



Date: January 30, 2026

DMS Operations Memo 26-02

To: Income Maintenance Supervisors
Income Maintenance Lead Workers
Income Maintenance Staff

Affected Programs:

<input checked="" type="checkbox"/> BadgerCare Plus	<input type="checkbox"/> Caretaker Supplement
<input type="checkbox"/> FoodShare	<input type="checkbox"/> FoodShare Employment
<input checked="" type="checkbox"/> Medicaid	and Training
<input checked="" type="checkbox"/> SeniorCare	

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2026 Federal Poverty Level Changes for ForwardHealth Programs

CROSS REFERENCE

- BadgerCare Plus Eligibility Handbook, [Section 48.1 BadgerCare Plus Children's Premium Tables](#) and [Section 50.1 Federal Poverty Level Table](#)
- Medicaid Eligibility Handbook, [Section 39.5 FPL Table](#), and [Section 39.11 SeniorCare Income Limits](#)

EFFECTIVE DATE

Refer to the specific effective dates listed with the individual tables below.

PURPOSE

This operations memo provides income maintenance (IM) agencies with information about the 2026 Federal Poverty Level (FPL) income guidelines for the BadgerCare Plus, Medicaid and SeniorCare programs, as well as the updated tables, effective dates, and cross references for these programs.

BACKGROUND

The U.S. Department of Health and Human Services published its annual update of the Poverty Income Guidelines, also called the Federal Poverty Level Guidelines, on January 13, 2026. These guidelines are available at the following website: <https://aspe.hhs.gov/poverty-guidelines>.

Income limits and other amounts used in eligibility determinations for BadgerCare Plus, certain categories of Medicaid, and SeniorCare are based on the FPL. The increase in the FPL will result in changes to the BadgerCare Plus, Medicaid, and SeniorCare income limits as specified in this memo. However, the increase in the FPL will not result in changes to BadgerCare Plus premium amounts, other than increasing the 5% premium caps for children.

This year's increase in FPL will not change the 5% copay limit for BadgerCare Plus, Medicaid for the Elderly, Blind, or Disabled (EBD Medicaid), and SSI Medicaid members.

POLICY

Income limits and other amounts based on the FPL will be effective on the date provided with each individual table. The BadgerCare Plus Eligibility Handbook and Medicaid Eligibility Handbook will be updated in future handbook releases to reflect these changes.

The annual FPL mass change will automatically redetermine eligibility in February 2026 using the new FPL income guidelines. The mass change will occur during the weekend of February 7, 2026. The new FPL income guidelines will be used for applications or when a person is added to a case and eligibility is determined in CARES Worker Web (CWW) on or after February 1, 2026. For ongoing cases, the new FPL limits will also be used when eligibility is determined retroactively for the months of February and March of 2026.

When ongoing cases are updated in CWW with the new income limits, the earliest affected benefit month will be March 2026. Eligibility must be redetermined for members that could have benefited from the higher limits in February or March with the 2026 FPL limits listed in the tables below.

BADGERCARE PLUS AND PREMIUMS

The updated BadgerCare Plus income limits (based on the 2026 FPL guidelines) are effective on February 1, 2026. Some BadgerCare Plus members failing eligibility for February 2026 will become eligible due to the increase in the income limits. As a result of the updated income limits, effective March 1, 2026, a portion of the BadgerCare Plus families who pay premiums for children will no longer owe premiums or will owe lower premiums for March.

The 2026 5% premium caps for BadgerCare Plus children's premiums for newly eligible individuals will be effective February 1, 2026, for those individuals enrolled on or after February 1, 2026. For ongoing cases, the 2026 premium caps will not take effect until March 1, 2026, in order to meet notice requirements.

MEDICARE SAVINGS PROGRAMS, MEDICAID PURCHASE PLAN, AND MEDICALLY NEEDY INCOME LIMIT

For Medicare Savings Programs categories and Medicaid Purchase Plan (MAPP), the new income limits based on the 2026 FPL guidelines are effective February 1, 2026. The medically needy income limit for Supplemental Security Income (SSI)-Related Medicaid is also effective February 1, 2026. In addition, the new MAPP premium payment threshold will be effective February 1, 2026.

A few Specified Low-Income Medicare Beneficiaries may become eligible as Qualified Medicare Beneficiaries (QMB) due to the increase in the income limits.

A few Specified Low-Income Medicare Beneficiary Plus (SLMB+) members may become eligible as Specified Low-Income Medicare Beneficiaries due to the increase in the income limits.

A few individuals who applied in January and were denied SLMB+ benefits may become eligible as a Specified Low-Income Medicare Beneficiary due to the increased income limits.

A few individuals who applied in January and were denied SLMB+ benefits may become eligible for SLMB+ due to the increased income limits.

***SPOUSAL IMPOVERISHMENT COMMUNITY SPOUSE INCOME ALLOWANCE AND
SPOUSAL IMPOVERISHMENT FAMILY MEMBER INCOME ALLOWANCE***

Changes to the spousal impoverishment community spouse income allowance minimum allocation, shelter base amount, and spousal impoverishment family member income allowance are effective July 1, 2026. A separate operations memo will be issued in late spring 2026 with information about the changed amounts and the mass change that will affect July benefits.

NEW INCOME LIMITS

The following tables show the new income limits for BadgerCare Plus and specific categories of Medicaid.

QUALIFIED MEDICARE BENEFICIARY (QMB)

- **Effective Date:** February 1, 2026
- **Cross Reference:** Medicaid Eligibility Handbook, [Section 39.5 FPL Table](#)

Group Size	2025 Limit (100%)	2026 Limit (100%)
1	\$1,304.17	\$1,330.00
2	\$1,762.50	\$1,803.33

QUALIFIED DISABLED AND WORKING INDIVIDUAL (QDWI)

- **Effective Date:** February 1, 2026
- **Cross Reference:** Medicaid Eligibility Handbook, [Section 39.5 FPL Table](#)

Group Size	2025 Limit (200%)	2026 Limit (200%)
1	\$2,608.34	\$2,660.00
2	\$3,525.00	\$3,606.66

SPECIFIED LOW-INCOME MEDICARE BENEFICIARY (SLMB)

- **Effective Date:** February 1, 2026
- **Cross Reference:** Medicaid Eligibility Handbook, [Section 39.5 FPL Table](#)

Group Size	2025 Limit (120%)	2026 Limit (120%)
1	\$1,565.00	\$1,596.00
2	\$2,115.00	\$2,164.00

SPECIFIED LOW-INCOME MEDICARE BENEFICIARY PLUS (SLMB+)

- **Effective Date:** February 1, 2026
- **Cross Reference:** Medicaid Eligibility Handbook, [Section 39.5 FPL Table](#)

Group Size	2025 Limit (135%)	2026 Limit (135%)
1	\$1,760.63	\$1,795.50
2	\$2,379.38	\$2,434.50

MEDICAID PURCHASE PLAN (MAPP)

- **Effective Date:** February 1, 2026
- **Cross Reference:** Medicaid Eligibility Handbook, [Section 39.5 FPL Table](#)

Income limits for MAPP are based on 250% of the FPL for applicants and members. Individuals above 100% of the FPL may need to pay a premium in order to participate in the MAPP program.

Group Size	2025 Limit (250%)	2026 Limit (250%)	2025 MAPP Premium Payment Threshold (100%)	2026 MAPP Premium Payment Threshold (100%)
1	\$3,260.43	\$3,325.00	\$1,304.17	\$1,330.00
2	\$4,406.25	\$4,508.33	N/A	N/A
3	\$5,552.08	\$5,691.68	N/A	N/A
4	\$6,697.93	\$6,875.00	N/A	N/A
5	\$7,843.75	\$8,058.33	N/A	N/A
6	\$8,989.58	\$9,241.68	N/A	N/A
7	\$10,135.43	\$10,425.00	N/A	N/A
8	\$11,281.25	\$11,608.33	N/A	N/A
9	\$12,427.08	\$12,791.68	N/A	N/A
10	\$13,572.93	\$13,975.00	N/A	N/A
For each additional person	\$1,145.83	\$1,183.33	N/A	N/A

MEDICALLY NEEDY INCOME LIMIT FOR SSI-RELATED MEDICAID

- **Effective Date:** February 1, 2026
- **Cross Reference:** Medicaid Eligibility Handbook, [Section 39.4.1 Elderly, Blind, or Disabled Assets and Income Table](#)

Group Size	2025 Limit (100%)	2026 Limit (100%)
1	\$1,304.17	\$1,330.00
2	\$1,762.50	\$1,803.33

FAMILY PLANNING ONLY SERVICES AND FAMILY PLANNING ONLY SERVICES PRESUMPTIVE ELIGIBILITY

- **Effective Date:** February 1, 2026
- **Cross Reference:** BadgerCare Plus Eligibility Handbook, [Section 50.1 Federal Poverty Level Table](#)

Group Size	2025 Limit Family Planning Only Services (FPOS) and FPOS Presumptive Eligibility (306%)	2026 Limit Family Planning Only Services (FPOS) and FPOS Presumptive Eligibility (306%)
1	\$3,990.76	\$4,069.80

BADGERCARE PLUS INCOME LIMITS

- **Effective Date:** February 1, 2026
- **Cross Reference:** BadgerCare Plus Eligibility Handbook, [Section 7.1 Health Insurance Conditions of Eligibility](#), [Section 16.1.2 Income Under Modified Adjusted Gross Income Rules](#), [Section 19.1 BadgerCare Plus Premiums for Children](#), and [Section 25.8.1 Backdated Eligibility](#)

Group Size	2026 Limit Adults (100%)	2026 Limit Children Over Age 5 (156%)	2026 Limit Children Ages 1 to 5 (191%)	2026 Children's Premium Payment Threshold (201%)	2026 Limit for Pregnant Women and Children (306%)
1	\$1,330.00	\$2,074.80	\$2,540.30	\$2,673.30	\$4,069.80
2	\$1,803.33	\$2,813.19	\$3,444.36	\$3,624.69	\$5,518.19
3	\$2,276.67	\$3,551.61	\$4,348.44	\$4,576.11	\$6,966.61
4	\$2,750.00	\$4,290.00	\$5,252.50	\$5,527.50	\$8,415.00
5	\$3,223.33	\$5,028.39	\$6,156.56	\$6,478.89	\$9,863.39
6	\$3,696.67	\$5,766.81	\$7,060.64	\$7,430.31	\$11,311.81
7	\$4,170.00	\$6,505.20	\$7,964.70	\$8,381.70	\$12,760.20
8	\$4,643.33	\$7,243.59	\$8,868.76	\$9,333.09	\$14,208.59
9	\$5,116.67	\$7,982.01	\$9,772.84	\$10,284.51	\$15,657.01
10	\$5,590.00	\$8,720.40	\$10,676.90	\$11,235.90	\$17,105.40
For each additional person	\$473.33	\$738.39	\$904.06	\$951.39	\$1,448.39

SENIORCARE

- **Effective Date:** February 1, 2026
- **Cross Reference:** Medicaid Eligibility Handbook, [Section 39.11 SeniorCare Income Limits](#)

Level 1 Annual Income No Greater Than 160% of the Federal Poverty Level

Group Size	2025 (160%)	2026 (160%)
1	\$25,040	\$25,536
2	\$33,840	\$34,624

Level 2a Annual Income Above 160% but No Greater Than 200% of the Federal Poverty Level

Group Size	2025 160%–200%	2026 160%–200%
1	\$25,041 to \$31,300	\$25,537 to \$31,920
2	\$33,841 to \$42,300	\$34,625 to \$43,280

Level 2b Annual Income Above 200% but No Greater Than 240% of the Federal Poverty Level

Group Size	2025 200%–240%	2026 200%–240%
1	\$31,301 to \$37,560	\$31,921 to \$38,304
2	\$42,301 to \$50,760	\$43,281 to \$51,936

Level 3 Annual Income Above 240% of the Federal Poverty Level

Group Size	2025 > 240%	2026 > 240%
1	\$37,561 or greater	\$38,305 or greater
2	\$50,761 or greater	\$51,937 or greater

BADGERCARE PLUS PREMIUMS

Ongoing Cases

The increase in the premium caps for children is effective March 1, 2026.

New Applications

The increase in the premium caps for children newly eligible for BadgerCare Plus will be effective February 1, 2026, for those enrolled on or after February 1, 2026.

5% Premium Caps for Children

- **Effective Date:** February 1, 2026
- **Cross Reference:** BadgerCare Plus Eligibility Handbook, [Section 48.1.3 Five Percent Premium Caps for Children](#)

Note: Premiums for families with incomes below 300% are rounded down to the nearest dollar.

Group Size	201–211%	211–221%	221–231%	231–241%	241–251%	251–261%	261–271%	271–281%	281–291%	291–301%	301–306%
1	\$133	\$140	\$146	\$153	\$160	\$166	\$173	\$180	\$186	\$193	\$200
2	\$181	\$190	\$199	\$208	\$217	\$226	\$235	\$244	\$253	\$262	\$271
3	\$228	\$240	\$251	\$262	\$274	\$285	\$297	\$308	\$319	\$331	\$342
4	\$276	\$290	\$303	\$317	\$331	\$345	\$358	\$372	\$386	\$400	\$413
5	\$323	\$340	\$356	\$372	\$388	\$404	\$420	\$436	\$452	\$468	\$485
6	\$371	\$389	\$408	\$426	\$445	\$463	\$482	\$500	\$519	\$537	\$556
7	\$419	\$439	\$460	\$481	\$502	\$523	\$544	\$565	\$585	\$606	\$627
8	\$466	\$489	\$513	\$536	\$559	\$582	\$605	\$629	\$652	\$675	\$698
9	\$514	\$539	\$565	\$590	\$616	\$642	\$667	\$693	\$718	\$744	\$770
10	\$561	\$589	\$617	\$645	\$673	\$701	\$729	\$757	\$785	\$813	\$841
11	\$609	\$639	\$669	\$700	\$730	\$760	\$791	\$821	\$851	\$882	\$912
12	\$656	\$689	\$722	\$754	\$787	\$820	\$853	\$885	\$918	\$951	\$983
13	\$704	\$739	\$774	\$809	\$844	\$879	\$914	\$949	\$984	\$1,019	\$1,055
14	\$752	\$789	\$826	\$864	\$901	\$939	\$976	\$1,013	\$1,051	\$1,088	\$1,126

CONTACTS

DHS CARES Problem Resolution Team

DHS/DMS/BEEP/NAH

DHS/DMS/BEOT/JN