



STATE OF WISCONSIN

Date: September 28, 2015

DHCAA and DECE Operations Memo 15-32

To: Income Maintenance Supervisors
 Income Maintenance Lead Workers
 Income Maintenance Staff
 Training Staff
 Child Care Coordinators

Affected Programs:	
<input checked="" type="checkbox"/> BadgerCare Plus	<input type="checkbox"/> Caretaker Supplement
<input checked="" type="checkbox"/> Child Care	<input type="checkbox"/> Children First
<input type="checkbox"/> Emergency Assistance	<input checked="" type="checkbox"/> FoodShare
<input type="checkbox"/> FoodShare Employment and Training	<input type="checkbox"/> Job Access Loan
<input type="checkbox"/> Job Center Programs	<input checked="" type="checkbox"/> Medicaid
<input type="checkbox"/> Other Employment Programs	<input type="checkbox"/> Refugee Assistance Program
<input type="checkbox"/> SeniorCare	<input type="checkbox"/> Wisconsin Works
<input type="checkbox"/> Workforce Investment Act	

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Real-Time Eligibility Determinations

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EFFECTIVE DATE

October 24, 2015

PURPOSE

This Operations Memo describes a new process to provide real-time, online eligibility results for BadgerCare Plus and/or Family Planning Only Services (FPOS) to applicants who meet certain prescreening criteria and whose application information can be verified using real-time data exchanges. It also describes a related change in how filing dates for health care will be set.

BACKGROUND

Provisions in the Patient Protection and Affordable Care Act of 2010 require states to complete eligibility determinations on a real-time or near-real-time basis for applicants whose eligibility is determined under Modified Adjusted Gross Income (MAGI) rules.

To meet these requirements, the Department of Health Services (DHS) has developed a new process to automate online eligibility determinations for BadgerCare Plus and/or FPOS applicants who meet real-time eligibility (RTE) prescreening criteria.

Starting on October 24, 2015, a new Automated Case Processing (ACP) function in CARES will create a new case or re-open a closed case when an online application qualifies for RTE. This process will then use existing functions in CARES in order to ensure that the applicant's information is recorded and verified prior to making an automated eligibility determination.

Throughout this Memo, RTE refers to the overall process in which an applicant completes an online application and receives his or her eligibility results in real time via ACCESS. Automated Case Processing refers to the new process in CARES that automates case creation and processing in order to generate RTE results.

Income Maintenance (IM) consortia and tribal IM agencies will be responsible for ongoing maintenance of such cases, including fair hearings. They will also be responsible for any follow-up actions that may be needed, including, but not limited to, processing requests for FoodShare or Wisconsin Shares Child Care on applications for which ACP has been completed.

The goals of this new process are to comply with federal requirements, alleviate IM workload, and provide faster access to health care for Wisconsin residents who meet the eligibility requirements for BadgerCare Plus and FPOS.

POLICY

OVERVIEW OF REAL-TIME ELIGIBILITY

When an applicant initiates an ACCESS Apply for Benefits (AFB) application, AFB will use a number of prescreening criteria (described in the [Real-Time Eligibility Prescreening section](#) below) to determine whether or not an RTE determination can be provided for the application.

If the application does **not** meet the RTE prescreening criteria, it will continue to be a regular ACCESS application and will be sent to the IM agency's application inbox for processing. Once the application has been processed, the applicant will receive a Notice of Decision with eligibility results. For both the applicant and the IM agency, the steps of the application process will be the same as they are for an ACCESS application received prior to the implementation of RTE.

If the application **does** meet the RTE prescreening criteria, ACP will begin as soon as the application is signed and submitted. For the applicant, the next step will be to complete a series of identity-proofing questions. The Centers for Medicare and Medicaid Services requires that applicants answer these questions correctly before DHS can display RTE results.

While the applicant is completing identity proofing, ACP will automatically create a Request for Assistance (RFA) and perform case-level and individual-level clearance to either create a new case or reopen an old, closed case. CARES Worker Web (CWW) will then complete data entry through the application driver flow using a combination of existing information (if applicable), applicant-reported information, and default values. CARES Worker Web will invoke the same data exchanges used during worker processing and will use this data to update and/or verify member-reported information, including applying a reasonable compatibility test to any reported income from a job.

If these functions are completed successfully and within predefined timeframes, the system will run eligibility for all programs requested. The system will confirm eligibility results, if possible, for BadgerCare Plus and/or FPOS. Eligibility results for other programs will not be confirmed as part of ACP. If benefits can be confirmed through ACP for BadgerCare Plus and/or FPOS, this is considered a definitive determination of eligibility, and the decision does not need to be reviewed by a worker.

If eligibility results for BadgerCare Plus and/or FPOS are confirmed and if the applicant successfully passed identity proofing, the applicant will receive his or her eligibility results for BadgerCare Plus and FPOS in ACCESS. This includes a Portable Document Format (PDF) summary of the results and, if the applicant is found eligible, a temporary ForwardHealth card that can be used until a plastic ForwardHealth card is issued. CARES will also issue a formal Notice of Decision during the next nightly batch cycle.

If eligibility is confirmed but the applicant did not pass identity proofing, the applicant will not receive his or her eligibility results in ACCESS, but CARES will issue a Notice of Decision during the next nightly batch cycle.

Cases that are created by the ACP function will be automatically assigned to a permanent caseload based on county of residence. This permanent caseload will be defined by each agency. Some cases created during ACP will be completely processed and will not need any immediate worker action while others will require worker follow up. These follow-up actions, which are described as part of the [Automated Case Processing Status Page section](#) of this Memo, can range from issuing a verification checklist to completing an interview for FoodShare or Child Care. Agencies will need to establish processes for managing “ACP Complete” cases, which do not need immediate worker action, as well as processing “ACP Worker Follow-up” cases in accordance with existing timeliness requirements and, as applicable, other program rules.

Note: Automated Case Processing will be unavailable when CARES batch processing is running. Batch processing typically starts immediately after CARES online hours on a given day and ends once the batch cycles are complete. In most cases, RTE approvals are also not feasible during these hours because some of the data exchanges needed to verify eligibility information are not currently available on a 24/7 basis.

CHILD CARE AND FOODSHARE DETERMINATIONS

If Child Care or FoodShare are requested on an application that receives an RTE determination, the worker should continue to follow current policy and process regarding interactive interviews and program-specific verification requirements.

It is important to remember that Child Care requires that applicants be offered an interview that occurs within five business days of the filing date and eligibility processing be completed within 30 days of the filing date. Workers will be held to these same timeliness standards for Child Care applications that are part of applications that receive an RTE determination for health care.

FoodShare requests that do not meet priority service requirements will pend until the interactive interview is completed and all required information and verification are received. Workers will need to review FoodShare requests that meet priority service requirements to determine whether to issue benefits or to complete an interview based on current policy and process. Workers will be held to the same timeliness standards for FoodShare requests, including those that meet priority service requirements, regardless of whether they are part of an ACP case or a regular FoodShare application.

FILING DATES FOR HEALTH CARE

When an individual applies for health care and ACP is initiated, the health care filing date must be the same as the date of the application. To maintain a consistent policy for all online health care applicants,

health care filing dates will be set as the date that the applicant submits his or her application online, regardless of whether or not an RTE determination is initiated and/or completed.

Application processing times and related agency timeliness measures for health care will continue to be based on when the agency receives the application, which will be the day of submission or, if the application is submitted on a weekend, holiday, or after 4:30 p.m. on a weekday, the next business day. Child Care and FoodShare filing dates will continue to follow the current rule for applications submitted on weekends, holidays, and after 4:30 p.m. on weekdays.

Example: Joe submits an online application for BadgerCare Plus and FoodShare at 9 p.m. on Friday, July 31. He does not qualify for FoodShare priority service. His health care filing date will be set as July 31. Using the current rules for applications submitted after 4:30 p.m. on weekdays, his FoodShare filing date will be set to the next business day, which is Monday, August 3. Due dates for processing both health care and FoodShare will be set based on Monday, August 3, and agencies will be considered to have processed them timely if they are processed within 30 days of August 3.

BACKDATING REQUESTS

Applicants will continue to be able to request up to three months of backdating on their health care application. A question has been added in ACCESS to ask applicants who request backdating if they have had any changes in income, expenses, household composition, pregnancy, tax filing status, or marital status since the first backdate month.

If the answer is “yes” or the question is not answered, the application will not qualify for RTE, and information about the backdated months should be collected based on the current process. If the answer is “no,” this is considered an attestation from the applicant that the information on the application has not changed since the beginning of the backdating period. This new question will be collected on all ACCESS applications, so if the response to the question is “no,” the worker should use the information on the application for all backdated months, unless other available information contradicts the applicant’s statement.

If the answer is “no” and the applicant passes all other RTE prescreening criteria, Automated Case Processing will use the information on the application to determine eligibility for the backdated months as well as the current month.

CARES

CARES Worker Web has been enhanced for RTE. The sections below describe each of the following processes in detail:

- [Real-time eligibility prescreening](#)
- [Automated Case Processing](#)
- [Completing worker follow-up actions on ACP cases](#)
- [Searching for and managing ACP cases](#)

REAL-TIME ELIGIBILITY PRESCREENING

Before the ACP function in CARES can process a given application, the application is subject to a set of prescreening criteria based on information in ACCESS and CARES. If the application does not pass

prescreening, it will be submitted like a regular AFB application and will be available for processing from the inbox. The prescreening process is based on eight general criteria, which include the following:

- Basic non-financial rules for BadgerCare Plus and/or FPOS
- Current status in CARES for the individuals listed on the application
- Unprocessed ACCESS submissions for the individuals listed on the application
- Backdating requests on the application
- Verification of member-reported information
- Complexity of budgeting reported income or expenses
- Completeness of the information collected in ACCESS or on file in CARES
- Complexity of the household's situation

The following sections describe the specific prescreening rules in each of these categories.

BASIC NON-FINANCIAL RULES FOR BADGERCARE PLUS AND/OR FAMILY PLANNING ONLY SERVICES

An application will not pass RTE prescreening if any of the following are true:

- The application does not include a health care and/or FPOS request.
- All relevant household members are 65 years old or older.

CURRENT STATUS IN CARES FOR THE INDIVIDUALS LISTED ON THE APPLICATION

To prevent situations in which member-reported information must be reconciled with current information on file in CARES, an application will not pass RTE prescreening if any relevant individual, tax filer, or tax dependent on the application is on an open, pending, or recently closed case, or has been recently deleted from an open case.

For cases in which benefits were terminated, "recently closed" is defined as being closed for at least one full calendar month. The earliest date that the case could be reopened through the RTE process is the first day of the month two calendar months after the closure. For example, if the case closed on June 30, August 1 is the earliest date that RTE could be performed. This calendar month rule also applies to individuals on the application who have been deleted from an open case. An application will not pass RTE prescreening if a relevant individual, tax filer, or tax dependent was deleted from an open case in the current or previous calendar month.

For cases in which an application was denied and the household did not open for benefits, "recently closed" is defined as 31 days since the application was denied. The earliest date that the case could be reopened through the RTE process is 31 days after the denial date.

UNPROCESSED ACCESS SUBMISSIONS FOR THE INDIVIDUALS LISTED ON THE APPLICATION

To prevent situations in which a real-time approval or denial is issued prior to a worker reviewing and processing information that was previously reported through ACCESS, an application will not pass RTE prescreening if any relevant individual, tax filer, or tax dependent on the application is part of an unprocessed RFA, ACCESS application, ACCESS change report, ACCESS Six-Month Report Form, or ACCESS renewal.

BACKDATING REQUESTS ON THE APPLICATION

An application with a request for backdating will not pass RTE prescreening if any of the following are true:

- The household reports a change in circumstances since the beginning of the first backdated month.
- Any relevant individual, tax filer, or tax dependent on the application had an open case during any of the backdated months.
- The backdating request includes someone on the application who reported a pregnancy and did not provide a due date.
- The backdating request includes a job that has recently ended.
- The backdating request is for FPOS. This functionality is not currently automated in CARES.

VERIFICATION OF MEMBER-REPORTED INFORMATION

To ensure that the ACP process can base its eligibility decision on verified information, an application will not pass RTE prescreening if any of the following are true:

- The application does not include Social Security numbers (SSNs) for everyone who is relevant or a tax filer or tax dependent on the application.
- The application includes the same SSN for more than one person on the application.
- The system is unable to determine whether a relevant individual, tax filer, or tax dependent is already known to CARES. This occurs when only a partial demographic match is achieved during individual clearance.
- Self-employment income is reported.
- Tribal income from a source other than gaming is reported.
- An alien sponsor is reported.
- A child living outside the home in a child welfare placement is reported.
- A legal guardian or power of attorney is reported or exists on the household's old, closed case.
- A tribal member is reported whose status is not already verified in CARES.
- A former foster care youth is reported whose status is not already verified in CARES.
- A claimed father is reported as the primary person or the primary caretaker.

COMPLEXITY OF BUDGETING REPORTED INCOME OR EXPENSES

Due to the complexity of budgeting income in certain situations, an application will not pass RTE prescreening if any of the following are true:

- A migrant farmworker is reported.
- An ended employment is reported with a final paycheck date that is in a future month.
- An employment is reported with a begin date in or after the first month in which benefits are requested.
- A type of unearned income is reported with a begin date in or after the first month in which benefits are requested.
- An individual reports having more than five employers.
- An individual reports having more than four wage types for one employment.
- An individual reports more than 15 types of unearned income.
- An individual has a closed case with an educational aid record for a semester that overlaps with the month of application and/or backdated months.

- An individual has a closed case and reports educational aid for a semester that overlaps with a semester of educational aid on the closed case.

COMPLETENESS OF THE INFORMATION COLLECTED IN ACCESS

Because additional information is needed to fully process the application, an application will not pass RTE prescreening if any of the following are true:

- The application is submitted prior to completing the entire AFB application (excluding the questions at the end of the application specifically related to Advanced Premium Tax Credits).
- A deceased tax co-filer or deceased tax dependent is reported. This restriction is in place because worker review may be needed to ensure that the deceased individual is included in the assistance group for the correct tax year, and because ACCESS collects very limited information about deceased co-filers or tax dependents.

COMPLEXITY OF THE HOUSEHOLD'S SITUATION

Due to the complexity of processing certain types of applications, an application will not pass RTE prescreening if any of the following are true:

- A home or mailing address outside Wisconsin is reported.
- The primary applicant is younger than 18 years old and has a parent or step-parent also on the application. This restriction is in place to prevent the ACP function from creating cases with a minor as a primary person when the primary person should be an adult.
- The primary applicant is living in an institution.
- Someone on the application is part of a closed case, and that case is marked confidential.
- Someone on the application is part of a closed case, and that case is in simulation mode.

AUTOMATED CASE PROCESSING

As mentioned in the [Overview of Real-Time Eligibility section](#) of this Memo, the new ACP function will automate RFA and case creation, including case-level and individual-level clearance to either create a new case or reopen an old, closed case. It will also automate data entry through the application driver flow using a combination of existing information (if applicable), applicant-reported information, information from data exchanges, and default values. If these functions are successful, ACP will run eligibility for all programs requested. The system will confirm eligibility results, if possible, for BadgerCare Plus and/or FPOS. Eligibility results for other programs will not be confirmed as part of ACP.

Note: Until ACP has completed for a given case, a worker cannot take action on that case in CWW. If a worker searches by application or case number during the very short period of time while ACP for that case is still in progress, most functions on the Application Summary, RFA Summary, and Case Summary pages will be disabled until ACP is completed.

REQUEST FOR ASSISTANCE AND CASE CREATION

The ACP function can create new cases or reopen closed cases. A new case will be created if the primary person on the application is new to CARES or is not the primary person on a closed case. An existing case will be reopened when the primary person on the application was the primary person on a closed case.

If an application results in an exception or other technical failure before or during RFA creation, the application will be considered a regular ACCESS application. If an RFA is created but the ACP function experiences an exception or other technical failure during case creation, the RFA will remain in CWW, and the IM worker will process it per the usual agency process.

When a closed case is reopened, the ACP function will add individuals as appropriate. The system will complete individual-level clearance and either create new PINs, if necessary, or match to existing PINs when there is a clearance score of 97 percent or higher. If an individual exists on the closed case but is not included on the current application, the system will be able to delete the individual. A new “AC” delete code has been created and will function like an “LC” delete code for person deletes.

The worker identification (ID) for cases created, reopened, and/or processed using the ACP process will be ACPCWW. Automated Case Processing will enter RFA comments and/or case comments to indicate that an RFA or case was created or reopened by ACP.

DATA ENTRY

During the automated data entry process, the begin month on CWW pages will be updated to the filing month or to the first month of a backdated health care request that qualified to receive RTE because the member reported that he or she has not had a change in circumstance. For example, if an application was filed in November 2015 with a three-month backdate request, the begin month would be updated to August 2015 in CWW.

In general, ACP will rely on responses provided by the applicant and from data exchanges when completing data entry. As described in the [ACCESS section](#) of this Memo, more questions in ACCESS will be mandatory to help ensure that ACP has enough information to complete each page. Verification codes will be set automatically based on current policy and information received from data exchanges. In limited situations, default values of “?”s,” “No,” or “Unknown” will be entered in certain fields to allow ACP to move to the next page.

Because ACP will either create a new case or reopen an old, closed case, the following scenarios could occur during data entry:

- If a new case is created in which **no** household members are already known to CARES, all records will be new in CWW based on what is reported on the application and available through data exchanges.
- If a new case is created in which some or all household members are already known to CARES, case-level records will be new in CWW based on what is reported on the application and available through data exchanges; any existing individual-level records will be updated, end dated, or deleted.
- If a closed case is reopened and there are **no** existing records from a previous certification period for a particular type of information that has been reported on the application, then a new record will be created.
- If a closed case is reopened and there are existing records from a previous certification period for a particular type of information, these existing records will either be updated, end dated, or deleted.

If the applicant reports information that corresponds to an existing record on the closed case, ACP will attempt to match and update applicant-reported information to records in CWW, as appropriate, just as a

worker would do when processing an ACCESS application. Records that may be matched and updated include employment (if a matching Federal Employer Identification Number [FEIN] is provided to an employment record that is already in the case), ongoing BadgerCare Plus tax deductions, shelter and utility costs, and the unearned income types listed in the table below.

Unearned Income Types			
AA	Adoption Assistance	PA	Assistance from Another State
AN	Annuities	PC	Personal Capital Gains
DI	Sick/Disability Benefits	PE	Other Pension/Retirement
FO	Foster Care	PS	Payments from Property Sold
GR	General Relief	RR	Railroad Retirement
KC	Kinship Care	TC	Tribal Per Capita Income
MA	Military Allotment	TR	Trust Funds
MN	Maintenance/Alimony	TT	Tribal TANF
NA	National Refugee Relief	WC	Worker's Compensation

In most cases, if the applicant reports information that cannot be matched to an existing record in CARES, the existing record will be end dated during ACP. The system will use one month prior to the filing month (or backdate request) when end dating records in CWW. Using the example above, where the begin date is August 2015, the system would end date records with July 2015 dates as needed. Automated Case Processing will enter comments on any employment, unearned income, or support obligations or payment records that are end dated. The comment will state “Automated Case Processing end dated this record.”

Example: If a case has been reopened, there is an existing employment record with a FEIN in CWW, and employment has been reported on the application with a matching FEIN, ACP will match the reported employment to the existing record to allow the continued use of the same employment sequence. If a case has been reopened and there is no employment reported on the application but there are existing employment records, ACP will end date those employment records.

In limited situations, the system will delete pages from CWW. A new delete code, “AC,” has been created, which functions as an NL delete when deleting CWW pages. Workers will not be able to enter the “AC” deletion code.

The most common use of the “AC” delete code will be for pregnancy records. If a pregnancy is reported on the ACCESS application and the CWW case is new, a Pregnancy page will be created. If a case has been reopened and there is no existing Pregnancy page in CWW, a new Pregnancy page will be created. If a case has been reopened and there is an existing Pregnancy page from a previous certification, the system will delete the old Pregnancy page using the “AC” deletion code and create a new Pregnancy page from the information reported on the current application.

There are some limited exceptions to the general practice of creating new records, updating matched records, end dating records on a closed case, or deleting records.

For example, if the case has been reopened and there is an existing disability record with verified or pending disability that does not have a past diary date, **information about the verified or pending disability will be retained**. Automated Case Processing will not update, end date, or delete these existing records. This is to avoid changing any previously verified or pending disability statuses.

ABSENT PARENT PAGE

Automated Case Processing will complete the Absent Parent page during processing, and referrals will be made to Child Support. Much like other pages in CWW, the Absent Parent page will either be created or updated. A new page will be created if any of the following occur:

- A new case is created during ACP.
- A closed case is reopened and there is a new absent parent reported on the ACCESS application.
- A pregnancy is reported for an unmarried woman.

An existing Absent Parent page will be updated if a closed case is reopened and a child on the existing Absent Parent page is reported on the application and continues to have an absent parent.

If an unmarried pregnant woman is reported on the application, she will be removed from any existing Absent Parent pages and a new Absent Parent page will be created.

A new code, “ACP – Information Not Provided,” has been created for the good cause reason entry on the Absent Parent page. This code cannot be entered by the worker and will be used only in ACP cases in which the applicant indicates in AFB that he or she has good cause to not cooperate with Child Support. The worker should follow up with the applicant regarding his or her good cause claim using existing agency procedures.

BADGERCARE PLUS/FAMILY PLANNING ONLY SERVICES CASE SUMMARY

Changes have been made to create a BadgerCare Plus and/or FPOS-only case summary for ACP cases, which will be sent automatically when BadgerCare Plus and/or FPOS benefits are confirmed through ACP. For the most part, these summaries will only summarize information that was used to determine eligibility for BadgerCare Plus and/or FPOS since those are the only programs that are being processed automatically and for which a case summary would be automatically sent. The following statement will appear at the top of the summary page to inform the applicant that this summary applies only to BadgerCare Plus and/or FPOS:

The information in this summary was only used to determine your eligibility for BadgerCare Plus and/or Family Planning Only Services benefits. If you applied for FoodShare or Child Care, your agency will provide another summary for those programs.

CONFIRMATION OF BENEFITS THROUGH AUTOMATED CASE PROCESSING

If an applicant passes RTE prescreening and RTE is available, the ACP function will attempt to complete all steps in the eligibility process and confirm BadgerCare Plus and/or FPOS benefits. However, BadgerCare Plus and/or FPOS benefits cannot be confirmed through ACP, and a worker must take action for the following:

- Applications that still require verification (in most cases because a data exchange was not available to verify the information).

- Applications that appear to have unreported income based on information from New Hire, SWICA, or Federal Data Services Hub (FDSH) Wage Match data exchanges.
- Households that appear to be eligible but for whom an approval cannot be confirmed until one or more data exchanges are checked or a data exchange discrepancy is resolved.
- Applications that meet the criteria for the Error Prone Profile for members who have a history of Intentional Program Violations or overpayments.
- Applications with income that needs to be reviewed by a worker prior to confirmation.
- Applications with someone who appears to be ineligible for BadgerCare Plus or FPOS but who may still qualify for Elderly, Blind, or Disabled (EBD) Medicaid. In this situation, BadgerCare Plus and FPOS denials will not be confirmed or communicated to the applicant.

COMPLETING WORKER FOLLOW-UP ACTIONS ON AUTOMATED CASE PROCESSING CASES

Automated Case Processing results in the following two types of cases:

- ACP Complete, which are completed cases that require no worker action.
- ACP Worker Follow-up, which require some type of worker action.

Each of these two types of ACP cases will be assigned automatically—based on each agency’s preference—to the transfer coordinator or another permanent caseload (for example, an ACP Complete, ACP Worker Follow-up, or general ACP caseload). As described in the [Caseload Management section](#), an alert will be set for each ACP Complete case as it is assigned to the default caseload. An alert will also be set for each ACP Worker Follow-up case.

ACP Complete cases are completed cases that will appear in the caseload to which they have been automatically assigned, until or unless the agency reassigns the case to another worker. ACP Worker Follow-up cases will appear in the caseload to which they have been automatically assigned, but they are also available in the inbox and on the dashboard.

If IM agencies need to change their ACP caseload assignments, they must contact DHS Security and request an update to the reference table in which these assignments are recorded. If agencies want to delete a caseload currently designated as an ACP caseload, they will receive an edit on the CMCM page and must contact DHS Security to change the ACP designation prior to deleting the caseload. In addition, prior to requesting that a given worker ID be deactivated, agencies should be sure that worker is not designated as the primary worker of an ACP caseload. If needed, agencies should designate a different primary worker for the caseload or contact DHS Security to request a change in the caseload number designated for ACP.

AUTOMATED CASE PROCESSING STATUS PAGE

A new Automated Case Processing Status page has been created for all ACP Worker Follow-up cases that have been created or reopened by ACP. This page will list all follow-up actions that are needed to complete case processing and will appear after a worker clicks **Next** or presses **Enter** from the Case Summary page.

Note: The Automated Case Processing Status page reflects the status of the case when ACP is completed; the follow-up actions listed on the page are not updated to reflect actions taken on the case. The Updated by field will be “ACPCWW” until a worker opts to complete follow-up actions.

The Last Updated field will display the date that the IM worker selected the option to complete the actions. This field can also display the date that the FEP worker selected the option to record or process a Wisconsin Works (W-2) request.

Figure 1 Automated Case Processing Status Page

Income maintenance workers can use the Automated Case Processing Status page to assign these cases (along with the associated work items) to themselves or another worker. If the worker chooses **Complete follow-up actions** and the worker listed on this page is the primary worker for the default caseload to which ACP Worker Follow-up cases are being assigned, he or she will receive a warning message indicating that the case is still assigned to the default ACP caseload. Workers may choose to reassign the case to themselves at this time, but they may also complete the follow-up actions without reassigning the case.

Once an IM worker selects Complete follow-up actions on the Automated Case Processing Status page, the case will be removed from the CWW inbox, and the Automated Case Processing Status page will be removed from the driver flow. Workers will still be able to view the Automated Case Processing Status page by clicking the magnifying glass under the ACP Status column in the “Associated RFA Information/ACCESS Application Information” section.

Associated RFA Information / ACCESS Application Information							
Number	Agency	Contact Method	RFA Status	Contact Date	ACCESS App	ACP Status	Summary
[REDACTED]	40	ACCESS AFB RFA	INDIVIDUALS PROCESSED	07/21/2015	View		

Figure 2 Associated RFA Information/ACCESS Application Information Section

Note: Even if a worker chooses Complete follow-up actions on the Automated Case Processing Status page, outstanding program requests from the application will continue to appear on the workload dashboard as Work Items until benefits have been confirmed.

If a W-2 request is made on the case before all IM follow-up actions are completed, FEP workers will be able to choose **Record/Process W-2 request**. Taking this action will **not** remove the case from the CWW inbox, nor will it remove the Automated Case Processing Status page from the driver flow.

Automated Case Processing Status	
Automated Case Processing Summary	
ACCESS Application Number: [REDACTED] View	Submission Date: 08/25/2015
Updated By: ACPCWW	Last Updated: 08/25/2015
Follow-Up Actions	
Action Needed	Programs
Schedule interview or send VCL with interview times.	FS
Review pending verification items.	BC+
What would you like to do?	
<input type="radio"/> Record/Process W-2 request	

Figure 3 Automated Case Processing Status Page

FOLLOW-UP ACTIONS

The following table lists the worker follow-up actions that may be required on an ACP Worker Follow-up case and that would appear on the Automated Case Processing Status page. Situations that involve more in-depth worker follow up, such as cases in which someone may qualify for EBD Medicaid, are described in more detail below this table.

Follow-up Action	What Happened to Create this Follow-up Action?	Worker Action
Initiate the following data exchanges: (Applicable data exchanges will be listed)	The system was not able to confirm benefits due to one of the following data exchanges timing out before returning results during RTE processing: <ul style="list-style-type: none"> • New Hire • UIB • SOLQI • SWICA • FDSH Wage Match 	Complete New Hire, UIB, SOLQI, SWICA or FDSH Wage Match data exchange(s).
Review unreported employment from these data exchanges: (Applicable data exchanges will be listed)	Employment that was not reported on the application was found via a data exchange.	Review results from New Hire, SWICA, or FDSH Wage Match for potential unreported employment income.
Review discrepancies identified by these data exchanges:	A discrepancy has been generated by the auto-update process of UI or SOLQI. This includes dual and triple entitlements from the Social Security Administration.	Review potential UIB and/or SOLQI discrepancies and resolve as needed.
Request MPA based on Medicare information returned by SOLQI.	The SOLQI data exchange returned a Medicare eligibility segment that was not reported on the application.	Update the program request for Medicare Premium Assistance (MPA) to “Yes” and process this request.
Resolve SSN discrepancy.	The SSN for a relevant individual could not be verified through a data exchange.	Resolve SSN discrepancy on Household Members page.
Continue processing application at * page. (Applicable page will be noted.)	Automated Case Processing failed due to a systematic exception or failure on a page in the driver flow.	Click Next from the Automated Case Processing Status page and continue processing the application at the page indicated.
Schedule interview or send VCL with interview times.	The application included a FoodShare and/or Child Care request; workers need complete an interview and complete processing the program request(s).	Schedule interview for Child Care and/or FoodShare (and/or send a VCL with interview times for FoodShare). Processing these requests includes completing a comprehensive and interactive interview.

Follow-up Action	What Happened to Create this Follow-up Action?	Worker Action
<p>Process request and/or confirm eligibility. (Applicable program will be listed)</p>	<p>For EBD, LTC, or MPA:</p> <ul style="list-style-type: none"> • An EBD MA or MPA assistance group was built but was not confirmed. • There is a request for long-term care services on the application. • The gatepost response for requesting Community Waivers on the “Other Health Care Programs” page is “Yes.” <p>For BadgerCare Plus or FPOS:</p> <ul style="list-style-type: none"> • A BadgerCare Plus or FPOS assistance group was created but not confirmed due to a confirmation rule for another assistance group. For example, if an elderly, blind or disabled individual was denied for BadgerCare Plus or FPOS, the BadgerCare Plus or FPOS failure will not be confirmed. 	<p>Process the EBD MA and/or LTC request; and/or confirm an existing BadgerCare Plus and/or FPOS assistance group.</p>
<p>Review pending verification items.</p>	<p>One or more BadgerCare Plus or FPOS assistance groups is pending for one or more of the months in which eligibility was run.</p>	<p>Review the pending items, run eligibility, and generate the VCL.</p>
<p>Review 077, 112, or 113 failure reason codes.</p>	<p>The case was not confirmed because of certain failure codes for BadgerCare Plus and/or FPOS (077 – Did not complete review, 112 – Did not provide verification, or 113 – Failure to provide information)</p>	<p>Review case to find the reason BadgerCare Plus and/or FPOS is failing for lack of verification, information, or renewal. Update the case as appropriate for the current application.</p>
<p>Verify good cause claim for MSL non-cooperation.</p>	<p>Individual had existing “No” response for Medical Liability Support (MSL) Cooperation on the Absent Parent page and claimed good cause on the new application.</p>	<p>Follow up with the applicant regarding his or her good cause claim using existing agency procedures.</p>
<p>Review effective dates of information in * section. (Applicable section will be noted.)</p>	<p>A begin or end date provided on the application is reported to be before or in the application month.</p>	<p>Review begin and end dates in these sections and determine if information provided in the application is relevant to the eligibility determination.</p>
<p>Review and budget recently ended employment.</p>	<p>Employment that has recently ended is reported on the application and benefits are denied in the health care filing month for income reasons.</p>	<p>Review ended employment information and budget as appropriate.</p>

Follow-up Action	What Happened to Create this Follow-up Action?	Worker Action
Review potential Error Prone Profile.	Any relevant individual who is present on the case meets the criteria for Error Prone Profiles relevant to RTE.	Review Error Prone Profile(s) and resolve.
Review FoodShare expedited issuance.	FoodShare Expedited Issuance applications will not pend for “?” on the Interview Details page as normal FS and CC requests do.	Review FoodShare application and budget, issue expedited FoodShare if appropriate, or pend for an interview.
Review MAGB eligibility for newborn individual.	MAGB was not built for an individual who is requesting health care and under 13 months old.	Check interChange to ensure that the mother was not enrolled in a non-CARES Medicaid program when the child was born.
Review eligibility for unexpired BC+ extension.	The ACP process did not confirm because eligibility resulted in re-opening an unexpired extension.	Review MAGM/MAGE extensions for accuracy prior to confirmation.
Review Medicaid eligibility for EBD household member(s).	An EBD Medicaid assistance group was not built for an individual who is requesting health care and is elderly, blind, or disabled.	Review the eligibility determination to ensure that elderly, blind, or disabled applicants are considered for EBD Medicaid eligibility.
Review Maintenance and Alimony income.	BadgerCare Plus and/or FPOS are being denied for being over income, and the application has reported Maintenance and Alimony income (CSMC).	Review this reported information and use information available in KIDS to determine whether any of the income is child support income and not counted for BadgerCare Plus and/or FPOS.

PROCESSING CHILD CARE AND FOODSHARE REQUESTS

Child Care and FoodShare policies still require a comprehensive and interactive interview with the applicant. As a result, workers will see Schedule Interview on the Automated Case Processing Status page if Child Care or FoodShare was requested as part of the application.

Automated Case Processing will set “? – Pending Interview” for both Child Care and FoodShare requests on the Application/Review Interview Details page. Once a worker updates the “? – Pending Interview” to “F – Face to Face” or “T – Telephone,” the worker will be taken through a driver flow to all required pages for the program request. This currently happens with FoodShare requests and is new functionality for Child Care requests. During these interviews, it is important to re-ask the applicant all the questions, regardless of the information populated, to ensure that the information is correct.

Upon completion of the interview, workers must generate a new case summary and present or mail it to the applicant for his or her review and records.

As mentioned in the [Child Care and FoodShare Determinations section](#) of this Memo, priority service FoodShare determinations can occur during an ACP application; these will be identified in the inbox and on the dashboard, per current process. Workers will be held to the same timeliness standards for a priority service FoodShare application that was created on an ACP case as they are for any other FoodShare application.

CONFIRMING ELIGIBILITY FOR BADGERCARE PLUS AND/OR FAMILY PLANNING ONLY SERVICES

In certain situations, BadgerCare Plus or FPOS will pass but will not be confirmed by ACP due to a pending EBD Medicaid assistance group. In the example below, the child’s MAGL eligibility is passing. MAGN is being denied for the caretaker relative and NS is pending. Because ACP can only confirm benefits when all BadgerCare Plus assistance groups are either passing or failing, BadgerCare Plus cannot be confirmed by ACP.

Confirm Eligibility								
Health Care / CTS Results								
Program	Sequence	Benefit Begin Date	Benefit End Date	Benefit Amount	AG Status	Eligibility Status	Reasons	Confirm?
MAGL - BCP - NLRR CHILD	1	09/01/2015		N/A	OPEN	PASS		No
		08/01/2015	08/31/2015	N/A	OPEN	PASS		
MAGN - BCP - CARETAKER	1	09/01/2015		N/A	DENIED	FAIL	014 714	
		08/01/2015	08/31/2015	N/A	DENIED	FAIL	014	
NS - SSI RELATED MA FOR AGED, BLIND AND DISABLED (MED NDY)	1	09/01/2015		N/A	PEND	PENDING		No
		08/01/2015	08/31/2015	N/A	PEND	PENDING		

Figure 4 Example of Confirming Eligibility for BadgerCare Plus on an Automated Case Processing Worker Follow-up Case

This will result in the worker follow-up item “Process Request and/or confirm eligibility.” In this example, both BadgerCare Plus and EBD Medicaid would be listed as the programs to which this applies. The worker should confirm MAGL and then process the remaining EBD Medicaid request to avoid delaying coverage for the child.

PROCESSING ELDERLY, BLIND, OR DISABLED MEDICAID REQUESTS

Someone who is elderly, blind, or disabled may pass RTE prescreening and may have eligibility determined through ACP for BadgerCare Plus and/or FPOS. The person may be approved for BadgerCare Plus or FPOS through ACP, or they may appear to be ineligible for these programs. In either case, the presence of someone on the application who is elderly, blind, or disabled will result in the worker follow-up action “Process Request and/or confirm eligibility” with EBD Medicaid listed as the program to which this applies.

To support processing of an EBD Medicaid request, the following changes have been made to the Asset Gatepost page.

ASSET GATEPOST PAGE

Although the ACP data entry process generally attempts to replicate the process that a worker would take when processing an ACCESS application, there are some limitations to the ACP function. Processing asset information is one key limitation. Because ACCESS AFB does not collect all required

asset information, the system cannot properly create, update, end date, or delete existing asset pages in CWW. To allow ACP in situations where some household members are elderly, blind or disabled but may qualify for BadgerCare Plus and/or FPOS, a new ACP question has been added to the Asset Gatepost page: “Has the asset information from the latest ACP application PDF been processed?”

If any asset information is collected in AFB (including situations in which elderly, blind, or disabled applicants report that they do not have any assets), the new question will be populated to “? – Asset information not yet processed” during ACP. This entry will pend the case for EBD, Long-term Care (LTC), MPA, and Caretaker Supplement and will create a worker follow-up item to be listed on the Automated Case Processing Status page.

Income maintenance workers will be required to change the “? – Asset information not yet processed” entry to “Y – Yes.” Once this has been done, a mini driver flow will take the IM worker through each required asset detail page corresponding to any new or existing Yes response on the Asset Gatepost page. Income maintenance workers should refer to the application PDF to view and enter asset information. When the new question is changed to “Y – Yes,” all “N – No,” “? – Doesn’t know or questionable,” “O – Fail W-2 and/or CC,” and “F – Failed to provide information” responses are cleared. All previous “Y – Yes” responses are retained. If a worker issues the verification checklist prior to changing the “?” to “Y” for the new question, the case will pend only for this question and not all asset types.

If a W-2 request is made on the case prior to the IM worker completing the asset driver flow, FEP workers will be able to process asset information **without** being required to change the “? – Asset information not yet processed” entry to “Y – Yes.”

Navigation Menu

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- ▣ Search
- Inbox Search
- ▣ Unlinked Documents
- RFA / Case
- Client Registration (0)
- ▣ Case Summary
- ▣ Case Comments
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- ▾ Application Entry (1)
- Case Information
- Individual Demographics
- Benefits/School
- Individual Non Financial
- Other Health Care Programs
- ▾ Asset Information
- ▣ Summary
- Gatepost
- ▣ Liquid
- ▣ Vehicle
- ▣ Real Property
- ▣ Personal Property
- ▣ Burial
- ▣ Lump Sum Received
- ▣ Life Insurance
- ▣ Transfer / Divestment
- ▣ Asset Assessment
- Employment Queries
- ▾ Employment

Cancel Reset

Asset Gatepost

The following events have occurred:

⚠ AE633: An individual on this ACP application is potentially eligible for EBD MA. Please use the ACCESS Summary PDF to reconcile asset information reported in AFB with asset information on this case.

Effective Period

Last Updated: **07/21/2015**

ACP Asset Information

* Has the asset information from the latest ACP application PDF been processed? ? - Asset information not yet processed ▾

Liquid Asset

Does anyone in your household have any of the following Liquid assets?

* Cash:	? - Doesn't know or que ▾	* Tax Shelter Account:	? - Doesn't know or que ▾
* Savings Account:	? - Doesn't know or que ▾	* Christmas Club:	? - Doesn't know or que ▾
* Savings Certificate:	? - Doesn't know or que ▾	* IRA Account:	? - Doesn't know or que ▾
* Checking Account:	? - Doesn't know or que ▾	* Keogh Plan:	? - Doesn't know or que ▾
* Trust Funds:	? - Doesn't know or que ▾	* Credit Union:	? - Doesn't know or que ▾
* Stocks and Bonds:	? - Doesn't know or que ▾	* Tax Refund:	? - Doesn't know or que ▾
* EBD Medicaid Annuity:	? - Doesn't know or que ▾	* Escrow Account for Home Sale:	? - Doesn't know or que ▾
* US Savings Bond:	? - Doesn't know or que ▾	* Money Owed:	? - Doesn't know or que ▾
* Money Market:	? - Doesn't know or que ▾	▣ Child Support DEFRA Disregard:	<input type="text"/>
▣ Monthly Excess Over Grant:	<input type="text"/>	▣ Excess Over Life of Grant:	<input type="text"/>
▣ Special Resource:	<input type="text"/>	* Other:	? - Doesn't know or que ▾

Vehicle Asset

* Does anyone in your household own or is anyone buying a Vehicle (car, truck, boat, snowmobile, other)? ? - Doesn't know or que ▾

Real Property Asset

* Does anyone in your household own or is anyone buying real property / life estate / mortgage / land contract? ? - Doesn't know or que ▾

Personal Property Asset

* Does anyone in your household own or is anyone buying Personal property of exceptional value? ? - Doesn't know or que ▾

Burial Asset

* Does anyone in your household own or is anyone buying a Burial asset? ? - Doesn't know or que ▾

Lump Sum Received

* Has anyone in your household received a lump sum in the last three months? ? - Unknown ▾

Life Insurance Asset

* Does anyone in your household own or is anyone buying Life Insurance? ? - Doesn't know or que ▾

Transfer/Divestment Asset

* Has anyone transferred or divested, sold or given away real property or any other assets? ? - Unknown ▾

- For Institutions/Waivers, this applies to within the last 3 years for Real Property and other assets and also applies for a transfer involving a trust within the last 5 years.
 - For FoodShare, this only applies to transfers or divestments in the past 3 months and does not include real property, vehicles, or other assets that are excluded for FoodShare.
 - For CTS, this only applies to transfers or divestments in the past 1 year.

Based on client's response, populate blank fields as N

Add Case Comment

Cancel

Figure 5 Asset Gatepost Page

SEARCHING FOR AND MANAGING AUTOMATED CASE PROCESSING CASES

CARES WORKER WEB INBOX

Automated Case Processing Worker Follow-up cases will appear in the CWW Inbox as assigned to allow workers to find, reassign, and take the required follow-up actions. Applicants can request FoodShare, Child Care, EBD Medicaid, and LTC services on an application that may have been processed by ACP. There will also be situations in which BadgerCare Plus or FPOS requests cannot be confirmed until the worker takes action. These cases are automatically assigned to the agency transfer coordinator or other caseload, depending on agency preference.

A new checkbox, ACP – Automated Case Processing, has been added to the Inbox Search Criteria page under the “Data Collection Method/Item Type” section. Workers will be able to search simultaneously for both unassigned applications (i.e., “regular” ACCESS applications) and assigned ACP applications that require follow up.

Navigation Menu

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- ▣ Asset Information
- ▣ Employment Queries
- ▣ Employment
- ▣ Unearned Income
- ▣ BC+ Tax Deductions
- ▣ Expenses
- ▣ Medical
- ▣ Tax Filing Information
- ▣ Yearly Income

Reset

Inbox Search Criteria – RFAs / Applications / Cases

Basic Search

What would you like to do?

View and Select Inbox Items
 Assignment Status:

View and Select to Assign / Reassign Inbox Items
 Assignment Status:

Display Counts of Inbox Items
 Assignment Status:

Go

Advanced Search

Inbox Search Criteria **Restore to Default Search Criteria** **Save Search Criteria**

County / Tribe:

IM Consortium:

Additional Search Criteria

* Assignment Status: Assigned Unassigned Office: Worker ID:

Programs Requested:

Health Care FoodShare Family Planning Waiver

Caretaker Supplement Child Care W-2

Health Care Programs:

BadgerCare Plus BadgerCare Plus CLA

EBD Medicaid Institution

Special Attention: Tuberculosis Emergency Medicaid LTC

Language:

First Letter of Applicant's Last Name: to

Priority Service Eligible:

Kinship / Foster / Subsidized Care:

Filing / Submitted Date: Any Day

/ /

Between / / and / /

County of Residence:

ZIP:

Has Related Unprocessed Items:

Any Matching Individuals:

Data Collection Method/Item Type

Customer	Federally Facilitated Marketplace	RFA
<input checked="" style="border: 2px solid red;" type="checkbox"/> ACP - Automated Case Processing	<input type="checkbox"/> FFM - Referral	<input type="checkbox"/> RAA - ACCESS
<input type="checkbox"/> CAP - Application		<input type="checkbox"/> RLA - LIS Referral
<input type="checkbox"/> CPA - ACCESS Program Add		<input type="checkbox"/> RMA - Mail-in
<input type="checkbox"/> CPO - Page One		<input type="checkbox"/> RPA - Phone
		<input type="checkbox"/> RWA - Walk-in

What would you like to do?

View and Select Inbox Items Meeting the Above Criteria

View and Select to Assign / Reassign Inbox Items Meeting the Above Criteria

Display Counts of Inbox Items Meeting the Above Criteria

Go

Figure 6 Data Collection Method/Item Type Section

A new Item Type, ACP – Automated Case Processing, has been created to assist workers in identifying ACP cases in the CWW Inbox Listing.

If a worker chooses to reassign ACP cases from the CWW Inbox, all associated work items, alerts, and documents will be reassigned to the new worker.

The Inbox Listing page has been updated to allow workers to assign cases. A maximum of 25 cases can be assigned at once. Workers should check the individual boxes in the Select Page column to indicate which cases they would like to assign or check the Select Page box at the top of the column to select all of the items on the page. If workers are assigning ACP cases, they will only be able to choose the Assign Inbox Items Listed in the “Inbox Items to Assign” Section option at the bottom of the page.

Inbox Listing – Assign RFAs / Applications / Cases Cancel **Reset**

Inbox Search Criteria

IM Consortium: **STATE CONSORTIUM** Counties / Tribes: **40-MILWAUKEE**

Eligibility Office: **ALL**

Worker: Assignment Status: **Assigned, Unassigned**

Filing Date: **Between 09/14/2015 and 09/14/2015** Priority Service Eligible: **All**

Programs Requested: **All of the programs checked below and only those programs (EXCLUSIVE AND) - HC, FS** Health Care Programs: **FAM, CLA, EBD, INS**

Kinship / Foster / Subsidized Care: **All**

Special Attention: ZIP:

First Letter of Applicant's Last Name: **A - Z** Data Collection Method/Item Type: **ACP - Automated Case Processing**

Language: **Any Language**

Has Related Unprocessed Items: **All** Any Matching Individuals: **All**

Inbox Listing

Select Page	Cnty/Trb	Assigned Worker	Applicant Name/Case	Date	PS Elig	Programs Requested	HC Programs	Special Attention	Conf	Lang	Zip	Related Items	Ind Match	Item Type
<input type="checkbox"/>	40	JX2328		09/14/2015	Yes	HC, FS	FAM		No	E	53212	No	No	ACP
<input type="checkbox"/>	40	JX2328		09/14/2015	Yes	HC, FS	EBD		No	E	53705	No	No	ACP
<input type="checkbox"/>	40	JX2328		09/14/2015	No	HC, FS	FAM		No	E	53212	No	Yes	ACP

Inbox Items to Assign Reset Add



Applicant Name	Date	Priority Service Eligible	Programs Requested	HC Programs	Item Type	Conf	Lang	Zip		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

* To Office:

* To Worker ID:

What would you like to do?

Assign Inbox Items Listed in the 'Inbox Items to Assign' Section

Assign All Inbox Items Meeting the Above Criteria

Cancel

Figure 7 Inbox Listing Page

CARES WORKER WEB WORKLOAD DASHBOARD

Automated Case Processing Worker Follow-up cases will also be tracked on the dashboard. These will not be defined as separate application types on the dashboard but will be tracked as health care, FoodShare, or Child Care applications. There will be no change to the dashboard's appearance or functionality for ACP cases.

As a reminder, if a work item is reassigned to another worker from the dashboard, the ACP case will remain with the original worker or caseload.

Work items will be created to correspond to every ACP Worker Follow-up case that is created. The work item status will be set to Assigned because benefits have not been confirmed.

CASELOAD MANAGEMENT

A new alert (522) has been created for ACP Worker Follow-up cases. This alert will appear in CWW as an Action Item and will be cleared automatically when a worker selects **Complete follow-up actions** on the Automated Case Processing Status page.



Figure 8 New Alert for Automated Case Processing Follow-up Cases

Workers will be able to complete Caseload Management searches for cases with this outstanding Action Item.

Caseload Management Search Criteria

Caseload Search

County / Tribe: 40 - MILWAUKEE COUNTY

Office:

IM Consortium:

W-2 Geographical Area:

Additional Search Criteria

Worker:

Caseload:

FEP ID:

Language: - Any Language

First Letter of PP's Last Name: A to Z

Case Status: Pending Closed less than or equal to a calendar month Closed more than a calendar month

Open Denied less than or equal to 30 days Denied more than 30 days

Case Mode: Intake Ongoing Closed

Review Simulation Asset Assessment

Filing / Request Date: Less than 30 days

Before / /

Between / / and / /

Review Month: /

Verification Due Date: Any

Before / /

Between / / and / /

Confidential: Yes No

Action Items

Online Submissions	Alerts
<input type="checkbox"/> Application Linked - Ready for Intake	<input type="checkbox"/> Overdue Eligibility Determination <input type="button" value="..."/>
<input type="checkbox"/> Intake Initiated - Eligibility not Initiated	<input type="checkbox"/> Eligibility <input type="button" value="..."/>
<input type="checkbox"/> Change Report/Online Renewal/SMRF Received - Ready for Processing	<input type="checkbox"/> Benefit Issuance <input type="button" value="..."/>
<input type="checkbox"/> Change Report/Online Renewal/SMRF Processing Initiated - Eligibility not Initiated	<input type="checkbox"/> Information <input type="button" value="..."/>
	<input type="checkbox"/> Waiting on DDB Decision <input type="button" value="..."/>
	<input type="checkbox"/> Outstanding Verifications Past Due <input type="button" value="..."/>
	<input type="checkbox"/> Outstanding Verifications Approaching <input type="button" value="..."/>
	<input type="checkbox"/> Documents Received
	<input type="checkbox"/> Documents Waiting
	<input type="checkbox"/> Initiate Eligibility and Confirm <input type="button" value="..."/>
	<input type="checkbox"/> Work Programs <input type="button" value="..."/>
	<input type="checkbox"/> Child Care <input type="button" value="..."/>
	<input type="checkbox"/> ACP Follow-up <input type="button" value="..."/>

What would you like to do?

View to select cases meeting the above criteria

View counts of cases meeting the above criteria

Figure 9 Caseload Management Search Criteria Page

Another alert (521) will be generated when an ACP Complete case is created and assigned. This alert will appear in CWW as an Action Item. This can be cleared by the worker and will not be added to the Caseload Management Search page as there is no need for worker action on these cases.

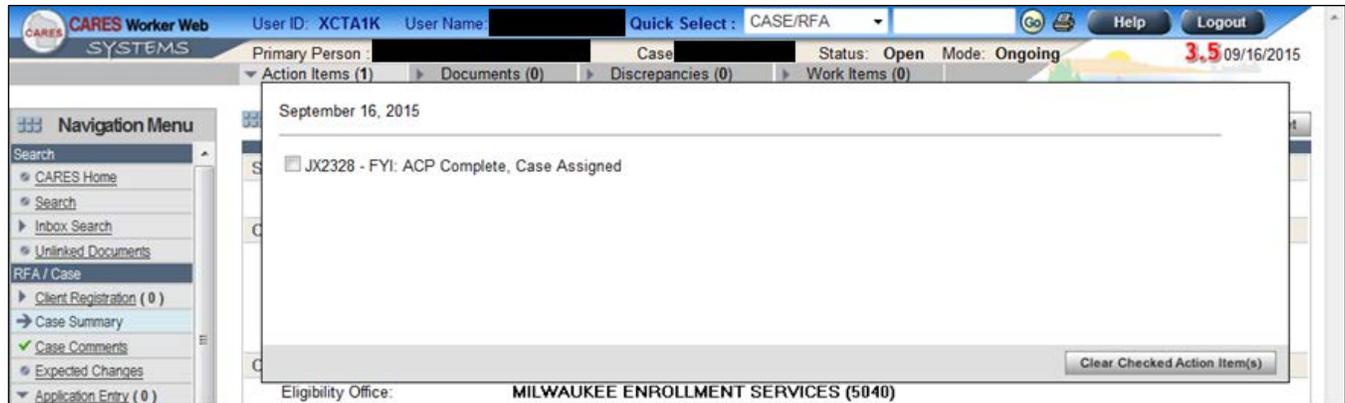


Figure 10 ACP Complete Alert

CASELOAD ASSIGNMENT

A new field has been added to the Caseload Search Criteria page to allow workers to search for cases with ACP follow-up required.

Caseload Search Criteria Reset

Caseload Search

Caseload Search Criteria

Caseload Number:

Display Cases/RFA's: ALL ▾

Case/RFA's Status: ALL ▾

Review Date: Any Date ▾

First Letter of PP's Last Name: A to Z

Language: - Any Language ▾

ACP Follow-up: Yes No

What would you like to do?

View Cases/RFAs

View counts of Cases/RFAs

Move Cases/RFAs

To Caseload Number: Go

Move Cases/RFAs

Enter Cases/RFAs

Case/RFA 1 Case/RFA 2 Case/RFA 3 Case/RFA 4 Case/RFA 5

Reset Add

Case/RFA 1	Case/RFA 2	Case/RFA 3	Case/RFA 4	Case/RFA 5		
------------	------------	------------	------------	------------	--	--

What would you like to do?

Move Cases/RFAs

To Caseload Number:

What to move?

Generate Letter: N - No ▾ Go

Figure 11 Caseload Search Criteria Page

Workers may use this page to view cases that were created by ACP and assigned to different caseloads in their agency or to identify ACP cases for transfer to another caseload.

RECEIVING AUTOMATED CASE PROCESSING CASES

The transfer coordinator or IM worker who manages the ACP caseload (based on agency preference) may use the Caseload Assignment page to transfer ACP cases to a permanent caseload. [Process Help Section 6.1 Interagency Case/RFA Transfer Process](#) provides detailed information on the transfer in process and case reassignment.

Caseload Assignment (Move) Cancel Reset

Caseload Number: **4356** Caseload Worker: [redacted]
 County / Tribe: **40 - MILWAUKEE COUNTY** Office: **5605**

Move Cases/RFAs	Move Cases/RFAs and Alerts	Case/RFA Number	Primary Person	Case/RFA	Case/RFA Status	Language	Conf.	ACP Follow-up
<input type="checkbox"/>	<input type="checkbox"/>	[redacted]	[redacted]	Case	PENDING	ENGLISH	No	Yes
<input type="checkbox"/>	<input type="checkbox"/>	[redacted]	[redacted]	Case	PENDING	ENGLISH	No	Yes
<input type="checkbox"/>	<input type="checkbox"/>	[redacted]	[redacted]	Case	PENDING	ENGLISH	No	Yes
<input type="checkbox"/>	<input type="checkbox"/>	[redacted]	[redacted]	Case	OPEN	ENGLISH	No	Yes
<input type="checkbox"/>	<input type="checkbox"/>	[redacted]	[redacted]	Case	PENDING		No	Yes

Cases/RFAs to Move Reset Add

Move Cases/RFAs	Move Cases/RFAs and Alerts	Case/RFA Number	Primary Person	Case/RFA	Case/RFA Status	Language	Confidential

What would you like to do?

- Move Cases/RFAs listed in the 'Cases/RFAs to Move' section
- Move Cases/RFAs with this specified search criteria
 - Case Type: **Case**
 - Case/RFA's Status: **ALL**
 - Review Date: **Any Date**
 - First Letter of PP's Last Name: **A to Z**
 - Language: **Any Language**
 - What to move?
- Move all Cases/RFAs in this Caseload
 - What to move?

To Caseload Number: Caseload Worker: [redacted]
 Generate Letter:

Cancel Return

Figure 12 Case Assignment (Move) Page

OTHER CARES WORKER WEB CHANGES

BACKDATING REQUESTS

As mentioned in the [Policy section](#) of this Memo, applicants who request backdated coverage will be asked if they have had a change in circumstance (income, expenses, household composition, pregnancy, tax filing status, or marital status) since the first backdate month. A new message will display on the Health Care Request page if a backdated request has been made and the applicant reported in AFB that the household had no change in circumstances during the backdated period.

Health Care Request Cancel

The following events have occurred:

AE634: The applicant reported that his/her circumstances have not changed since the earliest backdated month. Application information may be used to determine eligibility for the backdated months.

Effective Period

* Begin Month: / Last Updated: **09/14/2015**

Request Details

* Program Filing Date: / / * Requesting this Program / Subprogram of Assistance?

How far back do you want Health Care?

Restrictive Re-enrollment Details

Has any adult member left the household since a restrictive re-enrollment period began?

* Individual Request:

Reason for Not Requesting:

BC+ Contact Date: / /

Enter New Begin Month: /

Updated on or before / /

Enter Begin Month for New Data: /

Cancel

Figure 13 Message on Health Care Request Page

GOOD CAUSE NOTICE

As discussed later in the [Cooperation with Child Support Good Cause Notice section](#) of this Memo, the Good Cause Notice (DCF-F-DWSP2018) has been added to ACCESS. In addition, the Notice of Assignment form and Change Report form have been incorporated into the Signature page of ACCESS. As of October 24, 2015, workers will no longer need to send these three forms manually to any applicants who apply via ACCESS.

FINALIST

As described in the ACCESS section of this Memo, address validation through Finalist will now be done in ACCESS. Workers should only encounter Finalist if they make a change to the case address in CWW.

IMMIGRANT/REFUGEE INFORMATION

As described in [Operations Memo 15-J6](#), changes were made in ACCESS AFB in June 2015 to collect additional information about immigration status. As of October 24, 2015, this information will be available on the Immigrant/Refugee Information page in CWW when processing ACCESS applications.

ACCESS

An applicant can get an RTE determination for BadgerCare Plus and/or FPOS when applying online using ACCESS AFB. This eligibility determination will be based on information entered in AFB, information received through data exchanges, and approved default values.

Apply for Benefits starts with an initial overview of the application process and collects detailed information about the individuals in the household, household relationships, program requests, and tax filing information. Apply for Benefits will include new address validation pages for the applicant and any power of attorney, legal guardian, and authorized representative and a new Backdated Coverage Request page when the applicant applies for any health care program.

After the applicant completes this initial section of AFB, ACCESS will conduct an initial assessment of whether or not the application is potentially eligible for RTE. Applicants who are potentially eligible for an RTE determination will be notified that they might be able to receive faster results about their eligibility for health care and will receive more information about what information is required. Applicants who do not meet these basic criteria will not be notified about RTE while completing AFB.

Apply for Benefits will continue to ask the same questions about household members, earned and unearned income, tax deductions, expenses, and access to health insurance coverage, regardless of potential eligibility for RTE. Apply for Benefits will also ask new questions about expected annual income and changes in circumstances.

At the end of the application, applicants who appeared to meet the basic criteria for RTE will be prescreened based on the rules described in the [Policy section](#) of this Memo:

- If the application does not pass RTE prescreening, the application will be sent to the IM agency for normal processing.
- If the application passes RTE prescreening, an option to complete identity proofing will appear after the application has been signed and submitted. Identity proofing is new to ACCESS and is only required if the applicant wants to see eligibility results right away. If the applicant successfully completes identity proofing and ACP is able to confirm an approval or denial for BadgerCare Plus and/or FPOS, ACCESS will display RTE results.

ADDITIONAL MANDATORY QUESTIONS

To ensure that online applications provide enough information for a case to be processed successfully through ACP, more questions in AFB are now mandatory. Like the questions that are currently mandatory in ACCESS, these questions must be answered before navigating to the next page. A list of additional mandatory questions on existing ACCESS pages is included in the table below. Some of these questions may not appear, depending on what applicants report on the gatepost pages.

Page in ACCESS	Questions That Are Now Mandatory
Household Relationship Details	Primary Caretaker for each child
Other Parents (if there is a child in the home with an absent parent)	Whether paternity has been established
Additional Demographic Details	Is this person a resident of Wisconsin? Does this person plan to stay as a resident of Wisconsin? Is this person a U.S. Citizen? Does this person have a sponsor? (for non-U.S. citizens only)
Educational Aid Details (if educational aid is reported)	When did the current term begin? When will the current term end? Type of Aid Amount
School Enrollment Detail (asked for certain ages, depending on the programs requested)	Enrollment Status Type of school Expected graduation date (for high school)
Employment Detail (if employment income is reported)	Temporary Job Status Position Type Pay period Whether the job has ended Type of wage (hourly vs. salary vs. other) Wage amount for at least one wage type Pay amount and hours worked for that wage type Whether there are pre-tax deductions Type of deduction, amount and frequency (if pre-tax deductions are reported) Job end date (if employment reported as ended) Date of final paycheck (if employment reported as ended)
Unearned Income Details (if unearned income is reported)	Frequency of income Amount of income
BadgerCare Plus Deductions Details (if deductions are reported)	Frequency of the deduction Amount of the deduction Incurred months (for calendar-year tax deductions only)
Health Insurance Details (if health insurance is reported)	Premium frequency (if policy holder pays a premium) Health Insurance Coverage Information (if policy holder pays a premium) Whether the insurance covers services from a doctor

SAVE AND EXIT FUNCTIONALITY

If the applicant is unable to answer a question or does not finish the application, the applicant can click **Save & Exit** to sign and submit the application at that point or to complete the application at a later time. If the applicant chooses to sign and submit the application without answering all the mandatory questions, the application will not be eligible for RTE results and will be sent to the agency for processing.

ADDRESS VALIDATION

Address validation will be completed in AFB as part of the application process. When the applicant enters a residential and/or mailing address, the address will be validated with the U.S. Postal Service (USPS) through the Finalist[®] validation service, similar to current functionality in CWW. If the address is validated in AFB, it will not be validated again in CWW.

After completing the Contact Information and Registration Information pages in AFB, the Finalist[®] validation service will check for any discrepancies between the applicant's reported address and the address returned from the USPS. If the Finalist[®] validation service is able to find a match and there is a discrepancy, AFB will display both the applicant's reported address and the USPS returned address on the same page. Applicants will be able to choose whether they want to keep the residential and/or mailing address as entered by the applicant or select the validated address returned by the USPS.

This validation is not a substitute for address verification for Child Care requests or when an address is determined to be questionable for FoodShare and/or BadgerCare Plus.



ACCESS

Hello,  | [Español](#)

Your Connection to Programs for Health, Nutrition and Child Care

 **Print**  **Help**

Your tracking number: 


1% Complete

-  **Start**
-  **People**
-  **Other Benefits**
-  **Liquid Assets**
-  **Other Assets**
-  **Job Income**
-  **Other Income**
-  **Housing Bills**
-  **Other Bills**
-  **Health Insurance**
-  **Submit**

Your Address

The address we got from the Post Office is different from the address you gave us. Please choose which address we should use.

If you need to change the address you gave us, click the Back button.

Home Address

* Please choose which home address we should use for you:

Use the home address the Post Office suggested.

433 E WASHINGTON AVE
MADISON
WI 53703-2805

County: Dane

Use the home address I gave.

433 E. Washington Av
Madison
WI 53703

County: Milwaukee

Mailing Address

* Please choose which mailing address we should use for you:

Use the mailing address the Post Office suggested.

440 W MAIN ST
MADISON
WI 53703-3117

Use the mailing address I gave.

440 W. Main
Madison
WI 53703

 **Back**  **Save & Exit**  **Next** 

Figure 14 Your Address Page When an Address Was Provided

Addresses for powers of attorney, legal guardians, and authorized representatives will also be validated.

Homeless individuals who provide a mailing address will have their mailing addresses validated. If the homeless individual does not provide a residential or mailing address, ACCESS will display the agency address and provide instructions for picking up mail at that address.

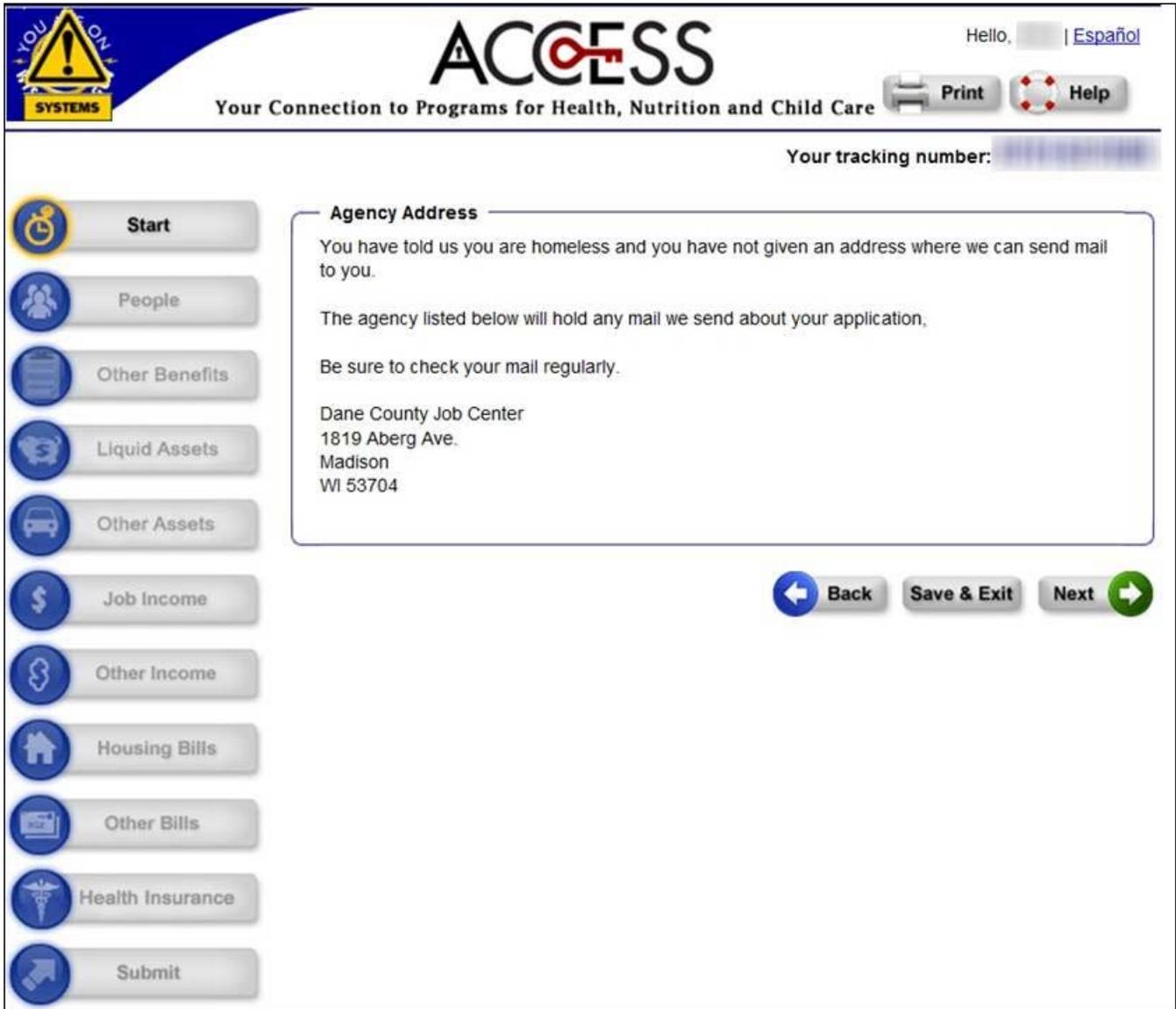


Figure 15 Your Address Page When an Address Was Not Provided and the Applicant Is Homeless

Addresses located outside the state of Wisconsin will not be validated unless they are for powers of attorney, legal guardians, and authorized representatives.

BACKDATED HEALTH CARE REQUEST PAGE

Backdated health care requests will no longer be collected on the Program Information page in AFB. A new Backdated Health Care Request page will direct applicants to request backdating only when they need coverage for medical services in the past three months.

ACCESS
Your Connection to Programs for Health, Nutrition and Child Care

Hello, [User] | [Español](#)

Print Help

Your tracking number: [Redacted]

2% Complete

Backdated Coverage

If you had medical or family planning services in the past 3 months that were not covered by insurance, you may be able to get benefits for those months. [Click here](#) to read more about this.

Do you have any medical or family planning services in the past 3 months Yes No that were not covered by insurance?

Check the box for each past month you want to ask for BadgerCare Plus benefits.

March April May

Check the box for each past month you want to ask for Family Planning Only Services (FPOS) benefits.

March April May

Back Save & Exit Next

Figure 16 Backdated Coverage Page

This page is dynamic based on the applicant's response to the initial question about medical bills. If the response is "Yes," the page will update and allow the applicant to request backdating for any or all of the prior three months.

CHANGES IN CIRCUMSTANCE

If the applicant requests backdated benefits, ACCESS will later ask if the applicant had any changes in income, expenses, household composition, pregnancy, tax filing status, or marital status in the three months prior to submitting the application. This information is used as an RTE prescreening criteria check.

ACCESS
 Your Connection to Programs for Health, Nutrition and Child Care

Hello, [User] | [Español](#)

Print Help

Your tracking number: [Redacted]

97% Complete

Recent Changes

You are applying for health care and/or Family Planning Only Services, and you have also asked for coverage for March and April.

Has your household had any changes since March? This could be changes in income, expenses, tax dependents, marriage, divorce, or who is living in your home. Yes No

Before You Submit the Application

There are a few things missing from your application. You do not have to answer all of the questions before you submit your application, but in most cases, you will have to answer them in order to get benefits.

The more complete your application is, the faster it can be processed.

Section	Completed	Go Back
Job Income	No	Go Back
Housing Bills	No	Go Back
Health Coverage	No	Go Back

Back Save & Exit Next

Figure 17 Recent Changes Page

When the application is submitted, RTE prescreening criteria will be applied to see if the backdated application qualifies for automated processing. If the application does not pass the RTE prescreening criteria, the application will be sent to the agency for processing.

APPLY FOR BENEFITS INTRODUCTION TO REAL-TIME ELIGIBILITY

A new page in ACCESS AFB will inform certain applicants applying for BadgerCare Plus and/or FPOS that the application may be able to get an RTE result. This is the first time the applicant will be introduced to RTE. The page will provide specific information about the conditions that need to be met in order for the applicant to get real-time results.

ACCESS
Your Connection to Programs for Health, Nutrition and Child Care

Hello, [] | [Español](#)

Print Help

Your tracking number: []

26% Complete

Getting an Answer About Health Care Benefits

If you are applying for BadgerCare Plus or Family Planning Only Services, you may be able to get an answer about your application right away.

To get an answer right away, you will need to:

- Finish the entire application before you sign and submit it.
- Give us a Social Security Number (SSN) for everyone we ask about.
- Give us complete information about immigration status for anyone who is not a U.S. Citizen.
- Give us a Federal Employer Identification Number (FEIN) for any jobs that you tell us about. This can be found on your W-2 tax form for that job. [Click here](#) for more information about FEINs.

Once you sign and submit your application, we will try to use other sources to confirm the information you give us. If we are able to do so, we may be able to give you an answer online right away. For more information about this, [click here](#).

If we do not have enough information to give you an answer right away, your agency will make a decision about your benefits within 30 days.

Keep in mind that you can only get an answer right away for Badger Care Plus and Family Planning Only Services. If you are applying for FoodShare or Child Care, you will need to have an interview with a worker before you can get an answer about these programs.

Back Save & Exit Next

Figure 18 Real-Time Eligibility Information Page

This page will only appear for certain applications that include a request for BadgerCare Plus and/or FPOS. This page will not appear if the ACCESS application contains any of the following:

- A primary applicant who is a minor.
- All members of the household are 65 years old or older.
- A primary person living in an institution.
- A request for backdated FPOS.
- A home or mailing address outside Wisconsin.
- A legal guardian or power of attorney.
- A child living outside the home in a child welfare placement.
- An individual who is a migrant farm worker.
- A request for backdated coverage and pregnancy on file with no due date provided.
- An individual who is a deceased tax dependent or deceased co-filer.

For applications that meet any of the above criteria, the possibility of RTE will not be mentioned as part of the application. This page will also not appear if CWW is in a batch processing period and RTE is not available.

FORMER FOSTER CARE YOUTH

Former Foster Care Youth applying only for health care may be eligible for an RTE determination if the application passes all other prescreening criteria and all applicants requesting health care benefits have verified Former Foster Care Youth status on file in CARES. Because Former Foster Care Youth are not subject to an income test, the AFB application for a Former Foster Care Youth will be complete after the Other Benefits gatepost page in ACCESS. After signing and submitting the application, the Former Foster Care Youth will need to complete identity proofing before seeing RTE results.

ADVANCED PREMIUM TAX CREDITS SCREENING

Applicants for Badger Care Plus with at least one tax-filing individual in the household will be asked to complete the Expected Yearly Income page in ACCESS. If no one on the application is filing taxes, the Expected Yearly Income page will not appear in AFB.

This new page in ACCESS will assess whether or not any tax filing unit appears to be over the BadgerCare Plus income threshold and potentially eligible to receive Advanced Premium Tax Credits through the Federal Health Insurance Marketplace. The income threshold is 100 percent of the Federal Poverty Level (FPL) if there is at least one non-pregnant adult in the tax filing unit or 306 percent of the FPL for tax filing units comprising only pregnant women and/or children.

If a tax filing unit is over the threshold for BadgerCare Plus, the application will ask additional questions about yearly income and access to employer-sponsored health insurance. This information is not needed for BadgerCare Plus eligibility but will be used by the Marketplace if the application is transferred.

ACCESS
Your Connection to Programs for Health, Nutrition and Child Care

Hello, [Name] | [Español](#)

Print Help

Your tracking number: [Number]

93% Complete

Start
People
Other Benefits
Liquid Assets
Other Assets
Job Income
Other Income
Housing Bills
Other Bills
Health Insurance
Submit

Expected Yearly Income

You have told us that the people listed below plan to file a tax return for the income they will have this year. Tell us more about their expected yearly income this year. To read more about what we are asking, [click here](#).

Do you think that the tax filers listed below will have more than \$20,090.04 in taxable income this year? Yes No

Me **My Spouse**

Back **Save & Exit** **Next**

Figure 19 Expected Yearly Income Page

COOPERATION WITH CHILD SUPPORT GOOD CAUSE NOTICE

A new section, called Good Cause Notice for Cooperation with Child Support, has been added to the Signature page to obtain the applicant's acknowledgement that he or she has read the notice explaining his or her right to claim good cause for failing to cooperate with the Child Support Agency. The applicant is required to acknowledge this information by checking the box before signing the application. In most cases, the section will only appear when the household has an absent parent or an unmarried pregnant woman. The section will also appear if the applicant submits an incomplete application and it is not yet known if there is an absent parent or unmarried pregnant woman. A link to the printable version of the Good Cause Notice for Cooperation for Child Support is also included at the top of the section.

YOU ONLY SYSTEMS

ACCESS

Hello, | [Español](#)

Your Connection to Programs for Health, Nutrition and Child Care **Print** **Help**

Your tracking number:

100% Complete

- Start**
- People**
- Other Benefits**
- Liquid Assets**
- Other Assets**
- Job Income**
- Other Income**
- Housing Bills**
- Other Bills**
- Health Insurance**
- Submit**

Signing Your Application

You are just a few minutes away from submitting your application. To do so, you need to:

- Read the Rights and Responsibilities and other information listed below.
- Check the box to tell us you understand your right to claim good cause for not cooperating with child support.
- Check the signature box and type your name to sign your application.

Child Care, FoodShare and Health Care Rights and Responsibilities

Please read the following information carefully. You can print a copy of your application/renewal on the next page, if you want a copy of this information.

Member Rights

Everyone applying for or getting FoodShare and health care has the right to:

- Be treated with respect by agency staff,
- Have your civil rights upheld,
- Have your private information kept private,
- Get an application/renewal or have the application/renewal mailed on the same day you ask for it,

Good Cause Notice for Cooperation with Child Support

Please read the following information about claiming good cause for not cooperating with Child Support. To print a copy of this information, [click here](#).

To get child care or health care, you are required by law to cooperate with your county or tribal human/social services and child support agencies. You must cooperate in getting any support (financial or medical) owed to you and any child for whom you want child care or health care. The eligibility of children and pregnant women for health care is not affected if you fail to cooperate.

Cooperation means that you may have to do one or more of the following:

1. Name the parent of any child included in your application for child care or health care and give information to help find that parent.

* I have read this information and I understand that I have the right to claim good cause for not cooperating with Child Support.

Your Interview

In most cases, people who are applying for FoodShare and/or Child Care have an in-person interview with a worker. If it's hard for you to get to the local office, you may be able to have a phone interview instead. Would you prefer to talk with a worker in person or by phone?

In person By phone

For FoodShare, if you would prefer to talk with a worker over the phone, please check the box to tell us what makes it difficult to come to the office.

Figure 20 Good Cause Notice for Cooperation with Child Support

Since this acknowledgement is required before the applicant signs the ACCESS application, workers no longer need to send the Good Cause Notice for applications filed through ACCESS. The acknowledgement of the right to claim good cause will be recorded on the ACCESS Application Summary PDF. Similarly, the Rights and Responsibilities section has been updated to include information on Notice of Assignment and Change Report forms, so workers no longer need to send these forms for applications filed through ACCESS.

For all other types of applications as well as renewals and change reports that report an absent parent or an unmarried pregnant woman, workers must follow the standard procedure for sending out the Good Cause Notice as indicated in [BadgerCare Plus Handbook Section 5.3.2 Notice](#) (for health care requests) and in [Operations Memo 15-13](#) (for Child Care requests).

IDENTITY PROOFING

If the applicant meets all RTE prescreening criteria and submits the application, the primary applicant must pass identity proofing in order for the applicant to see RTE results. Identity proofing is optional; however, identity proofing is a federal requirement in order to display RTE results. If the primary applicant skips identity proofing, no RTE results will be displayed at the end of the application process.

If the primary applicant chooses to complete identity proofing, ACCESS will pass the required information to an Experian[®] identity proofing service through the FDSH to begin the identity proofing process.

The FDSH will return questions for the primary applicant to answer. The questions returned from the FDSH will not ask about financial or credit-related information but may ask about the primary person's previous addresses, related family members, employment history, and previous school enrollment. Responses to these questions do not affect the applicant's eligibility for health care, only the applicant's ability to see RTE results.

The primary applicant will have up to two attempts during the same session to successfully complete identity proofing. For security reasons, ACCESS will allow a 10-minute period for each attempt.

ACCESS
Your Connection to Programs for Health, Nutrition and Child Care

Hello, FirstName

Print Help

Your tracking number: [REDACTED]

Confirm Your Identity

Your application has been submitted.

We may be able to give you an answer right away about health care benefits and/or Family Planning Only Services. First, we need to confirm your identity by asking some questions. You do not have to answer them, but you must answer them in order to get an answer about these benefits right away.

For security reasons, you have a time limit of 10 minutes to answer the questions on this page.

Do you want to answer a few questions to confirm your identity? Yes No

Questions to Confirm Your Identity

* What model car do you drive?

- Ford
- Chevy
- Honda
- Toyota
- None of the above

* What is the year of your vehicle?

- 2003
- 2005
- 2009
- 2013
- None of the above

* What is the name of the city where you previously lived?

- Richmond
- Little Rock
- Spokane
- Seattle
- None of the above

Skip Next

Figure 21 Confirm Your Identity Page

If the primary applicant is unable to successfully complete identity proofing or chooses not to complete identity proofing, the application will still get processed and may be able to be confirmed through ACP, but the eligibility results will not be able to be viewed right away. A Notice of Decision will be sent to the household through the applicant's choice of delivery method: online or regular mail.

REAL-TIME ELIGIBILITY RESULTS PAGE

For applications for Badger Care Plus and/or FPOS that have passed identity proofing and have been successfully confirmed in CARES, ACCESS will display the eligibility determination, whether it is an approval or denial, on the new Your Results page.

For an approval, the following information will display:

- Names of the members who were approved.
- Benefits that were approved.
- The benefit start date.

For a denial, the following information will display:

- Names of the members who were denied.
- Benefits that were denied.
- The appropriate denial reason code.

The screenshot shows the ACCESS web portal interface. At the top left is a logo with a warning sign and the text "YOU ARE ON SYSTEMS". The main header features the "ACCESS" logo with a key icon, followed by the tagline "Your Connection to Programs for Health, Nutrition and Child Care". On the right, there is a user greeting "Hello, [redacted]" with a link to "Español", and buttons for "Print" and "Help". Below the header, the user's tracking number is displayed as "Your tracking number: [redacted]". The main content area is divided into three sections:

- Your Results**: A message stating "Thank you! Your application has been submitted and your results are below." It continues: "In the next few days, we will send you more information about how we counted your income and the income limits we used. You will also get information about your rights and responsibilities. To read more about this and to find out how to contact your agency if you have questions, [click here](#)."
- BadgerCare Plus**: Indicated by a person icon and a green checkmark, it states "Starting July 01, 2015, [redacted] is covered under BadgerCare Plus."
- Family Planning Only Services**: Indicated by a person icon and a red X, it states "Starting July 01, 2015, [redacted] is not covered under Family Planning Only Services." and lists two reasons: "• This person can not receive this type of Medicaid assistance because s/he is already eligible for a different type of assistance through Medicaid." and "• You are already covered by a health care plan that includes these services."
- FoodShare**: Indicated by an apple icon, it states "Your application for FoodShare has been submitted, but we are not able to give you an answer right away. By law, your agency will make a decision within 30 days." and "Before we can give you an answer about your application for FoodShare, you will need to talk with a worker. Your agency will be in touch soon to set up an appointment."

At the bottom right, there is a "Next" button with a green arrow pointing right.

Figure 22 Your Results Page

If the applicant does not successfully complete identity proofing or the application cannot be confirmed in CARES for any reason, the Your Results page will display a message indicating that the application could not be processed right away but was received and will be processed within a specified time period.

For applications that include FoodShare or Child Care, the Your Results page will display a message for each program to inform the applicant that the application was received and is being processed.

REAL-TIME ELIGIBILITY RESULTS SUMMARY AND TEMPORARY IDENTIFICATION CARDS

Once the application is successfully processed and benefits are confirmed through ACP, the applicant will be able to print a PDF version of the eligibility results. The RTE Results PDF is a printable version of the Your Results page in ACCESS.

The RTE Results PDF is not the same as the Application Summary PDF or the Notice of Decision. The Application Summary PDF contains the applicant-reported information in AFB. The Notice of Decision contains the detailed budget and fair hearing rights and will be issued to the applicant during the next batch notice cycle, usually the next day. The RTE Results PDF will only display eligibility information related to BadgerCare Plus and/or FPOS. A copy of the RTE Results PDF will be stored in ACCESS Check My Benefits.

The RTE Results PDF will include eligibility information for each member of the household. For members who are eligible in the current month or next month, the PDF will include a temporary card for BadgerCare Plus and/or FPOS. The temporary card will only be valid for the dates listed on the card and will allow the applicant and/or household members to get immediate health care or pharmacy services after receiving an RTE determination.

Depending on when the application was submitted and approved, the temporary ID card may display valid dates of either one full month of coverage (if the application was submitted before or on adverse action) or two full months of coverage (if the application was submitted after adverse action). This allows enough time for the applicant to receive the permanent ForwardHealth ID card or request a new card and have a temporary card to serve as proof of coverage while waiting for the permanent card.

Example: Jason applied for BadgerCare Plus for the first time on July 24, 2015. He completed the full BadgerCare Plus application and was approved for BadgerCare Plus through RTE. His temporary ID card will display valid dates of July 1, 2015, to August 31, 2015, since he applied for benefits after adverse action in July. During this period, Jason will receive a permanent ForwardHealth ID card.

Although the temporary ID card can be printed immediately and used at a Medicaid-enrolled provider, providers may not be able to immediately see eligibility information through the ForwardHealth Portal. The temporary ID card includes instructions to providers if eligibility is not yet available through the ForwardHealth Portal and provides a specific date by which the provider can verify the member's eligibility through the ForwardHealth Portal.

For an example of the RTE Results PDF, see the [Attachment](#) of this Memo.

AUTO-AUTHENTICATION OF CHECK MY BENEFITS ACCOUNTS

In order to authenticate a MyACCESS account, the member or authorized representative must input personal information or benefits-related information about the member, including SSN, CARES PIN, date of birth, ForwardHealth ID or Medicaid ID, QUEST card number, or CARES case number. Only after the authentication process is completed will the ACCESS account display eligibility and detailed benefit information.

When an applicant completes identity proofing and receives a successful RTE determination, ACCESS accounts will be authenticated automatically in order to display current benefit information based on the RTE determination.

ACCESS LOGOUT FEATURES

To help protect personal information, especially on shared or public computers, ACCESS will include the following two modifications to prevent multiple applications for different individuals from being submitted under one account:

- The automatic logout time will decrease from 30 minutes to 10 minutes. Decreasing this time limit will significantly decrease the chances of submitting multiple applications for separate individuals under one account and will decrease the amount of time personal information is accessible during periods of inactivity.
- When an applicant reaches the Next Steps page, the Go to MyACCESS option will no longer be available. Instead, a Log Out button will be displayed at the bottom of the page. The applicant will need to return to the ACCESS homepage and log into the newly authenticated MyACCESS account to view his or her benefit status.



ACCESS

Your Connection to Programs for Health, Nutrition and Child Care

Hello, [User] | [Logout](#) | [Español](#)

 **Print**
 **Help**

For your information:

For your own security, please remember to log-out before closing your browser.

Thank You

Your case number is [REDACTED]. Be sure to write down this number or print this page for your records.

If you have a question about your case, contact the agency listed in the Information Summary section. If you give the agency your case number, it can help you get an answer more quickly.

For security reasons, you must create a new MyACCESS account in order to see information about your benefits online.

First, log out by clicking 'Log Out' at the top or bottom of this page.

Then come back to the ACCESS home page (access.wi.gov) and click on 'Create an account.' For security reasons, you will need to create a new username and password. You must also provide your case number, your date of birth, and your Social Security Number to create a new account.

Information Summary

This section lists information you have given us, and other details.

Details	Action
 <p>Eligibility Results View or print your results for health care and/or Family Planning Only Services.</p> <p>For anyone who is eligible this month or next month, this document includes a temporary ID card that you can bring to your health care provider.</p> <p>Keep in mind that this document contains your private, personal information.</p> <p>To view, save or print your results, Adobe Acrobat Reader is required.</p>	 View and Print
 <p>Application Summary View or print a summary of what you submitted and the agency details. You can print or save your summary for your files. Keep in mind that your summary has your private, personal information in it.</p> <p>To view, save or print your summary, Adobe Acrobat Reader is required.</p>	 View and Print
 <p>Health Survey Tell us about your health.</p>	Go
 <p>Agency Contact Details View details of the agency where your online request was sent.</p>	View



Figure 23 Next Steps Page

CONTACTS

BEPS CARES Information and Problem Resolution Center

For Child Care policy questions outside Milwaukee County: Bureau of Regional Operations, Child Care Coordinators at dcf.wisconsin.gov/regional_operations/pdf/contact_list.pdf.

For Child Care CARES/CWW, CSAW, and CCPI IT systems processing questions statewide and policy questions in Milwaukee County: Child Care Help Desk at childcare@wisconsin.gov or (608) 264-1657.

DHS/DHCAA/BEPS/AA, EC, PJH
DCF/DECE/BELP/BS