



DEPARTMENT OF CHILDREN
AND FAMILIES
Secretary Reggie Bicha
201 East Washington Avenue, Room G200
P.O. Box 8916
Madison, WI 53708-8916
Telephone: 608-266-8684
Fax: 608-261-6972
www.dcf.wisconsin.gov

DEPARTMENT OF HEALTH SERVICES
Secretary Karen E. Timberlake
1 West Wilson Street
P.O. Box 7850
Madison, WI 53707-7850
Telephone: (608) 266-9622
FAX: (608) 266-7882
www.dhfs.wisconsin.gov

**State of Wisconsin
Governor Jim Doyle**

**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: Vicki Jessup, Policy Section Chief
Bureau of Enrollment Policy & Systems
Division of Health Care Access and Accountability**

BEPS/DFS OPERATIONS MEMO					
No: 10-90					
DATE: 12/30/2010					
FS	<input type="checkbox"/>	MA	<input type="checkbox"/>	BC+	<input checked="" type="checkbox"/>
SC	<input type="checkbox"/>	CTS	<input type="checkbox"/>	FSET	<input type="checkbox"/>
				BC+ CORE	<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"/> *
EP					

SUBJECT: FPOS - Authorization for Electronic Data Transfer of Application

EFFECTIVE DATE: January 1, 2011

PURPOSE:

This memo is intended to announce a new process available for Family Planning Only Services (FPOS) applicants and providers.

BACKGROUND:

Some FPOS providers transitioning from paper to online applications did not feel their clinic flow and/or time allotted for medical visits could accommodate individuals completing FPOS applications online via ACCESS during the appointment.

Form [F-00356 "Authorization for Electronic Data Transfer of Application"](#) was therefore created to be used by FPOS applicants who would like assistance from their family planning provider in submitting an online application.

PREVIOUS PROCESS:

Providers were not allowed to sign an electronic application on behalf of a patient who wanted to apply for Family Planning Waiver services unless an employee of the agency was designated as the applicant's authorized representative.

NEW PROCESS:

Patients who would like to authorize their FPOS provider to submit an application on their behalf should complete and sign the BadgerCare Plus Application ([F-10182](#)) and the Authorization for Electronic Data Transfer of Application ([F-00356](#)).

The FPOS provider will enter the information provided on the [F-10182](#) into ACCESS Apply for Benefits and submit the ACCESS application to the ESC or local agency. The provider must enter the agency's name, not the applicant's name, in the electronic signature box. Providers are required to scan and submit the [F-00356](#) along with the ACCESS application. This form, along with the [F-10182](#) must be retained in the patient's record for five years from the date of the applicant's signature. Providers will not scan or submit the [F-10182](#) to the ESC or local agency. A copy of the ACCESS application summary must be provided to the applicant so the applicant can double check to make sure that the information entered into ACCESS is correct and accurate.

Providers are encouraged to submit the online application on the same day that the patient completes the paper application, but must submit it within 14 calendar days from the date the patient signed it. The application filing date is the date that the application is submitted to the Enrollment Services Center or local agency via ACCESS, not the date that the patient signed the [F-10182](#) or [F-00356](#).

The [F-00356](#) can only be used by FPOS providers for patients who request assistance with their FPOS application. If a patient also wants to apply for BadgerCare Plus, FoodShare or ChildCare, s/he cannot use this process.

The applicant is legally responsible for all of the information provided on the online application, even if the provider enters information incorrectly. If the applicant receives benefits based on incorrect information on the application submitted, s/he will be required to repay the cost of those benefits.

CARES:

When the Provider submits the FPOS application through ACCESS, a special attention flag 'Applicant signature does not match name' will be displayed on the ACCESS Application Summary page to indicate the e-signature does not match that of the applicant. The worker processing the application should check the signature on the PDF to make sure it was submitted by a Family Planning Provider agency and that the [F-00356](#) has also been submitted and signed by the applicant.

CONTACTS:

BEPS CARES Information & Problem Resolution Center

*Program Categories – FS – FoodShare, MA – Medicaid, BC+ – BadgerCare Plus, SC – Senior Care, CTS – Caretaker Supplement, CC – Child Care, W-2 – Wisconsin Works, FSET – FoodShare Employment and Training, BC+ Core – BadgerCare Plus Core, 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.

DHS/DHCAA/BEPS/VJ