

Scott Walker  
Governor



DIVISION OF HEALTH CARE ACCESS AND ACCOUNTABILITY  
BADGERCARE PLUS  
ENROLLMENT MANAGEMENT CENTRAL APPLICATION  
PROCESSING OPERATION (EM CAPO)  
PO Box 309  
MADISON WI 53701-0309

Kitty Rhoades  
Secretary

**State of Wisconsin**  
Department of Health Services

E-mail: [dhsemcapo@dhs.wi.gov](mailto:dhsemcapo@dhs.wi.gov)  
[dhs.wisconsin.gov/badgercareplus](http://dhs.wisconsin.gov/badgercareplus)

<Mailing Date>

Case ID Number: XXXXXXXXXXXX

<Youth Name>

ID Number: <MA ID>

<Member Address Line 1>

<Member Address Line 2>

<Member Address Line 3>

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 1-800-362-3002. These services are free.

### Important Information About Foster Care Medicaid

This letter contains important information about Foster Care Medicaid benefits for [Youth's Name].

Foster Care Medicaid benefits will be ending for [Youth's Name] on [Foster Care Medicaid End Date] because you are no longer in Foster Care [Wis. Stat. § 49.46(1)]. Even though Foster Care Medicaid benefits are ending, you may be able to get other health care benefits.

To see if you can get other health care benefits, we need more information. Fill out an application right away, even if you do not have all the information. Do your best. Be sure to fill out the application before the date your Foster Care Medicaid benefits end. If we do not hear from you, health care benefits will end.

There are many ways to apply:

- **Online.** Apply online at [ACCESS.wi.gov](http://ACCESS.wi.gov). ACCESS is an online tool that lets you apply for benefits, check the status of your benefits, or report changes.
- **Phone or in person.** Apply by phone or in person with your agency. To get information about your agency, locate your county of residence on the back of this page or go to [dhs.wi.gov/forwardhealth/imagency/index.htm](http://dhs.wi.gov/forwardhealth/imagency/index.htm).

We have also included a paper application for you if you do not want to apply online or over the phone. To submit this application, follow the instructions on page 1 of the application. If you are a youth who is aging out of care, make sure to indicate your status on the paper application in Section 4 on Question D.

If you are already getting FoodShare benefits or Child Care benefits or you are a member of an American Indian Tribe or an Alaska Native and already have a case, you should report any household changes to your agency.

For more information about health care and other benefits in Wisconsin, go to [dhs.wi.gov/forwardhealth](http://dhs.wi.gov/forwardhealth).

### Fair Hearing Rights

If you do not agree with this decision, you can request a fair hearing to appeal, but only about your Foster Care Medicaid ending. For more information on your fair hearing rights, see page 4. If you file an application for health care, you will receive another notice about your rights.

## Income Maintenance Agencies by County

The table below lists counties alphabetically and includes the income maintenance agency for that county. Please see the Agency Contact Information section on the next page for an agency's telephone number.

<b>Adams:</b> Capital	<b>Iowa:</b> Southern	<b>Polk:</b> Great Rivers
<b>Ashland:</b> Northern IM	<b>Iron:</b> Northern IM	<b>Portage:</b> IM Central
<b>Barron:</b> Great Rivers	<b>Jackson:</b> Western Region for Economic Assistance	<b>Price:</b> Northern IM
<b>Bayfield:</b> Northern IM	<b>Jefferson:</b> Southern	<b>Racine:</b> WKRP
<b>Brown:</b> Bay Lake	<b>Juneau:</b> Capital	<b>Richland:</b> Capital
<b>Buffalo:</b> Western Region for Economic Assistance	<b>Kenosha:</b> WKRP	<b>Rock:</b> Southern
<b>Burnett:</b> Great Rivers	<b>Kewaunee:</b> East Central Income Maintenance (IM) Partnership	<b>Rusk:</b> Northern IM
<b>Calumet:</b> East Central Income Maintenance (IM) Partnership	<b>La Crosse:</b> Western Region for Economic Assistance	<b>Saint Croix:</b> Great Rivers
<b>Chippewa:</b> Great Rivers	<b>Lafayette:</b> Southern	<b>Sauk:</b> Capital
<b>Clark:</b> Western Region for Economic Assistance	<b>Langlade:</b> IM Central	<b>Sawyer:</b> Northern IM
<b>Columbia:</b> Capital	<b>Lincoln:</b> Northern IM	<b>Shawano:</b> Bay Lake
<b>Crawford:</b> Southern	<b>Manitowoc:</b> East Central Income Maintenance (IM) Partnership	<b>Sheboygan:</b> East Central Income Maintenance (IM) Partnership
<b>Dane:</b> Capital	<b>Marathon:</b> IM Central	<b>Taylor:</b> Northern IM
<b>Dodge:</b> Capital	<b>Marinette:</b> Bay Lake	<b>Trempealeau:</b> Western Region for Economic Assistance
<b>Door:</b> Bay Lake	<b>Marquette:</b> East Central Income Maintenance (IM) Partnership	<b>Vernon:</b> Western Region for Economic Assistance
<b>Douglas:</b> Great Rivers	<b>Menominee:</b> N/A	<b>Vilas:</b> Northern IM
<b>Dunn:</b> Great Rivers	<b>Milwaukee:</b> Milwaukee County (MILES)	<b>Walworth:</b> Moraine Lakes
<b>Eau Claire:</b> Great Rivers	<b>Monroe:</b> Western Region for Economic Assistance	<b>Washburn:</b> Great Rivers
<b>Florence:</b> Northern IM	<b>Oconto:</b> Bay Lake	<b>Washington:</b> Moraine Lakes
<b>Fond du Lac:</b> Moraine Lakes	<b>Oneida:</b> IM Central	<b>Waukesha:</b> Moraine Lakes
<b>Forest:</b> Northern IM	<b>Outagamie:</b> East Central Income Maintenance (IM) Partnership	<b>Waupaca:</b> East Central Income Maintenance (IM) Partnership
<b>Grant:</b> Southern	<b>Ozaukee:</b> Moraine Lakes	<b>Waushara:</b> East Central Income Maintenance (IM) Partnership
<b>Green:</b> Southern	<b>Pepin:</b> Western Region for Economic Assistance	<b>Winnebago:</b> East Central Income Maintenance (IM) Partnership
<b>Green Lake:</b> East Central Income Maintenance (IM) Partnership	<b>Pierce:</b> Great Rivers	<b>Wood:</b> Northern IM

## Agency Contact Information

**Bay Lake:** 1-888-794-5747

**Capital:** 1-888-794-5556

**East Central Income Maintenance (IM) Partnership:** 1-888-256-4563

**Great Rivers:** 1-888-283-0012

**IM Central:** 1-888- 445-1621

**Milwaukee County (MILES):** 1-888-947-6583

**Moraine Lakes:** 1-888-446-1239

**Northern IM:** 1-888-794-5722

**Southern:** 1-888-794-5780

**WKRP:** 1-888-794-5820

**Western Region for Economic Assistance:** 1-888-627-0430

### **Tribal IM Agencies:**

- Bad River Band of Lake Superior Tribe of Chippewa Indians: 715-682-7127
- Forest County Potawatomi Community: 715-478-7292
- Lac Courte Oreilles Band of Lake Superior Tribe of Chippewa Indians of Wisconsin: 715-634-8934
- Lac du Flambeau Band of Lake Superior Tribe of Chippewa Indians: 715-588-9635
- Menominee Indian Tribe of Wisconsin: 715-799-5137
- Oneida Tribe of Indians of Wisconsin: 800-216-3216
- Red Cliff Band of Lake Superior Chippewa: 715-779-3706
- Sokaogon Chippewa Community: 715-478-3265
- Stockbridge-Munsee Community: 715-793-4885

## 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 1-800-472-1638.

### How long do I have to ask for a hearing?

The Division of Hearing and Appeals must get your request for a hearing about the decision in this letter within 45 days of your benefits ending.

### 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.

### How do I ask for a hearing?

You can ask for a fair hearing and/or a hearing request form from your agency. Or you can get a request form at [dhs.wisconsin.gov/forwardhealth/customerhelp/index.htm](https://dhs.wisconsin.gov/forwardhealth/customerhelp/index.htm). You can send the form or a letter asking for a hearing to the Division of Hearing and Appeals, PO Box 7875, Madison, WI 53707-7875, or fax it to 608-264-9885.