

H.R. 1 Impacts on Wisconsin Medicaid and FoodShare – What's New in 2026

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***Disclaimer:**

The information in this presentation is current as of **October 5, 2026**. Implementation of H.R. 1 and other legislation discussed herein continues to evolve.

The interpretation and implementation guidance for H.R. 1 is neither complete nor certain. This training is subject to change.

The sources used to inform this training include the actual bill, laws and regulations, Congressional Budget Office reports, the CMS Interim Final Rule and September 8, 2026 implementation commentary (Section 71119 of WFTC Legislation), and analysis from the Wisconsin Department of Health Services.

Agenda

- I. Overview – What's New in 2026
- II. Federal Changes Due to H.R. 1 since September 2025
 - A. Work Requirement Implementation
 - B. Eligibility Changes
 - C. Retroactive Coverage
 - D. ABLE Account Changes
- III. Other Federal Changes Impacting Wisconsin Medicaid
- IV. FoodShare Changes Due to H.R. 1 since September 2025

I. Overview – What's New in 2026?

- House Resolution Bill 1 (H.R. 1), also referred to as the One Big Beautiful Bill Act (OBBBA), the Budget Reconciliation Act of 2025, or the Working Families Tax Cut Act, was signed into law on July 4, 2025.
- Among other policies, H.R. 1 mandated changes to Medicaid programs nationwide.

- Last fall, there were unanswered questions regarding if and how provisions of H.R. 1 would impact Wisconsin's Medicaid programs.
- Through CMS and other agencies, the Federal government issued guidance to the states regarding implementation. State agencies are working to implement those changes.

Timeline – What Happened in 2025:

- H.R. 1 was first introduced in the U.S. House of Representatives on May 20, 2025.
- Passed the House on May 22, 2025.
- Passed the Senate on July 1, 2025, but with amendments.
- The House adopted Senate amendments on July 3, 2025.
- H.R. 1 was signed into law by President Trump on July 4, 2025.
- December 2025: CMS issued the initial community engagement implementation bulletin.

Timeline – What's New in 2026:

- March 2026: CMS issued guidance on six-month eligibility redeterminations.
- April – July 2026: CMS issued guidance concerning immigration eligibility, provider taxes and related implementation.
- June 1, 2026: CMS issued the Medicaid Community Engagement Requirement for Certain Individuals Interim Final Rule with Comment Period (CMS-2454-IFC).
- June - July 2026 – Wisconsin DHS published Wisconsin-specific rules, exemptions, screening tools and outreach plans.
- September 2026 – CMS published guidance on the Medical Frailty Exemption from Medicaid Work Requirements
- October 1, 2026 – Eligibility changes for certain non-citizens enacted.
- January 1, 2027 - States must implement the community engagement/work requirement.

II. A. H.R. 1 Medicaid Work Requirements

What is the Work Requirement?

- H.R. 1 adds a work requirement as an additional eligibility criteria for non-pregnant adults between the ages of 19 and 64 in certain Medicaid programs as of **January 1, 2027**.
- Federal law refers to this requirement as “community engagement.” Wisconsin uses the “work requirement” terminology.

What is the Work Requirement?

- Affected Medicaid applicants and enrollees will be required to demonstrate 80 hours per month of qualifying activities **or** meet an exemption.

Qualified Activities - How is the Work Requirement Met?

- If they are not exempt, an individual can meet the work requirement by doing any of the following for one month:
 - Working 80 or more hours. This includes self-employment, in-kind work, or unpaid work such as internships.
 - Volunteering.
 - Participating in a work program that assists with learning new skills and supporting career development.
 - Going to school or attending an educational program at least half-time in a single month since they were last approved for health care coverage.
 - Getting at least \$580 in income in a single month since the last time they were approved.

How is the Work Requirement Met?

- Note: H.R. 1 does not include getting unemployment compensation as a reason that someone can be exempt from the work requirement.
- However, according to guidance published by Wisconsin DHS, someone can meet the work requirement by having \$580 in income in a month, and unemployment compensation counts as income. Receiving at least \$580 in unemployment compensation/month, or in unemployment plus other sources of income, could meet the work requirement.

When is the Work Requirement Met?

- H.R. 1 requires applicable individuals to demonstrate compliance with work requirements for at least one month, up to three months, during the period between the last scheduled redetermination and the current determination.
- Wisconsin adopted a **one-month** look-back period.

When is the Work Requirement Met?

- In Wisconsin, **new applicants** must meet the work requirement or be exempt in the month prior to the month of application.
- **Current members** must meet the work requirement or be exempt for **one month** since they were last approved for coverage, whether at renewal or application.
- In Wisconsin, applicants and current members do not have to meet the work requirement every month.

When is the Work Requirement Met?

- Wisconsin does not require the member or applicant to prove they meet the work requirement or have an exemption every month.
- Guidance from Wisconsin DHS states they will check for compliance or an exemption when someone first applies and then will check annually at renewal.

Meeting the Work Requirement – Verification:

- Wisconsin DHS recently released additional guidance stating they will attempt to use all available information through data sources to determine compliance with the work requirement before asking an individual to take action.
- Where self-attestation is acceptable, DHS states verification will only be required if deemed questionable.
- According to DHS, self-attestation is acceptable to verify volunteer hours and work program participation hours.

Meeting the Work Requirement – Verification:

- Per recent DHS guidance, verification of work hours can be obtained from data sources, if available. If hours cannot be obtained from available data sources, verification will be requested. A person can verify work hours by submitting documentation such as pay stubs.
- For individuals meeting the work requirement with school enrollment, applicants/members will need to provide documentation from the educational program verifying their enrollment status, credit hours or educational activity hours.
- According to DHS, existing policy for verifying income will continue to be used to verify income of at least \$580.

To Whom Does the Work Requirement Apply?

- The work requirement is a condition to Medicaid eligibility for adults in the Affordable Care Act (ACA) Medicaid expansion group and certain enrollees in Medicaid Section 1115 waiver programs.
- Wisconsin is not an ACA expansion state.
- Wisconsin's BadgerCare Plus for Childless Adult population is a Section 1115 waiver population.

To Whom Does the Work Requirement Apply?

- In Wisconsin, the work requirement applies to the BadgerCare Plus “childless adult” eligibility group.
- This includes members who are age 19 through 64, are not pregnant, are not entitled to or enrolled in Medicare, have no dependent children under age 19 in their home, and are not a specified excluded individual.

Who is Not Subject to the Work Requirement?

- Individuals younger than 19 or older than 64;
- Any adult who has Wisconsin Medicaid coverage other than BadgerCare Plus, including people enrolled in or enrolling in:
 - Long-term care or Home and Community-Based Services programs such as Family Care and I.R.I.S.
 - Institutional Medicaid
 - Programs for older adults and people with disabilities (Medicaid Purchase Plan/MAPP, Medicare Savings Programs, SeniorCare, Katie Beckett Medicaid)
 - Supplemental Security Income (SSI)-Related Medicaid
 - Limited-benefit plans (Family Planning Only Services, Emergency Services Medicaid, Tuberculosis-Only Medicaid, Wisconsin Well Woman Medicaid, BadgerCare Plus Prenatal Plan);

Who is Not Subject to the Work Requirement?

- A parent or guardian of a child under age 19 who lives with the member/applicant at least 40% of the time;
- Pregnant or was pregnant in the last 12 months;
- Someone who has been determined to have a disability;
- Someone who is a specifically excluded (exempt) individual.

Who is Exempt from the Work Requirement?

- **Specifically excluded** individuals exempt from the work requirement include:
 - American Indians and Alaska Natives.
 - Caregivers of a dependent child under age 14 or a disabled individual.
 - Someone who is pregnant or was pregnant in the last 12 months.
 - Veterans with a total (100%) disability rating.
 - Participants in certain drug addiction or alcoholic treatment and rehabilitation programs.
 - Individuals who are **medically frail** or otherwise have special medical needs.
 - Inmates of a public institution (in prison or in jail).
 - Individuals who were an inmate in prison or jail during the preceding three-month period.
 - Individuals in compliance with Temporary Assistance for Needy Families (TANF) Wisconsin Works (W-2) work requirements.
 - Members of a household receiving FoodShare who are not exempt from FoodShare work requirements.
 - Individuals experiencing a qualifying short-term hardship.

Who is Exempt from the Work Requirement? – Medically Frail

- H.R. 1 does not fully define medical frailty. It does exempt an individual “[w]ho is **medically frail** or otherwise has special medical needs (as defined by the Secretary).” The law provides that medically frail individuals include those:
 - Who are blind or disabled as defined by SSA.
 - With a substance abuse disorder.
 - With a disabling mental disorder.
 - With a physical, intellectual or developmental disability that significantly impairs their ability to perform one or more activities of daily living.
 - With a serious or complex medical condition.

Who is Exempt from the Work Requirement? – Medically Frail

- On June 1, 2026, the Centers for Medicare and Medicaid Services (CMS) issued an interim final rule (IFC) to guide state implementation of Medicaid work requirements.
- This rule requires states to consider not just whether the individual falls into one of the five categories described in the statute, but also whether the individual's condition impairs their ability to engage in community engagement activities (including but not limited to work). This requirement applies to all the medically frail categories.

Who is Exempt from the Work Requirement? – Medically Frail

- On September 8, 2026, the Centers for Medicare and Medicaid Services (CMS) issued new guidance that provides states with a framework for implementing the medical frailty exclusion. [Implementing Medical Frailty Under Community Engagement \(Section 71119 of WFTC Legislation\)](#)
- In this guidance, CMS reiterated that an individual in one of the five categories is considered “medically frail” only if the individual’s physical, mental or other behavioral health condition significantly impairs the individual’s ability to comply with the work requirement, and this requirement applies to all the medically frail categories.
- CMS is not providing states with flexibility to include populations beyond the five categories included in the statute.

Who is Exempt from the Work Requirement? – Medically Frail

- CMS also defined a “serious or complex medical condition” in this guidance as a medical condition that is:
 - “[L]ife threatening, seriously disabling without necessarily being life threatening, causing significant pain or discomfort that can cause serious interruptions to life activities, requiring a major time or effort commitment from caregivers for a substantial period of time, requiring frequent monitoring associated with severe consequences or negative consequences for someone else, affecting multiple organ systems, requiring management to tight physiological parameters, requiring coordination of multiple specialties, requiring treatment that carries a risk of serious complications, or requiring adjustments in non-medical environments.”
 - [Implementing Medical Frailty Under Community Engagement \(Section 71119 of WFTC Legislation\)](#)

Who is Exempt from the Work Requirement? – Medically Frail

- The most recent CMS guidance also required that states must develop a list of diseases, diagnoses, disorders, or other health conditions to identify individuals who are medically frail.
- The list must be auditable, justifiable, and consistent with the definition of medically frail established at 42 CFR 435.554(c) (5)(i)A through E, and the list must be revised on a regular basis to add or remove conditions based on the state's experience applying this exclusion.
- If an individual does not have a condition on this list, states must have reasonable processes and criteria in place for individuals to request consideration for the medically frail exclusion.

Who is Exempt from the Work Requirement? – Medically Frail

- The most recent CMS guidance clarified how states must verify medical frailty.
- **Before January 1, 2028**, states may require documentation or may accept a statement or other information provided under penalty of perjury (self declaration or self attestation) each time the state verifies the individual's medically frail status.
- However, beginning on January 1, 2028, the state may accept a self declaration/self attestation only once during the beneficiary's period of enrollment (defined as continuous period of enrollment in coverage under the state plan or waiver without the individual being disenrolled). At the individual's first renewal thereafter and each subsequent verification, the individual's medically frail status must be verified using reliable information available to the state or documentation submitted by/on behalf of the individual.
- States must reverify an individual's medical frailty status at least every 12 months.

Who is Exempt from the Work Requirement? – Legal Challenges to Medical Frailty Exemption

- Note: As of October 5, 2026, the medical frailty exemption is the subject of federal litigation.
- Attorneys General from 25 states (including Wisconsin) and the District of Columbia sued the Centers for Medicare & Medicaid Services, the U.S. Department of Health & Human Services, and their respective officers.
- Plaintiffs allege the Interim Final Rule implements a two-part test to meet this exemption by requiring a qualifying condition and functional limitation. Plaintiffs allege this interpretation goes beyond the plain language reading of the statute, which provides a broad rather than narrow exclusion for people who are medically frail.
- The case, *Massachusetts v. Oz*, is pending in the United States District Court for the District of Massachusetts. The judge recently denied Plaintiffs' request for a preliminary injunction. A hearing on Plaintiff's Motion for Summary Judgment is scheduled for **October 20, 2026**.

Who is Exempt from the Work Requirement? – Legal Challenges to Medical Frailty Exemption

- A similar case, *Taylor et al. v. Kennedy, Jr. et al*, was filed on September 18, 2026, in federal district Court in Maryland by five Medicaid enrollees, American College of Physicians, American Academy of Pediatrics, Society of Adolescent Health and Medicine, Doctors for America, and the City of Columbus. [Taylor-et-al.-v.-Kennedy-Jr.-et-al_Complaint.pdf](#)
- Plaintiffs in this case allege several parts of the federal rule implementing Medicaid work and community engagement requirements violates the Administrative Procedure Act. They also argue several parts of the rule are inconsistent with the statutory Medicaid work requirements and will make it harder for vulnerable Americans to maintain coverage they should otherwise qualify for.
- That case remains pending. Only the Complaint has been filed thus far.

Who is Exempt from the Work Requirement? – Short Term Hardship

- Federal law permits states to allow additional short-term hardship exemptions in up to four categories:
 - 1 – Individuals receiving inpatient care;
 - 2 – Individuals residing in a county or local jurisdiction with an emergency or disaster declared by the President;
 - 3 – Individuals residing in a county or local jurisdiction with an unemployment rate at or above the lesser of 8% or 1.5x the national rate;
 - 4 – Individuals who must travel outside their community for an extended period to receive medical services necessary for themselves or their dependent that are not available in their community.
- Guidance from Wisconsin DHS shows Wisconsin intends to offer short-term hardship exemptions in all four categories.

Who is Exempt from the Work Requirement? – Short Term Hardship

- Note: States are not allowed to add exemptions beyond what is established in federal law.
- Homelessness was not included in H.R. 1 as a reason someone can be exempt from the work requirement or cause for short-term hardship as defined in this law.
- Applicants or members who are homeless will still need to meet the work requirement unless they have an exemption on other grounds.

Assessing Compliance

- Wisconsin DHS recently shared guidance regarding how they will assess compliance with the work requirement or exemption.
- They will attempt to use all available information, including claims data and other data sources, to determine compliance or establish an exemption before asking an individual to act.
- Providers will not have to complete DHS forms for medical exemptions.
- Members may need to provide self-attestation regarding a serious or complex medical condition or medical frailty.

Assessing Compliance – Verification

- On September 22, 2026, Wisconsin DHS recently shared additional guidance regarding verification of specific exemptions.
- DHS states exemptions will be applied if the information is verifiable through data exchanges or must be provided by DHS for individuals who meet the requirements for enrollment in Medicaid as former foster care youth; are in compliance with the TANF W-2 work requirements; are a member of a household receiving FoodShare who are not exempt from FoodShare work requirements; are residing in a county affected by an emergency or disaster declared by the President; live in an area where the unemployment rate is at or above 8% or 1.5 times the national unemployment rate, whichever is lower; are under age 19; were enrolled in another full-benefit Medicaid eligibility group; are blind or have been determined to be disabled by the Social Security Administration.

Assessing Compliance – Verification

- On September 22, 2026, Wisconsin DHS recently shared additional guidance regarding verification of specific exemptions.
- Individuals exempt due to pregnancy and postpartum status may report a pregnancy and verification is not required. The exemption will be applied if the individual was previously enrolled in BadgerCare Plus as a pregnant person or if pregnancy and postpartum status is identified through medical claims data.
- Veterans with a total disability rating will need to provide documentation from the U.S. Department of Veterans Affairs, but permanent disability ratings will not be reverified at subsequent renewals.
- Individuals claiming exemption due to substance use disorder, disabling mental disorder, a physical, intellectual or developmental disability that significantly impairs their ability to perform one or more activities of daily living, or a serious or complex medical condition may report and self-attestation is acceptable. If the condition is identified through medical claims data, the exemption will be applied.

Assessing Compliance – Verification

- On September 22, 2026, Wisconsin DHS recently shared additional guidance regarding verification of specific exemptions.
- Individuals may report participation in a drug or alcohol treatment program and self-attestation is acceptable.
- Effective October 26, 2026, self-attestation of tribal status is acceptable.
- Currently incarcerated or recently released individuals may report and current processes will be used to verify if someone is incarcerated. Self-attestation is acceptable for recently released individuals.
- If an applicant reports they were enrolled in Medicare Part A or Part B in the month prior to the month of application and DHS does not have a record of the Medicare enrollment, self-attestation is acceptable.

Assessing Compliance – Individual Declaration

- Individuals will need to complete an individual declaration form to attest to the following exemptions:
 - Parent, guardian, caretaker relative, or family caregiver status.
 - Received inpatient care at a hospital, nursing facility, psychiatric hospital, or intermediate care facility for individuals with intellectual disabilities, or other similar inpatient services.
 - Individual or their dependent must travel outside of their community for an extended period of time to get medically necessary treatment for a serious or complex medical condition that was not available in their community.

Assessing Compliance

- States are required to provide notice of noncompliance to applicants and already eligible individuals.
- The individual has 30 days after receipt of the notice to show compliance or exemption.
- States must continue Medicaid during the 30-day period following receipt of notice.
- States must disenroll the person no later than the end of the month following the month in which the 30-day calendar period ends.
- States still must determine eligibility for any other Medicaid program before disenrolling the individual.
- States must still provide state fair hearing rights.

Implementation Timeline

- **August 2026** – WI DHS sends federally required Initial Member Notification letters to BadgerCare Plus adult members with no dependent children under 19 at home.
 - Letters are mailed and available in ACCESS/MyACCESS app
- **September 2026** – WI DHS sends text messages and emails reinforcing messages of August letters.
- **January 1, 2027** – Work requirements go into effect for new BadgerCare Plus applicants
- **March 2027** – Current members are affected by the work requirement at next scheduled renewal.

II. B. Eligibility Changes for Non-Citizens

Eligibility Changes:

- Section 71109 of H.R. 1 changed health care eligibility for non-citizens.
- It also eliminates Wisconsin's ability to claim Medicaid funding (federal financial participation/FFP) for certain adult non-citizens currently eligible for health care.
- Wisconsin issued further guidance on August 14, 2026, in DMS Operations Memo 26-29. [Operations Memo 26-29, Federally Required Health Care Eligibility Changes for Non-Citizens](#)
- Federal law now limits adult eligibility for federally-funded health care to the following groups: U.S. Citizens, U.S. nationals, Lawful permanent residents, Cuban and Haitian entrants and Compact of Free Association (COFA) citizens.
- Section 71109 of H.R. 1 did not change the ability for states to claim FFP for lawfully residing pregnant individuals and children.

Eligibility Changes:

- H.R. 1 changed who can get Medicaid as a non-U.S. citizen, removing eligibility for people with the following immigration statuses:
 - Refugees
 - Asylees
 - Parolees
 - Conditional entrants
 - Battered non-citizens
 - Trafficking victims and certain family members
 - Deportation (or removal) withheld
 - Amerasian
 - Foreign-born Tribal members

***These changes took effect on October 1, 2026.**

Eligibility Changes:

- Non-U.S. citizens with non-qualifying statuses could still qualify for BadgerCare Plus and Medicaid if they are under 19, or are under 21 and living in an institution for mental disease, or are pregnant.
- Eligibility for the BadgerCare Plus Prenatal Program is not changed.

Eligibility Changes:

- Members who become a U.S. citizen or lawful permanent resident can become eligible for Medicaid.
- Adult non-citizens in newly disqualified immigration status as of October 1, 2026, will have their status reverified by WI DHS in the months immediately preceding October 2026.
- Per DMS Operations Memo 26-29, adult non-citizens in impacted statuses may apply for backdated coverage for the months preceding October 2026 and current backdating rules apply. [Operations Memo 26-29, Federally Required Health Care Eligibility Changes for Non-Citizens](#)

Eligibility Changes – Emergency Services

- Recent Wisconsin guidance states eligibility for Emergency Services is not changed by H.R. 1.
- Non-citizens who are no longer in a qualifying status and experience a medical emergency may still qualify for Emergency Services. They must apply for Emergency Services to receive this coverage.

Eligibility Changes – Implementation Timeline:

- Beginning **October 1, 2026**, new Medicaid applicants with a newly non-qualifying status will not qualify for Medicaid.
- As of October 1, 2026, existing Medicaid members with a newly non-qualifying status will no longer qualify for Medicaid, unless they are under 19, are under age 21 and living in an institution for mental disease, or are pregnant.
- Wisconsin DHS indicates they will send letters to affected Medicaid members 90 days before October 1, 2026, and again 30 days before October 1, 2026. Members will receive a notice in the mail when their eligibility is changing.

Eligibility Changes – Implementation Timeline:

- Guidance from Wisconsin DHS indicates Wisconsin has been reverifying adult non-citizen's immigration statuses as needed, if they are potentially affected by the change.

II. C. Retroactive Coverage

Retroactive Coverage:

- H.R. 1 shortened the retroactive period for Medicaid coverage months for any individual determined eligible for Medicaid under that state's Medicaid plan.
- Where retroactive coverage is allowable, the current rule is three months prior to the month of application.
- For states in the expansion population (not Wisconsin), retroactive coverage is limited to one month.
- For those receiving Medicaid not in an expansion state, retroactive coverage is limited to two months.
- Publications from Wisconsin DHS note the new law will provide Medicaid members with two months of retroactive coverage. [Medicaid and FoodShare Partner Resources: Federal Changes | Wisconsin Department of Health Services](#)
- Projected implementation date is **January 1, 2027**.

II. D. ABLE Account Changes in H.R. 1

The ABLE-to-Work Provision

- H.R. 1 also included several changes to ABLE accounts that took immediate effect when the bill was signed on July 4, 2025.
- The **ABLE-to-Work provision**, which had been set to expire at the end of 2025, is now permanent. This provision allows employed individuals with disabilities to contribute additional income to their ABLE accounts beyond the \$19,000 annual gift tax limit, decoupling the ABLE contribution limit from the federal gift tax annual exclusion. ABLE limits now adjust independently, currently resulting in a \$20,000 annual contribution cap for 2026.
- Tax-free rollovers from 529 college savings plans into ABLE accounts are now permanent.
- ABLE account contributions are now eligible for the **Saver's Credit**, a federal income tax credit for making eligible contributions to an IRA or employer-sponsored retirement plan, and now also an ABLE account if the credit recipient is the designated beneficiary. Maximum eligible contributions and maximum credit amount increases go into effect in 2027.
- *Note, the ABLE Age Adjustment Act of 2022 took effect on January 1, 2026. This is not part of

Other Federal Changes – ABLE Age Adjustment Act goes into effect

- The ABLE Age Adjustment Act of 2022 took effect on January 1, 2026.
- This Act is not part of H.R. 1.
- This law amends Section 529A of the Achieving a Better Life Experience (ABLE) act to allow more individuals who have a disability to become eligible for an ABLE account effective January 1, 2026.
- The age of eligibility expands to allow individuals who have a disability before age 46 (increased from age 26) to be ABLE-eligible.

IV. H.R. 1 Impacts on SNAP (FoodShare) - New in 2026

Projected Impact Areas:

- **Program Administration**
- **Eligibility**
- **Elimination of SNAP-ed Program**

H.R. 1 Impacts to Program Administration

- Prior to H.R. 1, the federal government, through the USDA, helped fund states' administrative costs for running their respective SNAP programs, with a cap at 50% of the states' administrative costs.
- As of **October 1, 2026**, the federal government will shift half of its administrative costs for running FoodShare, increasing Wisconsin's share from 50% to 75%.

H.R. 1 Impacts to Program Administration

- Under H.R. 1, if a state's payment error rate is above 6%, the state will be required to pay 5-15% of SNAP benefit costs, depending on the error rate.
- In Wisconsin, FoodShare quality control staff review cases before they are confirmed to identify and address errors. Wisconsin estimates a potential need to invest in more quality control staff as the most cost-effective action Wisconsin can take to achieve and maintain an error rate below 6% and avoid more significant costs to Wisconsin taxpayers.
- If states achieve an error rate below 6% over the long-term, they do not have to pay for benefit costs.
- Increased benefits cost sharing is effective **October 1, 2027**, when the 6% error rate threshold takes effect.

Eligibility Changes:

- New federal requirements limit eligibility for FoodShare to the following groups:
 - U.S. Citizens
 - U.S. nationals
 - Lawful permanent residents (LPRs) including Amerasians, Cuban and Haitian entrants, and Compact of Free Association (COFA) Citizens.
- A person who has one of these immigration statuses is no longer eligible for FoodShare:
 - Conditional Entrant
 - Refugee or Special Immigrant
 - Asylee
 - Persons Paroled for at Least One Year
 - Persons Granted Withholding of Removal
 - VAWA Self-Petitioner
 - Foreign-Born Member of a Tribal Nation
 - Trafficking Victim or their family

***These changes took effect on July 1, 2026.**

Eligibility Changes – Able Bodied Working Adults (ABAWDS):

- Able Bodied Working Adults (ABAWDs) can only receive time-limited benefits unless they meet a work requirement.
- Prior to H.R. 1, ABAWD Work Requirements previously applied to adults ages 18-54 without a child under 18 in their home.
- Effective **November 1, 2025**, ABAWDs without an exemption are subject to a work requirement if age 18 to 64.
- Also effective **November 1, 2025**, the ABAWD exemption for applicants and members residing in a food unit with a dependent child is limited only to those with a dependent child age 13 or under. ABAWD members without another exemption will be subject to a work requirement at application or their next renewal if they do not have a dependent child age 13 or under in the home.

[dms-ops-2026-04.pdf](#)

Eligibility Changes – Expansion of FoodShare Work Requirement:

- Effective **December 1, 2025**, as of their application or next renewal, ABAWD members age 55 through 59 are no longer eligible to receive discretionary exemptions. New applicants in this age range are subject to the FoodShare work requirement in their first full month of benefits, and ongoing members are subject to the work requirement the month following their renewal month.
- Also effective **December 1, 2025**, ABAWD members whose only child(ren) in their home are age 14 through 17 are no longer eligible to receive discretionary exemptions. New applicants who meet these criteria are subject to the FoodShare work requirement in their first full month of benefits, and ongoing members are subject to the work requirement the month following their renewal month.
- Effective **March 1, 2026**, as of their application or next renewal, ABAWD members age 60-64 are no longer eligible to receive discretionary exemptions.
- The H.R. 1 ABAWD age range increase for those age 60-64 and change to discretionary exemption policy will apply to new ABAWD applicants or ABAWD members who lose eligibility and reapply with a filing date on or after **March 1, 2026**, and ongoing ABAWD members on the month following their next renewal month, beginning with those with a renewal due on March 31, 2026.

Eligibility Changes – Expansion of FoodShare Work Requirement:

Effective **November 1, 2025**, the following categorical Exceptions to the work requirement have been removed:

- Homelessness
- Veterans
- Former Foster Care Youth age 24 and under

Effective **March 1, 2026**, people who are veterans and people who are Former Foster Care Youth will no longer be eligible to receive a discretionary exemption. The H.R. 1 elimination of exemptions for veterans and FFCR and the change to the discretionary exemption policy will apply to New ABAWD applicants or ABAWD members who lose eligibility and reapply with a filing date on or after March 1, 2026, and ongoing ABAWD members on the month following their next renewal month, beginning with those with a renewal due March 31, 2026.

Elimination of SNAP-ed Program:

H.R. 1 eliminates the SNAP-ed program effective **October 1, 2025**.

- This 30-year-old program provided funds to UW-Extension, Tribal nations and other nutrition-focused community partners to educate Wisconsinites about healthy eating, physical activity, and shopping on a budget.

Questions?
