

YOUR RIGHTS AND RESPONSIBILITIES FOR HEALTH CARE (MEDICAID, BADGERCARE PLUS, FAMILY PLANNING ONLY) / FOODSHARE

YOU HAVE THE RIGHT TO A WRITTEN NOTICE from this agency before any action is taken to stop or reduce your health care (Medicaid, BadgerCare Plus, Family Planning Only Services) or FoodShare benefits. For most actions, you will receive a letter at least 10 days before the action is taken.

YOU MAY REQUEST A FAIR HEARING FOR HEALTH CARE OR FOODSHARE BENEFITS if you disagree with any agency action. You may request a fair hearing in writing or in person with the agency listed on the front of this notice. For FoodShare, your agency can take your request verbally. You may also request a fair hearing by writing to the Department of Administration, Division of Hearings and Appeals, PO Box 7875, Madison, WI 53707-7875 or by calling 608-266-7790. As provided by Wis. Admin. Code § HA 3.03, your request must be received: (1) within 45 days of the action's effective date for health care and (2) within 90 days of the agency's effective date for FoodShare or at any time while you are getting FoodShare benefits if you do not agree with the amount of your benefits.

In most cases, if your fair hearing request is received by the Division of Hearings and Appeals prior to the action's effective date, your health care and/or FoodShare benefits will not stop or be reduced. Your benefits will continue, at least, until a decision is made about your appeal. During this time, if another unrelated change occurs, your health care or FoodShare benefits may change. If another change occurs, you will get a new letter. If you are not satisfied with the fair hearing decision, you may appeal and request a second fair hearing. If the fair hearing decision ends or reduces your benefits, you may have to repay any benefits you got while your appeal was pending. You may ask not to receive continued benefits.

YOU MAY REPRESENT YOURSELF OR BE REPRESENTED at the hearing or conference by an attorney, friend, or anyone else you choose. We cannot pay for your attorney. However, free legal services may be available to you if you qualify.

If you fail to appear or your representative fails to appear at the hearing without good cause, your appeal is considered abandoned and will be dismissed.

IF YOU ARE RECEIVING HEALTH CARE BENEFITS, you must cooperate with the child support agency, unless you have a good cause reason. Your worker can provide more information about child support cooperation. Even if you are not able to enroll in health care, help is available to get or increase your child support payments. Contact your county child support agency for more information.

COMPUTER CHECK: If you work, the wages you report will be checked by computer against the wages your employer reports to the Department of Workforce Development. The Internal Revenue Service, Social Security Administration, Unemployment Insurance Division, and Department of Transportation may also be contacted about income and assets you may have.

IF YOU ARE ENROLLED IN HEALTH CARE PROGRAM, each time you go to a BadgerCare Plus or Medicaid provider you may be asked to see your ForwardHealth card. For some services, you may have to pay a copay to the provider. The amount will depend on the type of service and the cost of the service cost. Your provider should tell you if a copay is required or if a service is not covered by your health care plan. If you have questions about your health care plan, contact Member Services at 800-362-3002.

IF YOU RECEIVE BENEFITS OR SERVICES, you must follow these rules:

- **DO NOT** give false information or hide information to get or continue to get benefits.
- **DO NOT** trade or sell FoodShare benefits (QUEST Card) or ForwardHealth cards.
- **DO NOT** alter cards to get benefits you are not entitled to receive.
- **DO NOT** use FoodShare benefits to buy ineligible items, like alcohol or tobacco.
- **DO NOT** use someone else's QUEST Card or ForwardHealth card.

FOODSHARE PENALTY WARNING

Any member of your household who intentionally breaks any of the following rules can be barred from FoodShare for 12 months after the first violation, 24 months after the second violation or for the first violation involving a controlled substance, and permanently for the third violation.

- Giving false information or hiding information to get or continue to get FoodShare benefits,
- Trading or selling FoodShare benefits,
- Using FoodShare benefits to buy nonfood items like alcohol or tobacco,
- Using another person’s FoodShare benefits, identification cards or other documentation.

Depending on the value of the misused benefits, you can also be fined up to \$250,000, imprisoned up to 20 years or both. A court can also bar you from FoodShare Wisconsin for an additional 18 months. You will be permanently disqualified if you are convicted of trafficking FoodShare benefits of \$500 or more. You will not be able to take part in FoodShare Wisconsin for 10 years if you are found to have made a fraudulent statement or representation with respect to identity and residence to receive multiple benefits at the same time. Fleeing felons and probation/parole violators are not able to take part in FoodShare Wisconsin. You may also be subject to further prosecution under other applicable federal laws.

If you trade (buy or sell) FoodShare benefits for a controlled substance/illegal drugs, you will be barred from the FoodShare program for a period of 2 years for the first finding and permanently for the second finding. If you trade (buy or sell) firearms, ammunition or explosives, you will be barred from FoodShare Wisconsin permanently.

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| RE: Federal Regulations Wisconsin Statutes | 7 CFR 273, 42 CFR 431, 42 CFR 433, 42 CFR 435 49.22, 49.45, 49.49, 49.95 |
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USDA Joint Nondiscrimination Statement

This institution is prohibited from discriminating on the basis of race, color, national origin, disability, age, sex and in some cases religion or political beliefs.

The U.S. Department of Agriculture also prohibits discrimination based on race, color, national origin, sex, religious creed, disability, age, political beliefs or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](#), (AD-3027), found online at: [How to File a Complaint](#), and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

- (1) mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410
- (2) fax: (202) 690-7442; or
- (3) email: program.intake@usda.gov.

For any other information dealing with Supplemental Nutrition Assistance Program (SNAP) issues, persons should either contact the USDA SNAP Hotline Number at (800) 221-5689, which is also in Spanish or call the [State Information/Hotline Numbers](#) (click the link for a listing of hotline numbers by State); found online at: [SNAP Hotline](#).

To file a complaint of discrimination regarding a program receiving Federal financial assistance through the U.S. Department of Health and Human Services (HHS), write: HHS Director, Office for Civil Rights, Room 515-F, 200 Independence Avenue, S.W., Washington, D.C. 20201 or call (202) 619-0403 (voice) or (800) 537-7697 (TTY).

This institution is an equal opportunity provider.