

MILWAUKEE
ROSS IES W-2 PROGRAM
SUITE 200
7800 W BROWN DEER RD
MILWAUKEE WI 53223

Mailing Date: 12/21/2023

000186

MICHELLE GAUSE
4141 W SCHROEDER DR 112
BROWN DEER WI 53209 1100



State of Wisconsin

Case #: 7117392975

Milwaukee Enrollment Services

Phone: 888-947-6583

Fax: 414-438-4580



Online at access.wisconsin.gov



The State of Wisconsin is an equal opportunity service provider. This letter contains information that affects your benefits. If you need this material in a different format because of a disability or if you need this letter translated or explained in your own language, please call 1-888-947-6583. These services are free.

About Your Benefits

This letter tells you about your benefits. If you have a question, please call the agency above. If you would like to get letters like this online instead of by regular mail, please see the Resources and Contact Information section at the end of this letter.

Which benefit?	Status of your benefits?
 Health Care	Your health care renewal has been completed. Please see Your Health Care Benefits page for the status of your benefits.
 FoodShare	Your FoodShare renewal due date has changed. Please see Your FoodShare Benefits page for the status of your benefits.
<i>If you don't agree with this decision, you have the right to a Fair Hearing. Please see the last page of this letter to learn more. You may also talk with the agency above.</i>	

You are enrolled in the FoodShare program until Jan. 2025 as long as you continue to meet program rules.



Your Health Care Benefits



Who is enrolled in health care benefits?

When?	Who is enrolled?	Which plan?	Monthly Premium?
As of Feb. 01, 2024	MICHELLE BRANDEN	BadgerCare Plus	No

JAYLA, JERMAINE JR: Our records show that you are getting health care benefits through the Supplemental Security Income (SSI) program.

MICHELLE, BRANDEN: You will get the health care benefits shown above until there is a change in your case.



Copay Limit Information

When?	Who?	Monthly Copay Limit	Why Your Copay Limit Increased
As of Feb. 01, 2024	BRANDEN	No Copay	
As of Feb. 01, 2024	MICHELLE	No Copay	

BRANDEN, MICHELLE: Federal law limits the amount you can be asked to pay each month for copays. Your monthly copay limit is set for you based on your income and the size of your household. The amount shown above will be your limit until there is a change in your case. Your monthly copay limit will stay the same unless you have a change in eligibility or report a change that affects your limit, such as a change in income or the number of people in your home. If your copay limit has gone up, the reason for this is shown next to the amount. For more information, please see the Enrollment and Benefits Handbook.

Supporting Laws: 42 CFR 447.56



More Information

BadgerCare Plus

BadgerCare Plus is a full benefit health care plan. It pays for most services you get from Medicaid health care providers. It will also pay for prescription drugs (unless you are also getting Medicare). You may need to pay a small copay for some services and prescription drugs. Federal law limits the amount you can be asked to pay each month for copays. The Copay Limit Information section in this letter shows the maximum amount of copays you may have to pay for each member of your family each month. If your copays add up to your copay limit before the end of the month, we will send you a letter telling you that you do not

need to pay any more copays for the rest of the month.



Who is not enrolled?

When?	Which plan?	Who and why?
As of Feb. 01, 2024	Medicaid	JAYLA, JERMAINE JR: You do not meet the basic rules for getting this benefit.
Supporting Laws: 49.46(1)STS		



Your FoodShare Benefits



Who will get FoodShare and how much?

When?	How much?	Who is enrolled?	
As of Feb. 01, 2024	\$419 / month	MICHELLE JAYLA	BRANDEN JERMAINE JR

You will get a total of \$419.00 each month until there is a change in your case.



More Information

FoodShare

FoodShare is a monthly benefit that helps you buy nutritious food for good health. You access your FoodShare benefits by using your QUEST card.

If any QUEST card on your account is lost or stolen, you may have to pay a \$2.70 fee to replace it. The fee will come out of your FoodShare benefits.

Certain adults between the ages of 18 through 52 with no minor children living in the home may only be able to get three months of time-limited FoodShare benefits in a three-year period that began on January 1, 2022, and continues until December 31, 2024, unless they meet a work requirement or have an exemption. To keep getting FoodShare benefits after the three months, you must meet the work requirement or have an exemption. For a current list of exemptions, go to www.dhs.wisconsin.gov/foodshare/infonotice.htm.

To learn more about your benefits, QUEST card, or the work requirement, please see your Enrollment and Benefits Handbook.





Wisconsin JobNet is available to you. JobNet is the largest source of job openings in Wisconsin. You can visit the JobNet website at www.dwd.state.wi.us/jobnet/mapWI.htm. Or, you can use touch-screen computers at your local Job Center. To find a Job Center near you, call 1-888-258-9966.



Your Household's Reported Income and Bills

Here is a list of the income and bills that we have on file for your household.


 Income			
Who has income?	When and how much? As of Feb. 2024		
JAYLA Supplemental Security Income	\$1,026.78 each month		
JERMAINE JR Supplemental Security Income	\$1,026.78 each month		

 Bills			
Type of bill	When and how much? As of Feb. 2024		
Utilities	Yes*		
Rent Or Lot Rent	\$348.00 each month		
* We have on file that you had utility bills for these months.			



How We Counted Your Income

Here are the amounts and limits that were used to decide whether you could get benefits. To learn more, please see your Enrollment & Benefits handbook.

 FoodShare			
As of Feb. 2024			
Your Gross Income	\$2,053.56		
Your Counted Income	\$1,845.56		
Counted Income Limit	\$2,500.00		
Your counted income is lower than your gross income because of a standard credit that everyone gets.			



Your Reporting Rules

You must report certain changes based on the benefits you are getting. The types of changes you must report are listed below. You must report these changes to the agency listed on page 1 of this letter. You can do this online or by phone, fax, or mail.

- **Online:** Go to access.wi.gov. Log into your ACCESS account, and click Report My Changes. If you do not have an ACCESS account, you can go to access.wi.gov and create one.
- **Phone:** Call your agency. Your agency's phone number is listed on page 1 of this letter.
- **Fax or mail:** Complete a change report form and fax or mail it using the instructions on the form. To get a change report form, call your agency, or go to www.dhs.wisconsin.gov/forwardhealth/change-report.htm.

Based on the benefits you are getting, you must report within 10 days if someone:

- | | |
|--|--|
| - Has a new address | - No longer has a tax-related deduction that you told us about |
| - Has a change in where he or she is staying | - Gets married or divorced |
| - Moves in or out of your home | - Becomes pregnant or has a pregnancy end |
| - Has a change in expected tax filing status | - Has a change in health insurance coverage |
| - Has a change in tax dependents | - Is now in jail or prison or was released from jail or prison |

If your household's total monthly income (before taxes) goes over \$2,500.00 or total expected annual income (before taxes) goes over \$30,000.00, you must report it by the 10th day of the next month. For example, if your income goes over the limit in June, you must report it by July 10th.

If an individual in your household has a substantial lottery or gambling winning, you must report it by the 10th day of the next month. For example, if they receive a winning in June, it must be reported by July 10th. A substantial winning is defined as a single winning of \$4,250.00 or more before tax deductions from a single hand, ticket, game, or bet.

Working adults between the ages of 18 and 52 with no children in the home must report by the 10th day of the next month if their employment hours go below 80 hours each month.

If you don't report a change listed above, and you get benefits or coverage that you aren't eligible for, you may have to pay us back. Keep in mind that if your benefits change, your reporting rules may also change.

Resources and Contact Information

The following are resources and contacts that may be helpful to you.



MyACCESS App

This free mobile app helps you manage your benefits from your smartphone. You can submit proof, get reminders, and more. To download the app, go to the App Store or Google Play Store, and search for “MyACCESS Wisconsin.”

ACCESS

ACCESS Website

This online tool lets you apply for benefits, check your current benefits, report changes, renew your benefits, and submit proof. To visit the ACCESS website, go to access.wi.gov.



Online Letters

You can see letters and information about your benefits online through the ACCESS website. To sign up to get letters online instead of by regular mail, log into your account at access.wi.gov, and click Manage My Email, or call the agency listed on page 1 of this letter.



ForwardHealth Member Services for Health Care

You can call ForwardHealth Member Services at 800-362-3002, Monday through Friday, from 8 a.m. to 6 p.m. for help finding a doctor, for questions about the health care services you can get, or to replace your ForwardHealth card.



QUEST Card Service for FoodShare

You can call QUEST Card Service at 877-415-5164 to create or change your PIN for your QUEST card; report your QUEST card damaged, stolen, or lost; check your account balance; or ask questions about your QUEST card.



Any Other Questions

You can call your agency for help with applying for other benefits or renewing your current benefits, to do an interview if you're enrolled in FoodShare, and to ask questions about your case. Your agency's phone number is listed at the top of page 1.

You can also find information about health care and FoodShare benefits on the Department of Health Services website at www.dhs.wisconsin.gov/forwardhealth/resources.htm or in the Enrollment and Benefits Handbook at www.dhs.wisconsin.gov/library/p-00079.htm.



TTY Services

For free TTY services, call 711.



YOU HAVE THE RIGHT TO A FAIR HEARING ABOUT YOUR BENEFITS

What is a Fair Hearing and why should I ask for one?

A Fair Hearing gives you the chance to tell why you think there has been a wrong decision about your application or benefits. At the hearing, a hearing officer will hear from you and the agency to find out if the decision was right or wrong. You may bring a friend or family member with you to the hearing. You may also be able to get free legal help. To learn more about free legal help, call 1-888-278-0633.

How long do I have to ask for a hearing?

The Division of Hearings & Appeals must get your request for a hearing about the decision in this letter by the date below:

FoodShare	→ May. 02, 2024
Health Care	→ Mar. 18, 2024

Keep in mind that these are the deadlines for asking for a hearing about the decision in this letter. If you are getting FoodShare benefits and you miss the deadline, you can ask for a hearing at any time if you do not agree with your FoodShare benefit amount.

Please Note: You cannot request a Fair Hearing if you have been disqualified from the FoodShare Program for an intentional program violation.

Can I keep my benefits while I wait for my hearing?

Yes, if you are already getting benefits and if you ask for a hearing before your benefits change, you can keep getting the same benefits until the hearing officer makes a decision. If the hearing officer decides that the agency was right, you may need to return the extra benefits that you got after your benefits were supposed to change.

Please Note: Benefits will not be continued if the change was due to a member receiving a FoodShare intentional program violation disqualification.

How do I ask for a hearing?

You can ask for a fair hearing and/or a hearing request form at the agency shown on the first page of this notice. Or, you can get a request form at www.dhs.wisconsin.gov/em/customerhelp. You can send the form or a letter asking for a hearing to the Division of Hearings & Appeals, PO Box 7875, Madison, WI 53707-7875, or fax it to 608-264-9885.