits if they have been requested.

When requested verification is not provided by the end of the ROP, the worker must take action within 30 days to terminate eligibility, unless one of the following situations occurs where the worker is allowed to extend the reasonable opportunity period:

- The agency determines that the person is making a good faith effort to obtain any necessary documentation.
- The agency needs more time to verify the person's status through other available electronic data sources.
- The agency needs to assist the person in obtaining documents needed to verify their status.

~~Applicants who fail to provide verification of immigration status and later reapply for health care benefits are not eligible for another ROP. If verification of immigration status is still needed, eligibility may not be granted until verification is provided. The regular verification deadlines apply.~~

Persons whose health care benefits were terminated for failure to provide verification of immigration status by the end of the ROP are not eligible to have their benefits continued if they request a fair hearing.

A person may receive a reasonable opportunity period more than once in a lifetime ~~in the following situations:~~

- ~~• The person was not a U.S. citizen when first applying for benefits and received a reasonable opportunity period to verify immigration status. Later, the person became a U.S. citizen and applied for benefits. The person may receive a reasonable opportunity period to verify U.S. citizenship.~~
- ~~• The person is an immigrant who must reverify their immigration status at renewal (see SECTION 4.3.2.1 REVERIFICATION OF IMMIGRATION STATUS). This person may receive an additional reasonable opportunity period for each subsequent renewal, as long as they provided the requested verification during the previous reasonable opportunity period.~~

Example 1	<p>Vladimir is a 12-year-old lawfully present in the United States on a visa applying for health care benefits with his parents. When verification is attempted through the FDSH, the response requires the worker to submit a secondary verification request to SAVE. Vladimir is otherwise eligible for BadgerCare Plus, so the worker confirms and is enrolled in BadgerCare Plus eligibility and sends the ROP notice <u>is sent</u> to the family while waiting for the SAVE response. A week later, SAVE verifies the child is lawfully present in the U.S. under a Temporary Protected Status and the reasonable opportunity period ends.</p> <p>A year later, the case is up for renewal. Since Vladimir has a Registration Status Code of 20 – Lawfully Residing, his immigration status must be verified again. Once more, the FDSH informs the worker that <u>response requires</u> verification of the child's status must be done through SAVE. If Vladimir is otherwise eligible for BadgerCare Plus, the worker must again confirm eligibility <u>they will be enrolled</u> without delay and send <u>be sent</u> a new reasonable opportunity period notice to the family. Again, Vladimir may be eligible for up to 90 days after receiving the notice while the worker is waiting to verify <u>his immigration status is being verified</u>.</p>
Example 2	<p><u>Sasha is a 22-year-old applying for health care benefits. Information received from the FDSH indicates she is a victim of trafficking. Confirmation of her status as a victim of trafficking is needed, and she must submit a letter from the U.S. Department of Health and Human Services Office of Refugee Resettlement (HHS ORR). She is enrolled in BadgerCare Plus and is sent the ROP notice requesting Sasha submit a letter from HHS ORR. Sasha never submits a letter from HHS ORR and her benefits end when the ROP expires.</u></p> <p><u>One year later, Sasha again applies for health care benefits. Once more, the FDSH returns the same results. Sasha is otherwise eligible for BadgerCare Plus. She must be enrolled in BadgerCare Plus without delay and sent a new ROP notice requesting a letter from HHS ORR. Again, Sasha is eligible for BadgerCare Plus for 90 days after receiving the notice while waiting for Sasha to provide a letter from HHS ORR.</u></p>

Benefits issued during a reasonable opportunity period to a person otherwise eligible for BadgerCare Plus are not subject to recovery, even if the person turns out to have an immigration status that makes them ineligible for BadgerCare Plus benefits.

4.3.3 Immigrants Eligible for BadgerCare Plus

4.3.3.3 Iraqis and Afghans with Special Immigrant Status

Special Immigrants from Iraq or Afghanistan (Class of Admission Codes SI, and SQ-1, 2, 3, 6, 7, and 8 and SW1, 2, and 3) are to be treated like they are refugees when determining their eligibility for BadgerCare Plus for as long as they have this Special Immigrant status. This policy applies to these immigrants regardless of when they received this status.

Class of Admission Code	Description	CARES Alien Registration Status Code
SI1 <u>or SQ1</u>	Nationals of Iraq or Afghanistan serving as interpreters with the U.S. Armed Forces Principal Applicant Afghan or Iraqi Special Immigrant	Code 04
SI2 <u>or SQ2</u>	Spouses of an SI1 Spouse of Principal Applicant Afghan or Iraqi Special Immigrant	Code 04
SI3 <u>or SQ3</u>	Children of an SI1 Unmarried Child Under 21 Years of Age of Afghan or Iraqi Special Immigrant	Code 04
SI6 <u>or SQ6</u>	Nationals of Iraq Principal Applicant Afghan or Afghanistan serving as interpreters with Iraqi Special Immigrant Principal Adjusting Status in the U.S. -Armed Forces	Code 04
SI7 <u>or SQ7</u>	Spouses of SI6 Spouse of Principal Applicant Afghan or Iraqi Special Immigrant Principal Applicant Adjusting Status in the U.S.	Code 04
SI8 <u>or SQ8</u>	Children of an SI6 Unmarried Child Under 21 Years of Age of Afghan or Iraqi Special Immigrant Principal Applicant Adjusting Status in the U.S.	Code 04
<u>SW1</u>	Surviving Spouse or child of an <u>SQ1</u> -eligible person	<u>Code 04</u>
<u>SW2</u>	Current Spouse of <u>SW1</u>	<u>Code 04</u>

SW3

Unmarried child of SW1

Code 04

In addition, immigrant Afghan spouses and children of former Special Immigrants who have become United States citizens are also to be treated like they are refugees when determining their eligibility for BadgerCare Plus. This treatment is to continue for as long as they have a status of Special Immigrant Conditional Permanent Resident (SI CPR). The Class of Admission codes for SI CPRs are CQ1, CQ2, and CQ3.

4.3.3.5 Ukrainian Parolees

Ukrainians and persons with no nationalities who were residing in Ukraine and subsequently paroled into the United States between February 24, 2022, and September 30, ~~2023~~2024, are to be treated as refugees when determining their eligibility for BadgerCare Plus.

In addition, Ukrainians and persons with no nationalities who were residing in Ukraine and subsequently paroled into the United States after September 30, 2023, are to be treated as refugees when determining their eligibility for BadgerCare Plus if they are one of the following:

- The spouse or child of a person described above paroled between February 24, 2022, and September 30, ~~2023~~2024.
- The parent or legal guardian, or primary caregiver(s) of an unaccompanied child described above who was paroled between February 24, 2022, and September 30, ~~2023~~2024.

The table below shows the Class of Admission Codes that are used for these groups:

Class of Admission Code	Description	CARES Alien Registration Status Code
UHP, DT, PAR, or U4U	Humanitarian Parolee	Code 04

[See Process Help, 82.6 SAVE Responses Mapping to CARES Immigration Status Codes Chart for detailed information including class of admission codes for Ukrainian humanitarian parolees.](#)

9.3 Eligibility Renewals

The group's eligibility should not be denied for failure to provide the required verification until the 20th day after requesting verification or the end of the renewal month whichever is later.

Example 1	Fred's eligibility renewal is due in April. He submits a mail-in renewal form on April 8. The eligibility worker requests verification of his income on April 9. <u>Because his renewal was returned by adverse action and verification requested, his health care is extended by one month.</u> If the verification is not submitted by April 30 <u>May adverse action</u> , his eligibility will end on April 30 <u>May 31</u> .
Example 2	Shannon's eligibility renewal was due in June. At adverse action in June a notice was sent to Shannon to let her know her BadgerCare Plus eligibility would end June 30 because she had <u>did</u> not yet <u>complete</u> her renewal. Shannon called the agency on June 30 and completed her renewal. A telephone interview was conducted on June 30. A request for verification. <u>Verification of income is requested</u> with a July 20 due date, was sent to Shannon. Because did not submit the required verification (including signature) was not submitted by July 20, <u>so</u> her eligibility beginning July 1 was denied. <u>If Shannon submits the requested verification by September 30, it must be treated as a late renewal (see SECTION 26.1.2.1 Verification Requirements for Late Renewals).</u>

Requested verification turned in within three months of the renewal due date should be processed as timely (see SECTION 26.1.2 ~~THREE-MONTH~~ LATE RENEWALS).

9.9 Mandatory Verification Items

The following items must be verified for BadgerCare Plus:

- SSN (see SECTION 6.1 SSN REQUIREMENTS)
- Citizenship, but only for certain applicants who declare they are U.S. citizens (see SECTION 4.2 VERIFYING U.S. CITIZENSHIP-VERIFICATION)
- ~~Immigrant status~~
- Immigrant status (see SECTION 4.3.2 VERIFICATION)
- Medical expenses ~~(for deductibles only)~~ used to meet a deductible. (see SECTION 17.4 MEETING THE DEDUCTIBLE)
- Documentation for Power of Attorney and Guardianship (see SECTION 9.9.5 POWER OF ATTORNEY, GUARDIANSHIP, OR CONSERVATOR)
- Migrant worker's eligibility in another state (see SECTION 12.4.2 ~~12.3 SIMPLIFIED APPLICATION~~ FINANCIAL ELIGIBILITY FOR MIGRANT WORKERS)
- Income (see CHAPTER 16 INCOME)
- Health insurance access (see SECTION 7.2 PAST ACCESS TO HEALTH INSURANCE and SECTION 7.3 CURRENT ACCESS TO HEALTH INSURANCE)
- Health insurance coverage (see CHAPTER 7 HEALTH INSURANCE ACCESS AND COVERAGE REQUIREMENTS)
- Family re-unification plan for child welfare parents (see CHAPTER 10 CHILD WELFARE PARENTS)
- The placement status of a Former Foster Care Youth on their 18th birthday (see SECTION 11.2 FORMER FOSTER CARE ~~MEDICAID~~ YOUTH)
- Tribal membership or Native American descent (see SECTION 9.9.8 TRIBAL MEMBERSHIP, DESCENT, OR ELIGIBLE TO RECEIVE INDIAN HEALTH SERVICES)
- Pre-tax deductions (see SECTION 16.3.2 PRE-TAX DEDUCTIONS)
- MAGI tax deductions (see Section 16.3.3 Tax Deductions)
- Huber Law participation, for incarcerated individuals qualifying for the Huber Law exemption (see SECTION 45.8. ~~4-3~~ HUBER LAW)

Unless determined questionable, self-declaration is acceptable for all other items.

9.9.9 Pretax Deductions

People whose eligibility is determined using MAGI rules can claim pretax deductions to determine their MAGI taxable income. To claim a pretax deduction, verification of the amount is required. Verification sources such as pay stubs received during the last 30 days or other documentation from a person's employer can serve as acceptable documentation. See SECTION 16.3.2 PRETAX DEDUCTIONS for a list of pretax deductions.

If verification is not provided, do not include the deductions when determining eligibility. Do not deny or terminate eligibility for failure to provide the requested verification.

9.9.10 MAGI Tax Deductions

People whose eligibility is determined using MAGI rules can claim certain tax deductions from the IRS 1040 Form, regardless of whether or not ~~the~~ they ~~files~~ file taxes (see SECTION 16.3.3 TAX DEDUCTIONS).

People who claim such deductions must provide verification that the expense is or was incurred.

Verification could include:

- Receipts
- Bank statements
- ~~Check~~Pay stubs
- Previous years' tax forms

If verification is not provided, do not include the deductions when determining eligibility. Do not deny or terminate eligibility for failure to provide the requested verification.

9.9.14 Student Financial Aids

Verification of grants, scholarships, and fellowships counted as income is required. Verification of expenses, including tuition, required books, supplies, or equipment, or mandatory fees, that can be used to offset these counted income types is also required. See SECTION 16.5 #16 STUDENT FINANCIAL AIDS.

9.12 Reasonable Compatibility for Health Care

9.12.3 Reasonable Compatibility Test

Reasonable compatibility will first be tested based on the household's total countable income as reported to the agency or verified through other sources. This test will determine whether the member is required to provide verification of earnings.

If the member-reported earnings amount is not reasonably compatible (based on the household's total reported income), verification of earnings received during the last 30 days will be required at the same time verification is required for unearned income, self-employment, or tax deductions.

A second verification request will be required if the initial test leads to a determination of reasonable compatibility, but the earnings are no longer reasonably compatible after other income types or deductions have been verified.

If earnings are determined to be reasonably compatible, the amount reported by the member should be used to determine eligibility and premium amounts for health care.

If the earnings are later verified (for example, because verification is required for another program), the verified earnings must be used to determine eligibility and premium amounts for health care.

Note	For simplicity, the examples below include households with earned income as the only source of income. It is important to remember that reasonable compatibility is based on the individual's total countable income, not just their earned income amount.
Example 1	Joe is a single childless adult with an income limit of \$1,255 for BadgerCare Plus. He reports that his earnings are \$500 per month. Equifax is not available for his employment. SWICA reports that his quarterly earnings are \$2,700, for a monthly amount of \$830.77. Because his income is below the income threshold using either amount, his reported information is considered reasonably compatible with the SWICA reported income, and the agency must use the \$500 amount he reported without requesting additional verification.
Example 2	Lon is a single childless adult with an income limit of \$1,255 for BadgerCare Plus. He reports that his earnings are \$900 per month. Equifax reports that he is paid twice a month at \$650 per paycheck, for a monthly amount of \$1,300. Lon's reported income is below the income threshold and the Equifax reported income is above the income threshold, so the 20% threshold test is applied. The income reported by Equifax (\$1,300) is greater than the 20% threshold amount (120% of \$900, or \$1,080). Therefore, his reported information is not considered to be reasonably compatible, and the agency must request additional verification.
Example 3	Melanie is a single childless adult with an income limit of \$1,255 for BadgerCare Plus. She reports that her earnings are \$1,300 per month. CARES will base the denial on this reported income amount, regardless of the income amount from SWICA or Equifax.

Example 4	Michelle applies for BadgerCare Plus for herself and her two children. She reports that she started a job last month and is earning \$1,400 per month. Because the job is new, neither SWICA nor Equifax data is available. Since these data exchanges are not available, the reasonable compatibility test will not be performed, and Michelle will be required to verify her earnings using paystubs <u>received during the last 30 days</u> , an EVF-E form, or other documentation.
Example 5	<p>Katie is a single childless adult with an income limit of \$1,255 for BadgerCare Plus. She applies for FoodShare and BadgerCare Plus. She reports that her earnings are \$800 per month. Equifax data is not available. SWICA reports that her quarterly earnings are \$2,550, for a monthly amount of \$784.62. Because she is eligible for BadgerCare Plus using either amount, her reported information is considered reasonably compatible. The agency must use her reported income for BadgerCare Plus, and based on this amount, she would be made eligible for BadgerCare Plus.</p> <p>Her FoodShare eligibility, however, will pend for verification of her earnings. If she returns her paystubs and they show income of \$1,300 per month, this information will replace the member-reported information and her health care benefits would be terminated. If she failed to provide the requested verification, her FoodShare benefits would be denied but she would continue to remain eligible for BadgerCare Plus.</p>

12.1 Migrant Workers

~~When determining a migrant family's eligibility for BadgerCare Plus, use the appropriate rules (see Chapter 2 BadgerCare Plus Group).~~

A "migrant worker" is a person who temporarily leaves their principal place of residence outside Wisconsin and comes to Wisconsin for not more than ten months per year in order to accept seasonal employment in the planting, cultivating, raising, harvesting, handling, drying, packing, packaging, processing, freezing, grading, or storing any agricultural or horticultural commodity in its unmanufactured state and is authorized to work in the U.S.

"Migrant worker" does not include the following:

- A person who is employed only by a Wisconsin resident, if the employer or the employer's spouse is the person's child, parent, grandchild, grandparent, brother, sister, aunt, uncle, niece, or nephew.
- A student who is enrolled (or has been enrolled during the past six months) in any school, college, or university, unless the student is a member of a household that contains a migrant worker.

Certain migrant workers and their families qualify for a simplified application procedure when applying for BadgerCare Plus or Medicaid in Wisconsin (see SECTION 12.4.2 SIMPLIFIED APPLICATION PROCEDURE FOR MIGRANT WORKERS).

12.2 ~~Migrant Worker Definition~~ Nonfinancial Eligibility for Migrant Workers

Migrant workers have the same nonfinancial eligibility requirements as other BadgerCare Plus or Medicaid applicants and members, with one exception: Migrant workers can meet the residency requirement if they are currently living in Wisconsin but do not "intent to reside" in Wisconsin (see SECTION 3.1 RESIDENCE).

Standard BadgerCare Plus and Medicaid rules are used when determining who is included in the migrant worker's assistance group (see Chapter 2 BadgerCare Plus Group and Medicaid Eligibility Handbook Section 15.1.1 Elderly, Blind, or Disabled Fiscal Test Group).

A "migrant worker" is a person who:

- ~~1. Temporarily leaves their principal place of residence (outside of Wisconsin) and~~
- ~~2. Comes to Wisconsin for not more than ten months per year in order to accept seasonal employment in the planting, cultivating, raising, harvesting, handling, drying, packing, packaging, processing, freezing, grading or storing of any agricultural or horticultural commodity in its unmanufactured state.~~

~~"Migrant worker" does not include the following:~~

- ~~1. A person who is employed only by a state resident if the resident or the resident's spouse is related to the person as the child, parent, grandchild, grandparent, brother, sister, aunt, uncle, niece, nephew, or the spouse of any such relative.~~

~~A student who is enrolled in or, during the past six months has been enrolled, in any school, college or university unless the student is a member of a family or household which contains a migrant worker.~~

12.3 ~~Simplified Application~~ Financial Eligibility for Migrant Workers

For migrant worker households that qualify for the simplified application procedure, the IM agency **must not** collect financial information nor apply any financial tests at application (see SECTION 12.4.2 SIMPLIFIED APPLICATION PROCEDURE FOR MIGRANT WORKERS).

For migrant worker households that do **not** qualify for the simplified application procedure, regular financial eligibility rules are used, with one exception: **annualized earned income** must be used at application when determining their financial eligibility for BadgerCare Plus or Medicaid (see SECTION 12.4.3 REGULAR APPLICATION PROCEDURE FOR MIGRANT WORKERS).

Annualized earned income is a prospective monthly estimate of earned income based on the estimated total gross annual earnings divided by 12. Annualized income can be based on the past 12 months of the migrant family's income if it is anticipated that last year's income is the best estimate of the current year's prospective income.

Annualized earned income must also be used at renewal for all BadgerCare Plus and Medicaid members who are migrant workers (see SECTION 12.5 MIGRANT WORKER RENEWALS).

See Process Help section 20.1 Migrant Eligibility (Financial Processing) for financial processing instructions.

~~Migrant workers and their families can have their eligibility for BadgerCare Plus determined using a simplified application process if they:~~

- ~~1. Have current Medicaid eligibility from another state ("Current Medicaid eligibility" means eligibility that includes at least months one and two of the application process) or had Medicaid/BadgerCare Plus eligibility in Wisconsin that was certified through months one and two of the application and that ended only because the family left Wisconsin.~~
- ~~2. And have the same members or fewer in the case as there were when the case had coverage in the other state.~~

The simplified application procedure is as follows:

- ~~1. For applicants with current Medicaid eligibility from another state, verify the eligibility and the end date. Verify with a copy of the out-of-state Medicaid card or by contacting the other state.~~
- ~~2. For applicants previously eligible in Wisconsin, determine the closure code and renewal date.~~
- ~~3. Determine if the same members, or fewer, are in the case compared to when the group was eligible in the other state.~~
- ~~4. Collect all non-financial information.~~
- ~~5. Do not collect any financial information.~~
- ~~6. Certify BadgerCare Plus benefits for the migrant family~~

Example 1	<p>A migrant family consisting of Dad, Mom, and their three children come to Wisconsin. On July 3, Dad applies for BadgerCare Plus in Wisconsin for his family.</p> <p>The family has current Medicaid eligibility from Texas with a certification period ending on November 30. That is, eligibility extends beyond application months one and two.</p> <p>The household has the same five members listed on the Medicaid card.</p> <p>Because the two conditions described in <u>SECTION 12.2 MIGRANT WORKER DEFINITION</u> are met, the case should be processed using the simplified application procedure.</p>
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Example 2	<p>The same migrant family comes in for the November review. Verify all mandatory and questionable verification items. The family is determined eligible through October 31 of the following year.</p> <p>The family leaves Wisconsin in December. BadgerCare Plus closes for failure to reside in the state. The next March, the family returns. There have been no non-financial changes and no changes in household composition. The family should be processed with the simplified application procedure because their case closed only for failure to reside in Wisconsin.</p>
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12.3.1 Renewal Dates for Simplified Application

For migrant families that have been certified through the migrant simplified application process, the first renewal coincides with the date out-of-state eligibility ends. The next renewal is 12 months from the first renewal.

Example 1	See Example 1 above. The renewal date should be set for November since that is the last month of the certification period for the Texas Medicaid.
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12.4 ~~Regular Application~~ Migrant Worker Applications

~~1. 12.4.1 Renewals~~

~~If migrant workers and their families have no current BadgerCare Plus/Medicaid eligibility in Wisconsin or another state, or if there are additional family members who were not eligible in the prior state of residence, process the case as a regular BadgerCare Plus application, with the following exception:~~

~~Use annualized earned income. "Annualized earned income" is a prospective monthly estimate of earned income based on the estimated total gross annual earnings divided by 12. Annualized income can be based on the past 12 months of the migrant family's income if it is anticipated that last year's income is the best estimate of the current year's prospective income.~~

~~Renewal dates for regular applications~~

~~For migrant families that have been certified through the regular application process, the first renewal is 12 months from the month of application.~~

12.4.1 ~~Renewals~~ Application Methods for Migrant Workers

~~Offer the following three renewal choices for migrant families:—~~

- ~~1. Mail.~~
- ~~2. Phone.~~
- ~~3. Face-to-face interview.~~

~~See CHAPTER 26 RENEWAL for information on renewals.~~

Migrant workers may apply for BadgerCare Plus or Medicaid using any of the application methods described in section 25.2 Application Methods.

When an application is received from someone who has indicated that they are a migrant worker, the IM agency must determine whether they qualify for the simplified application processing procedure (see SECTION 12.4.2 SIMPLIFIED APPLICATION FOR MIGRANT WORKERS) or the regular application processing procedure (see SECTION 12.4.3 REGULAR APPLICATION PROCEDURE FOR MIGRANT WORKERS).

12.4.2 Simplified Application Procedure for Migrant Workers

Migrant workers and their families can have their eligibility for Medicaid or BadgerCare Plus determined using a simplified application procedure if **either** of the following conditions are met:

- All household members have current Medicaid eligibility in another state. "Current Medicaid eligibility" means they are eligible for Medicaid in another state for at least the month of their application and the following month. Current Medicaid eligibility can be verified with a copy of the out-of-state Medicaid card or by contacting the other state.
- For at least two consecutive months within the last 12 months, all household members were eligible for Wisconsin Medicaid or BadgerCare Plus, and their eligibility ended only because they no longer reside in Wisconsin.

For migrant worker households that qualify for the simplified application procedure, the IM agency **must not collect financial information nor apply any financial tests** at application. (see SECTION 12.3 FINANCIAL ELIGIBILITY FOR MIGRANT WORKERS). Otherwise, standard BadgerCare Plus and Medicaid application processing procedures apply (see SECTION 12.2 NONFINANCIAL ELIGIBILITY FOR MIGRANT WORKERS).

For information about renewal dates, see SECTION 12.5.2 RENEWAL DATES FOR MIGRANT WORKERS.

Example 1	A migrant worker family consisting of a married couple and their three children comes to Wisconsin. On July 3, 2024, they apply for BadgerCare Plus. The family has current Medicaid eligibility in Texas, with a certification period ending on November 30, 2024. All five members of the household are listed on their Texas Medicaid card. The case must be processed using the simplified application procedure because all members of the household have current Medicaid eligibility in Texas. Their renewal month is November 2024 because that is when their annual renewal would have been due in Texas.
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Example 2	<p>The family from Example 1 renews their benefits in November 2024. In December 2024, they go back to Texas and BadgerCare Plus closes because they no longer reside in Wisconsin. In July 2025, the family returns to Wisconsin and again applies for BadgerCare Plus. There are no non-financial changes and no changes in household composition. Regardless of whether they have current Medicaid eligibility in Texas, their application must be processed using the simplified application procedure. Their next renewal will be due on the later of the following:</p> <ul style="list-style-type: none">• If they have current Medicaid eligibility in Texas the month their eligibility in Texas ends.• November 2025, which is 12 months after they completed their last renewal in Wisconsin.
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12.4.3 Regular Application Procedure for Migrant Workers

For migrant worker households that do **not** qualify for the simplified application procedure, the standard BadgerCare Plus or Medicaid application procedures must be used, with one exception: **annualized earned income** must be used when determining their financial eligibility for BadgerCare Plus or Medicaid (see SECTION 12.3 FINANCIAL ELIGIBILITY FOR MIGRANT WORKERS).

Example 1	A migrant worker applies for BadgerCare Plus on May 1, 2024. Their eligibility in their home state ends on May 31, 2024. Because they do not meet the definition of "current Medicaid eligibility" in another state, they must use the regular application process and provide any required verifications, including financial verification. However, the IM agency must use annualized earned income when determining their financial eligibility for BadgerCare Plus. Their renewal month is April 2025.
Example 2	A migrant worker household applies BadgerCare Plus on May 1, 2024. Their eligibility in their home state ends on July 31, 2024. However, the BadgerCare Plus household now includes the applicant's new spouse who was not eligible for Medicaid in their home state. Because their household now has additional members, they must use the regular application process and provide any required verifications, including financial verification. However, the IM agency must use annualized earned income when determining their financial eligibility for BadgerCare Plus. Their renewal month is April 2025.

12.5 Migrant Worker Renewals

12.5.1 Renewal Methods for Migrant Workers

Migrant workers who are still in Wisconsin during their renewal month may renew their BadgerCare Plus or Medicaid using any of the renewal methods described in Section 26.2 Choice of Renewal.

12.5.2 Renewal Dates for Migrant Workers

For migrant worker households that had current Medicaid eligibility in another state when they applied through the simplified application procedure (see SECTION 12.4.2 SIMPLIFIED APPLICATION PROCEDURE FOR MIGRANT WORKERS), the **first** renewal must be set for the month when their out-of-state eligibility ends. The next renewal will be due in 12 months after the first renewal.

Example	On July 3, 2024, a migrant family that has current Medicaid eligibility in Texas through December 31, 2024, comes to Wisconsin and is certified for Medicaid through the simplified application process. The renewal date is set for December 2024, because that's when their Texas eligibility ends.
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For migrant worker households that were previously open for Wisconsin Medicaid or BadgerCare Plus for at least two consecutive months within the last 12 months, and whose eligibility only ended because they left Wisconsin: if they completed a renewal in Wisconsin prior to closing, and are now reopening through the simplified application procedure, their renewal month must be set for **later** of the following:

- 12 months after their last renewal in Wisconsin.
- The month when their Medicaid eligibility in their home state is ending.

For all migrant worker households that applied using the regular application procedure (see SECTION 12.4.3 REGULAR APPLICATION PROCEDURE FOR MIGRANT WORKERS), the standard 12-month certification period applies, and their renewal is due in 12 months.

12.5.3 Financial Eligibility for Migrant Workers at Renewal

When eligibility for migrant worker households is renewed, the IM agency must collect financial information and apply standard financial eligibility policies, with one exception: Annualized earned income must be used at renewal for all BadgerCare Plus or Medicaid members who are migrant workers. See SECTION 12.3 FINANCIAL ELIGIBILITY FOR MIGRANT WORKERS.

See Process Help Section 20.1 Migrant Eligibility (Financial Processing) for financial processing instructions.

16.2 Income Types Not Counted

14. Payments to Native Americans

1. Distributions from Alaska Native Corporations and Settlement Trusts, including:
 - a. Menominee Indian Bond interest payments.
 - b. All judgment payments to tribes through the Indian Claims Commission or Court of Claims.
 - c. Payments under the Alaskan Native Claims Settlement Act.
 - d. Payments under the Maine Indian Claims Settlement Fund.
 - e. Payments under PL 93-124 to the Sisseton-Wahpeton Sioux Tribe, except under non-MAGI rules, individual shares over \$2,000.
 - f. Payments under PL 93-134 to the Maricopa Ak-Chin Indian Community, Navajo Tribe, Coast Indian Community of the Resighini Rancheria, Stillaguamish Tribe, Pueblo of Taos Tribe, Walker River Paiute Tribe, and White Earth Band of the Minnesota Chippewa Tribe, except under non-MAGI rules, individual shares over \$2,000.
 - g. Payments under PL 94-114 to the Bad River Band and Lac Courte Oreilles Band of Chippewa Indians and the Stockbridge Munsee Indian Community of Mohicans.
 - h. Payments under PL 96-318 to the Delaware Tribe of Kansas and of Idaho.
 - i. Payments under PL 96-420 to the Houlton Band of Muliseet Indians, the Passamoquoddy, and Penobscot.
 - j. For EBD Medicaid cases, under PL 98-64, disregard all Indian judgment funds held in trust by the Secretary of the Interior for an Indian tribe and distributed on an individual basis to members of the tribe. Also disregard interest and investment income from these funds.
 - k. Payments under PL 99-346, Saginaw Chippewa Indian Tribe of Michigan.
 - l. Payments under PL 99-377 to the Mille Lacs, Leech Lake, and White Earth, Minnesota reservations.
 - m. Payments under PL 101-41, Puyallup Tribe of Indians Settlement Act of 1989.
 - n. Payments under the Distribution of Judgment Funds Act of 1987 to the Cow Creek Band, Umpqua Tribe.
 - o. Payments under the Distribution of Indian Judgment to the Crow Creek and Lower Brule Sioux except individual shares over \$2,000. Payments under the settlement of the Cobell v. Salazar class-action trust case.
 - p. Payments under the Michigan Indian Claims Settlement Act (MICSA) to the Sault Ste. Marie Tribe of Chippewa Indians and the Bay Mills Indian Community.
2. Other Exempt Tribal Payments - disregard non-gaming tribal income from the following sources:
 - a. Distributions and payments from rents, leases, rights of way, royalties, usage rights, or natural resource extraction and harvest from:
 - i. Federally-protected rights regarding off-reservation hunting, fishing, gathering, or usage of natural resources
 - ii. Rights of ownership or possession in any lands held in trust, subject to federal restrictions, located within the most recent boundaries of a prior federal reservation, or otherwise under the supervision of the Secretary of the Interior; or

- b. Distributions resulting from real property ownership interests related to natural resources and improvements:
 - i. Located on or near a reservation or within the most recent boundaries of a prior federal reservation; or
 - ii. Resulting from the exercise of federally-protected rights relating to such real property ownership interests
 3. Tribal general welfare payment received under the Tribal General Welfare Exclusion Act of 2014, even if the source of the payment is gaming revenue.

47. Live-In Care Providers

Certain payments received by live-in care providers who provide care to someone enrolled in an HCBW program are not counted for BadgerCare Plus under MAGI budgeting rules. A live-in care provider lives in the same home as the person for whom they are providing care. This means the same house, apartment, duplex unit, or other residential unit. A provider who lives in a separate unit from the person receiving care within a multi-unit building is not a live-in care provider.

Example 11	Ameera provides care to her father, Raheem. Ameera lives in one unit of a duplex. Raheem lives in the other unit of the duplex. Ameera is not a live-in care provider because they do not live together in the same unit.
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Live-in care providers are typically paid as employees, but some may be self-employed. They may be related to or not related to the person receiving care. In order to not be counted, payments to live-in care providers must meet all of the following criteria:

- The payments are for HCBW services provided to a member enrolled in one of the following HCBW programs:
 - Children's Long-Term Support (CLTS) waiver programs
 - Community Integration Program I (CIP 1A and CIP 1B)
 - Community Integration Program II (CIP II)
 - Community Options Program Waiver (COP-W)
 - Family Care
 - Family Care Partnership
 - IRIS
 - PACE
- The payments are made to a live-in care provider for services provided to an HCBW member under the member's written HCBW plan of care. Payments made for skilled services that only a nurse or other health professional may perform are not eligible for this exemption.
- The payments are made to a live-in care provider for services provided while the care provider and the HCBW member are living in the same home. The live-in care provider may be related to or not be related to the HCBW member.
- The live-in care provider is not providing care to more than 10 people younger than age 19 at the same time or five people aged 19 or older at the same time.

If the payments received by the live-in care provider meet all of these criteria, they are not counted when determining eligibility for BadgerCare Plus. If the payments received by the live-in care provider do not meet all of these criteria, the payments must be treated like other countable earnings or self-

employment income. (See SECTION 16.4.4.2 LIVE-IN CARE PROVIDERS for verification of payments to live-in care providers~~s~~ and the Verifying Tax-Exempt Income for Live-in Care Providers Form (F-02193))).

52. Guaranteed Income Payments

Guaranteed income from a privately funded, non-profit organization ~~up to \$500 per month~~ is excluded. This includes but is not limited to payments from the Madison Forward Fund and The Bridge Project in Milwaukee.

53. Canceled Debt

Canceled debt is not counted as income.

16.4 Earned Income.

16.4.1 Specially Treated Wages

1. Income Received by Members of a Religious Order.

If a person is a member of a religious order and has taken a vow of poverty, do not count any compensation that a member of a religious order receives if the compensation is turned back over to the order.

2. Housing Allowances for Members of the Clergy.

If an ordained, licensed, or commissioned minister receives a housing or housing utility allowance, do not count as income the portion of the allowance that is used for housing. The unused portion of the allowance must be counted as income.

If an ordained, licensed, or commissioned minister receives as part of their salary an amount officially designated in advance of payment as a housing allowance, and the amount is not more than reasonable pay for the minister's services, do not count as income the lesser of any of the following amounts.

- The amount officially designated in advance of payments as a housing allowance.
- The amount actually used to provide or rent a home.
- The fair market rental value of the home (including furnishings, utilities, garage, etc.).

If housing expenses are not verified, the entire housing allowance must be counted as income. Eligibility must not be denied or terminated for failure to provide the requested verification.

3. Jury Duty Payments.

Count all jury duty payments as earned income for the month in which it is received if the payments are not turned over to the individual's employer. Amounts received separately as reimbursements or allowances for travel to and from the courthouse, meals, and lodging during jury duty are not countable.

4. AmeriCorps.

Earnings or cash benefits received through AmeriCorps will be counted as earned income. Educational awards received from AmeriCorps are not counted as income.

Note	This does not include earnings or cash benefits received through VISTA (see SECTION 16.2 INCOME TYPES NOT COUNTED, #22 SPECIAL PROGRAMS).
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5. Title V—Older Americans Act of 1965.

Count only wages and salaries paid to individuals as a result of their participation in a program funded under Title V of the Older Americans Act of 1965 as earned income. These programs include, but are not limited to the following:

- Green Thumb
- Experience Works
- The National Urban League
- National Senior Citizens Education and Research Center (Senior Aides)
- National Indian Council on Aging
- U.S.D.A. Forest Service
- WISE
- Community service employment programs, such as the Older Americans Community Service Program

Identify programs funded under Title V of the Older Americans Act using documents provided by the member, contacts with the provider, or a local council on aging.

Do not count reimbursements (see [SECTION 16.2 INCOME TYPES NOT COUNTED, #19 REIMBURSEMENTS](#)).

6. Live-in care providers.

Do not count any wages of a live-in care provider if those wages meet the required conditions listed in [SECTION 16.2 INCOME TYPES NOT COUNTED, #47 LIVE-IN CARE PROVIDERS](#). See [SECTION 16.4.4.2 LIVE-IN CARE PROVIDERS](#) for more information about verifying whether the wages should be counted.

7. Prison or Jail Job.

Count income that an inmate earns from a prison or jail job that pays less than minimum wage, such as jobs through Badger State Industries (BSI). This income does not need to be verified.

16.8 ~~Migrant Workers Income~~ Reserved

~~Use annualized earned income for migrant worker's income. "Annualized earned income" is a prospective monthly estimate of earned income based on the estimated total gross annual earnings divided by 12. Annualized income can be based on the past 12 months of the migrant family's income if it is anticipated that last year's income is the best estimate of the current year's prospective income.~~

18.1 Extensions

18.1.3 Children

If the child is in their 12-month continuous coverage period, the child will stay in their current BadgerCare Plus assistance group while their parent(s) enter the extension. The child's BadgerCare Plus and the parent's extension renewal dates will align.

Under most circumstances, the end of an extension will apply to all of the members of the BadgerCare Plus Test group. However, when the household income decreases to 100-~~percent~~% FPL or less, the extension will end for the parent(s), but any children would remain in the extension. All dependent children, stepchildren, and NLRR-children whose parent or caretaker may become eligible for an extension will be eligible for the same extension provided that ~~they are eligible for BadgerCare Plus~~ in the month prior to the start of the extension the child is both eligible for BadgerCare Plus and:

- ~~Have~~Has AG income under 306% FPL and ~~are~~is under age one.
- ~~Have~~Has AG income under 191% FPL and ~~are~~is age one through age five.
- ~~Have~~Has AG income under 156% FPL and ~~are~~is age six through age 18.

Conditions:

1. Children do not have to be eligible for BadgerCare Plus for three of the past six months.
2. The child's AG income does not have to be below 100% FPL at the time the extension starts.
3. CENs are not eligible for extensions.
4. A child who is currently in an extension is not eligible for a new extension.
5. If a parent's income decreases below 100% FPL, the child's extension continues.
6. Once a child is in an extension, the child does not lose the extension for any reason except for death, moving out of Wisconsin, or turning 19 while in an earned income extension.
7. The child is not in a 12-month continuous coverage period.
8. The child is not eligible for other full-benefit coverage.

Note	If a child is in an unexpired extension and a parent qualifies for a new extension, the child's extension will continue to stay in the original extension eligibility category until it expires. The child is not eligible for the new extension.
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19.1 BadgerCare Plus Premiums for Children

Effective April 1, 2024, children in families with income over 201% of the FPL are charged a premium for BadgerCare Plus unless the child is exempt. However, payment of a premium is not a condition of eligibility for BadgerCare Plus. If the premium is not paid, the child will remain eligible for BadgerCare Plus.

New members with an application filing date on or after April 1, 2024, will be charged premiums.

Example 1	Mary applies for BadgerCare Plus for her son, Jack, on April 4, 2024. The household's income is 215% FPL. The application is processed and confirmed on April 5, 2024. Jack is eligible for BadgerCare Plus as of April 1 and a premium will be charged.
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Members enrolled prior to April 1, 2024, will not be charged premiums until after their next scheduled renewal for a new certification period beginning May 1, 2024, or later.

Example 2	Aarav's daughter Divya has been open for BadgerCare Plus since August 2023. The household's income is 220% FPL. Because Divya has continuous coverage through July 2024, a premium cannot be charged until her renewal due in July 2024 is completed. Aarav completes the renewal on July 8, 2024, and Divya is determined eligible with household income above 201% of the FPL. A premium will be charged for Divya beginning with the month of August 2024. A premium statement will be sent to Aarav at the end of July for the August premium.
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If an individual applies with a filing date before April 1, 2024, the individual will not be charged premiums during the initial certification period, even if the application is processed on or after April 1, 2024. The individual will be charged premiums after they complete their next scheduled renewal.

Example 3	Fatima applies for health care for her daughters, Amina and Aisha, with a filing date of March 25, 2024. The application is processed and confirmed on April 8, 2024, and Amina and Aisha are eligible for BadgerCare Plus with household income at 230% of the FPL. Because they applied before April 1, 2024, premiums will not be charged during the initial certification period. They are eligible for BadgerCare Plus with no premium from March 1, 2024, through February 28, 2025. If their household income remains above 201% of the FPL after they complete their scheduled renewal, a premium will be charged for them at that time.
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If a member has a renewal scheduled after April 2024, but completes an early renewal, premiums cannot be charged at that time because the member is still in their 12-month continuous coverage period. Premiums may be charged at the member's next renewal.

Example 4	Maya's son Nathaniel has been open for BadgerCare Plus since November 2023. The household's income is 250% of the FPL. Because Nathaniel has continuous coverage through October 2024, a premium cannot be charged until after his renewal due in October 2024 is completed. Maya calls the agency to renew Nathaniel's BadgerCare Plus in July 2024. This is during Nathaniel's continuous coverage period, so premiums cannot be charged. Premiums may be charged when the household completes their renewal in July 2025.
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If a member was disenrolled from BadgerCare Plus before April 2024 because they did not complete their renewal, and they complete a late renewal on or after April 1, 2024, they will be subject to premiums after completing the late renewal.

Example 5	Choua did not complete the renewal for his son Chue's BadgerCare Plus that was due in February 2024, so Chue's BadgerCare Plus ended February 29, 2024. Choua completes a late renewal, the renewal was processed April 2, 2024, and Chue is determined eligible with household income of 228% of the FPL. A premium will be charged for Chue beginning with the month of May 2024. A premium statement will be sent to Choua at the end of April for the May premium.
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Payment of a premium is not a condition of eligibility for BadgerCare Plus. If no payment is made, their eligibility for BadgerCare Plus will not be impacted.

Example 6	Mary is charged a premium for her son, Jack, beginning May 2024. A statement is sent to Mary at the end of April, with a due date of May 10. Mary is not able to pay the premium. Jack remains eligible for BadgerCare Plus. Mary will be sent a premium statement for June at the end of May.
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The following children are exempt from being charged a premium for BadgerCare Plus:

1. Pregnant minors
2. Former Foster Care Youth (see [CHAPTER 11 FOSTER CARE MEDICAID](#))
3. Children who have met a BadgerCare Plus deductible, during the remainder of the deductible period
4. Children in a BadgerCare Plus extension
5. All children under age one including Continuously Eligible Newborns (see [SECTION 8.2 CONTINUOUSLY ELIGIBLE NEWBORNS](#))
6. American Indian or Alaskan Native Tribal members, the son or daughter of a tribal member, the grandson or granddaughter of a tribal member, or anyone otherwise eligible to receive Indian Health Services
7. Children whose BadgerCare Plus is suspended due to being incarcerated in jail or prison

Note	Persons who are members of families receiving BadgerCare Plus benefits, but who are individually certified for Elderly, Blind or Disabled (EBD) Medicaid, Wisconsin Well Woman Care Medicaid , Family Planning Only Services or Emergency Services, are not charged a BadgerCare Plus premium.
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38.4 HMO Enrollment

38.4.4 HMO Disenrollment

38.4.4.1 Automatic Disenrollment

Automatic disenrollment occurs when there are changes to the member's eligibility or enrollment status that affect their HMO enrollment and typically occurs automatically once eligibility has been updated. The table below includes a list of automatic disenrollments and the date on which the disenrollment is effective.

Reason for Disenrollment	Disenrollment Date
Loss of BadgerCare Plus eligibility	End of the month in which the loss/termination occurred, even if that is prior to when the loss of benefits is effective <u>BadgerCare Plus eligibility ends.</u>
Date of Death Entered	Date of Death
Moving outside of the HMO's service area	End of the month in which the move was reported
Incarceration or Institutionalization	End of the month in which the incarceration or institutionalization was reported
Enrollment in a Waiver program or Long-Term Care MCO	End of the month prior to the month when waiver program or LTC MCO enrollment occurs
Becoming eligible for Medicare	Depending on when notification of Medicare eligibility was received and the Medicare eligibility start date, if the notification is received: <ul style="list-style-type: none">• Prior to the Medicare eligibility begin date, the disenrollment date is the end of the month in which notification was received.• After the Medicare eligibility begin date, the disenrollment date is the end of the month prior to the month of notification.

39.2 Determining if an Emergency Exists

39.2.1 Determining Eligibility

It is the IM agency's responsibility to manually determine if the non-qualifying immigrant meets all eligibility requirements during the dates of service and to certify if they are eligible for Emergency Services.

Medicaid providers who have treated non-US citizens for emergency services can provide them the Certification of Emergency for Non-U.S. Citizens form ([F-01162](#)) to verify that the services provided were to treat an emergency medical condition. Providers are instructed to have the patient present this to the local IM agency when applying for assistance.

Note	The Certification of Emergency for Non-U.S. Citizens form is not required to certify Emergency Services eligibility.
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If a non-qualifying immigrant provides a "Certification of Emergency for Non-U.S. Citizens" at the time of application, their eligibility for BadgerCare Plus Emergency Services is determined for the dates of the emergency indicated on the form. A child under age 19 must remain eligible for 12 months.

If a non-qualifying immigrant does not have the form at the time of application, ask them for the dates that they received emergency services.

Emergency Services coverage begins at the time of the first treatment for the emergency and ends when the condition is no longer an emergency for adults, or at the end of a 12-month period for children under age 19.

Determine eligibility of a pregnant immigrant on the date emergency services were provided. The pregnancy due date is required to determine eligibility for pregnant immigrants (see [SECTION 39.3 EMERGENCY FOR PREGNANT MEMBERS](#)).

If a non-qualifying immigrant would only qualify for BadgerCare Plus if they were disabled, follow disability determination procedures (including presumptive disability) before certifying Emergency Services eligibility.

Note	Emergency Services has the same policies on referrals to child support agencies (CSA) and cooperation as BadgerCare Plus. See Chapter 5 Medical Support and Third-Party Liability..
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Certification of Emergency Services is not done through CARES and must be done manually. However, all applications should be processed through CARES to determine BadgerCare Plus eligibility. If the immigrant does not have an SSN, CARES will assign a pseudo SSN. That pseudo SSN should be used when submitting the manual certification. When an immigrant is determined eligible for Emergency Services, complete and submit a Medicaid/BadgerCare Plus Eligibility Certification form ([F-10110](#)) (see Process Help, [Section 81.1.3 F10110 Manual Form](#)). The fiscal agent needs a beginning and end date to process eligibility. In setting the end date,

- For adults, use the last day of the emergency.
- For children under age 19, use the end of a 12-month period.
- For a child who is turning 19 in the next 12-month period, use the last day of the emergency or the last day of the month the child turns 19, whichever is later.

If the last day of the emergency is not known, use the last day of the month in which the emergency is expected to end. Use the AE medical status code.

Note	The Federally Facilitated Marketplace will send accounts to state consortia and tribal agencies for individuals who have been assessed as potentially eligible for BadgerCare Plus Emergency Services.
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Submit completed Medicaid/BadgerCare Plus Eligibility Certification forms by fax to 608-221-8815 or by mail to:

ForwardHealth
Eligibility Unit
P.O. Box 7636
Madison, WI 53707-7636

An individual eligible for BadgerCare Plus Emergency Services will not receive a ForwardHealth card because BadgerCare Plus Emergency Services eligibility ends when the emergency ends.

However, women determined eligible for the BadgerCare Plus Prenatal Program will be issued a ForwardHealth Card, which can also be used to access emergency services under the Emergency Services coverage group after the BadgerCare Plus Prenatal Program coverage ends.

40.4 Nonfinancial Requirements

The following are FPOS specific nonfinancial requirements:

- The person must be of ~~child-bearing~~childbearing or reproductive age.
- The person must be a Wisconsin resident.
- The person must not be enrolled in BadgerCare Plus or receiving other full benefit Medicaid.
- The person must be one of the following:
 - **If under age 19:** Lawfully residing in the United States (no requirement for the amount of time the person is lawfully present in the U.S.).
 - **If age 19 and older:** Either a U.S. citizen or ~~Lawfully~~lawfully residing in the United States under one of the eligible immigration statuses/situations listed in SECTION 4.3.8 IMMIGRATION STATUS CHART.
- The person must meet all BadgerCare Plus non-financial criteria (see SECTION 2.1 NONFINANCIAL PROGRAM REQUIREMENTS) with the exceptions listed below:
 - An individual applying for or receiving BadgerCare Plus FPOS is not subject to the health insurance access or coverage policies.
 - An individual applying for or receiving BadgerCare Plus FPOS is not required to cooperate with Medical Support, unless they are also applying for or receiving BadgerCare Plus for any child for whom they are the parent or caretaker relative.
 - An individual applying for or receiving BadgerCare Plus FPOS is not required to cooperate with Third Party Liability (TPL), unless they are also applying for or receiving BadgerCare Plus for any child for whom they are the parent or caretaker relative.
 - Any individual applying for or receiving FPOS who refuses to cooperate with MSL or TPL requirements when they have a child in the home who is receiving BadgerCare Plus or Medicaid, is ineligible for FPOS unless they are under 19 or has good cause.

51.1 BadgerCare Plus Categories

For a list of medical status codes, see Process Help, [Chapter 81 Forward Health iChange](#).

The following table identifies the copays or premiums for which BadgerCare Plus members may be responsible. The table also provides information on the federal program under which members are eligible, if applicable.

Description	Income (FPL)	Subject to Copays	Premium	Funding
Pregnant woman	>0 - 306%	No	No	T19
Pregnant woman deductible (see SECTION 17.2.3 CALCULATING THE DEDUCTIBLE AMOUNT)	> 300 306%	No	No	T19
Pregnant minor under age 19	>0 - 306%	No	No	T19
Pregnant non-qualifying immigrant	>0 - 306%	No	No	T21 Separate CHIP
Pregnant inmate	0 - 306%	No	No	State-Funded
CEN	0 - 156%	No	No	T19
CEN—Mom on T19 on DOB	>156%	No	No	T19
Child under age 19	0 - 100%	No	No	T19
Child under age 6	>100 - 156%	No	No	T19
Child < age 1	>156 - 306%	No	No	T19
Child age 1 through 5	>156 - 191%	No	No	T19
Child age 1 through 5	>191 - 201%	No	No	T21 Separate CHIP
Child age 1 through 5 who is a tribal member	>191% - 201%	No	No	T21 Separate CHIP
Child age 6 through 18	>100 - 133%	No	No	T19
Child age 6 through 18	>133 - 156%	No	No	T19
Child age 6 through 18	>156 - 201%	No	No	T21 Separate CHIP
Child age 6 through 18 who is a tribal member	>156% - 201%	No	No	T21 Separate CHIP
Child age 1 through 18	>201 - 306%	No	Yes	T21 Separate CHIP

Child age 1 through 18 who is a tribal member	>201 - 306%	No	No	T21 Separate CHIP
Child, under age 19 deductible (see SECTION 17.3.2 CALCULATING THE DEDUCTIBLE AMOUNT)	>150%	No	No	T19
Adult Parent/Caretaker	0%	No	No	T19
Adult Parent/Caretaker	>0 - 100%	Yes	No	T19
Youth exiting out-of-home care up to age 21	N/A	No	No	T19
Former Foster Care Youth up to age 26	N/A	No	No	T19
Childless Adult	0%	No	No	T19
Childless Adult	>0 - 100%	Yes (if >50% FPL)	No	T19
Childless Adult	≥0 - 50%	No	No	T19
Childless Adult	>50 - 100%	Yes	No	T19
Transitional Childless Adult	≥0 - 50%	No	No	T19
Transitional Childless Adult	>50 - 100%	Yes	No	T19
Transitional Childless Adult	0%	No	No	T19
Transitional Childless Adult	>0 - 100%	Yes (if >50% FPL)	No	T19
12-Month BadgerCare Plus Extension Benefit Adult	>100 - 133%	Yes	No	T19
12-Month BadgerCare Plus Extension Benefit Adult	>133%	Yes	No	T19
12-Month BadgerCare Plus Extension Benefit Disabled Adult	>100%	Yes	No	T19
4-Month BadgerCare Plus Extension Benefit, Adult	>100 - 133%	Yes	No	T19
4-Month BadgerCare Plus Extension Benefit, Adult	>133%	Yes	No	T19
4-Month BadgerCare Plus Extension Benefit, Disabled Adult	>100%	Yes	No	T19
12-Month BadgerCare Plus Extension Benefit, Child Under 19	>100%	No	No	T19
4-Month BadgerCare Plus Extension Benefit, Child Under 19	>100%	No	No	T19
Presumptive eligibility for a child under 1	0 - 306%	No	No	T19

Presumptive eligibility for a child >age 1, <6 through 5	>0 - 191%	No	No	T19
Presumptive eligibility for a child >5, <19 age 6 through 18	0 - 156%	No	No	T19
Presumptive eligibility for a pregnant woman	0 - 306%	No	No	T19
Presumptive eligibility for parent/caretaker	0 - 100%	No	No	T19
Presumptive eligibility for childless adult	0 - 100%	No	No	T19
Emergency Services for Non-Qualifying Immigrants**	<306%	N/A	No	T19
Family Planning Only Services	<306%	N/A	No	T19

**See SECTION 39.1 EMERGENCY SERVICES INCOME LIMITS.

All of the categories listed in the table have BadgerCare Plus Standard Plan coverage, except the following:

- People enrolled in Emergency Services for Non-Qualifying Immigrants only have emergency services coverage.
- People enrolled in Family Planning Only Services only have family planning services coverage.