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TO: **Income Maintenance Supervisors**  
**Income Maintenance Lead Workers**  
**Income Maintenance Staff**  
**W-2 Agencies**  
**Workforce Development Boards**  
**Job Center Leads and Managers**  
**Training Staff**  
**Child Care Coordinators**

FROM: Amy Mendel-Clemens  
Technical Assistance, Training & Education  
Section  
Bureau of Eligibility Management  
Division of Health Care Financing

| BEM/DWS OPERATIONS MEMO |                                     |     |                                     |       |                            |
|-------------------------|-------------------------------------|-----|-------------------------------------|-------|----------------------------|
| No:                     | 08-09                               |     |                                     |       |                            |
| DATE:                   | 2/20/2008                           |     |                                     |       |                            |
| FS                      | <input checked="" type="checkbox"/> | MA  | <input checked="" type="checkbox"/> | BC+   | <input type="checkbox"/>   |
| SC                      | <input type="checkbox"/>            | CTS | <input type="checkbox"/>            | FSET  | <input type="checkbox"/>   |
| CC                      | <input type="checkbox"/>            | W-2 | <input type="checkbox"/>            | EA    | <input type="checkbox"/>   |
| CF                      | <input type="checkbox"/>            | JAL | <input type="checkbox"/>            | JC    | <input type="checkbox"/>   |
| RAP                     | <input type="checkbox"/>            | WIA | <input type="checkbox"/>            | Other | <input type="checkbox"/> H |
|                         |                                     |     |                                     | EP    |                            |
| PRIORITY: HIGH          |                                     |     |                                     |       |                            |

SUBJECT: **Over-Verification of Employment or Income Ending**

**CROSS REFERENCE:** BCP Eligibility Handbook 9.8  
FoodShare Handbook 1.2.1.1  
Medicaid Eligibility Handbook 20.2 (2)

**EFFECTIVE DATE:** Immediately

**PURPOSE:**

This memo is intended to clarify policy about how and when to verify the end of employment and to reiterate that verification should be required only when it is necessary to determine eligibility and benefits for the programs and time period for which eligibility is being requested.

**BACKGROUND**

The Department has received numerous complaints from Medicaid, BadgerCare and FoodShare applicants who were denied benefits or had application processing delayed because they were required to verify information about employment income that ended prior to the month(s) for which eligibility was being determined.

**POLICY CLARIFICATION**

This is not a policy change, but rather a policy clarification. For Medicaid, BC+ and Foodshare applications, if the applicant's employment or income ended prior to the application date, it is necessary to determine whether to collect verification of information related to that employment or income.

If employment or income ended in a month prior to the month for which eligibility is being determined, do not require verification that the employment or income ended unless there is a documented reason why the information provided is questionable (i.e. the agency believes the applicant is currently employed).

**Example:** An application for BC+ and FoodShare is submitted in February 2008 and the applicant states she is not currently working. She is not requesting backdated enrollment. The CARES record indicates that she was working for Culvers when she was previously enrolled in August 2007. During the FS interview, the agency worker inquired about current employment and the previously verified job. The applicant indicated that she is not currently employed and that her employment ended in October 2007 so the last check was received in November. Unless there is a reason to deem her statement questionable, do not require verification that employment ended.

However, if the employment ended recently and it is reasonable to believe income will be received in a month for which eligibility is being determined, the end of employment and income must be verified.

**Example:** An application for BC+ and FoodShare is submitted February 13, 2008. The applicant states her employment ended January 30 and her last paycheck will be received February 15, 2008. Because the income is needed to determine eligibility for month 1 of the application period, require verification that the employment ended and the amount of the income received in February.

When a request for backdated Medicaid or BC+ enrollment is made, the same process to determine whether or not it is necessary to collect verification of information related to that employment or income that ended must be made. If the employment ended, but income was received during the backdate period, the employment income received during that time period must be verified.

## **CONTACTS**

### BEM CARES Information & Problem Resolution Center

Program Categories – FS – FoodShare, MA – Medicaid, SC – Senior Care, CTS – Caretaker Supplement, CC – Child Care, W-2 – Wisconsin Works, FSET – Food Stamp Employment and Training, CF – Children First, EA – Emergency Assistance, JAL – Job Access Loan, JC - Job Center Programs, RAP – Refugee Assistance Program, WIA – Workforce Investment Act, Other EP – Other Employment Programs.

DHFS/DHCF/BEM/AMC