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Date: March 31, 2017

DMS and DECE Operations Memo 17-J3

To: Income Maintenance Supervisors
Income Maintenance Lead Workers
Income Maintenance Staff
Workforce Development Boards
W-2 Agencies
Training Staff
Child Care Coordinators

From: Rebecca McAtee, Bureau Director
Bureau of Enrollment Policy and Systems
Division of Medicaid Services
Department of Health Services

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Division of Early Care and Education
Department of Children and Families

Affected Programs:

- BadgerCare Plus
- Caretaker Supplement
- Child Care
- Children First
- Emergency Assistance
- FoodShare
- FoodShare Employment and Training
- Job Access Loan
- Job Center Programs
- Medicaid
- Other Employment Programs
- Refugee Assistance Program
- SeniorCare
- Wisconsin Works
- Workforce Innovation and Opportunity Act

CARES Worker Web Changes to Telephonic Signature

CROSS REFERENCE

- Operations Memos [14-29](#) and [15-03](#)
- Process Help Handbook, [Section 1.6.6 Collecting a Telephonic Signature](#)
- FoodShare Wisconsin Handbook, [Section 2.1.1.4.1 Telephonic Signatures](#)
- BadgerCare Plus Handbook, [Section 25.5.2 Telephone Signature Requirements](#)
- Medicaid Eligibility Handbook, [Section 2.5 Valid Signature](#)
- Wisconsin Shares Child Care Subsidy Policy Manual, [Section 1.3.2.1 Apply by Telephone](#)

EFFECTIVE DATE

April 22, 2017

PURPOSE

The purpose of this Operations Memo is to announce changes in CARES Worker Web (CWW) related to the telephonic signature process.

BACKGROUND

Telephonic signatures are collected by Income Maintenance (IM) and child care agency workers on the Print Application Registration and Generate Summary pages of CARES Worker Web for FoodShare, health care, and child care. Workers are required to read all of the statements in the “Telephonic Signature” section of the pages to members and applicants. The members and applicants are required to respond “yes” after each statement is read.

Effective April 22, 2017, members and applicants are only required to respond “yes” after the entire “Telephonic Signature” section is read by the worker. The one “yes” response after the statements is referred to as a single affirmation.

Workers currently use Contact Center Anywhere (CCA) to record telephonic signatures. In the future, agencies will transition from CCA to a new application, Genesys, for the purpose of recording telephonic signatures. To prepare for the transition from CCA to Genesys, enhancements are being made to the Print Application Registration and Generate Summary pages in CWW.

More information regarding the transition from CCA to Genesys will be published in a separate Operations Memo.

POLICY

There is no change to the telephonic signature policy for FoodShare, health care, or child care.

- For information on FoodShare telephonic signature policy and processes, refer to the [FoodShare Wisconsin Handbook, Section 2.1.1.4.1 Telephonic Signatures](#).
- For information on the health care telephonic signature policy and processes, refer to the [BadgerCare Plus Handbook, Section 25.5.2 Telephone Signature Requirements](#) and the [Medicaid Eligibility Handbook, Section 2.5 Valid Signature](#).
- For information on the child care telephonic signature policy and processes, refer to [Wisconsin Shares Child Care Subsidy Policy Manual, Section 1.3.2.1 Apply by Telephone](#).

CARES

Workers will continue to use the Print Application Registration and Generate Summary pages in CWW to collect telephonic signatures for FoodShare, health care, and child care. Workers will also continue to use CCA to record a telephonic signature and copy and paste the Interaction ID from CCA into the Telephonic Signature ID field for reference in the applicable CWW page.

The following enhancements will be made to the Print Application Registration and Generate Summary pages and telephonic signature process effective April 22, 2017:

- The non-functioning Begin Recording and End Recording buttons will be removed.
- An “Automated Prompt” section will be added. This section will primarily be used when Genesys is available. However, the Prompt ID in this section indicates which version of the text is displayed in the “Telephonic Signature” section, which will vary depending on the program(s) selected or whether a RFA is being processed.
- The telephonic signature text will be changed. These changes are needed to support the future use of an automated audio prompt in Genesys. (See [Attachment 1 \[English\]](#), [Attachment 2 \[Hmong\]](#), and [Attachment 3 \[Spanish\]](#) for the revised telephonic signature text.)

- Workers will ask applicants and members to confirm agreement and understanding of the list of statements in the “Telephonic Signature” section one time.

The “What would you like to do” field on the Generate Summary page will be defaulted to “MS - Mail Summary” when “P - Telephonic Signature” is selected.

PRINT APPLICATION REGISTRATION PAGE

The screenshot shows a web application window titled "Print Application Registration" with "Cancel" and "Reset" buttons in the top right. The page is divided into several sections:

- Print Options:** Includes a "Language" dropdown set to "E - ENGLISH", a "Would you like to Collect a Telephonic Signature for FoodShare, Health Care, Child Care or Family Planning Waiver?" dropdown set to "Yes", and a "View" button.
- Telephonic Signature ID:** Contains a "Telephonic Signature Id:" input field, a "Date: 03/16/2017", and a "Worker: 1 WORKER (ABC123)". Below this is a note: "In order to set your date of application, we will record the next portion of this call and keep it on file." A red box highlights a "Begin Recording" button.
- Signing Your Application:** A paragraph explaining the purpose of the summary and recording.
- Summary of Your Requests:** A list of requested programs: Health Care, FoodShare, and Child Care.
- Use of Social Security Number:** Text explaining the requirement for Social Security Numbers and that they will not be shared with U.S. Citizenship and Immigration Services.
- Telephonic Signature:** A section starting with "Now I am going to read a list of statements. Please indicate 'yes' after each statement to indicate that you understand and agree to them." This entire section is enclosed in a red box. It contains a bulleted list of statements and conditions.
- Completing the Signature:** A paragraph asking for confirmation of the signature's legal effect. A red box highlights the question: "Do you certify, under penalty of law and perjury, that you understand the questions and statements read to you, and your answers are correct and complete to the best of your knowledge?". Below this is a prompt to state the full legal name, date, and time. A red box highlights an "End Recording" button.

At the bottom of the window, there are "Cancel", "Previous", and "Next" buttons.

Figure 1 Print Application Registration Page with Impacted Sections Indicated

Print Application Registration

Cancel

Print Options

Language:
Would you like to Collect a Telephonic Signature for FoodShare, Health Care, Child Care or Family Planning Waiver?
Select the "View" button to preview and/or print the CARES application registration

Telephonic Signature ID

• Telephonic Signature ID:
Date: 03/13/2017 Worker: **I WORKER (ABC123)**
In order to set your date of application, we will record the next portion of this call and keep it on file.

Signing Your Application

I will now read a summary of the information you have provided and record your verbal signature. This is done to confirm what you said, and make sure you understand everything we have discussed. Please listen carefully and let me know if any of the information needs to be changed.

Summary of Your Requests

You have requested the following programs:

- Health Care
- FoodShare
- Child Care

You will now be read a list of statements. After all of these statements have been read, you will be asked to confirm that you agree to and understand each statement. If you have any questions or concerns with any of these statements, please feel free to interrupt at any time.

Automated Prompt

Prompt ID: 08

Use of Social Security Number

Household members applying for benefits must provide their Social Security Number or proof that they have applied for one. Social Security Numbers will be verified and used to check information provided in the application with other federal and state agencies.

If you are applying for Wisconsin Shares Child Care assistance, you must provide the Social Security number for the child(ren) for whom the benefit is requested.

Social Security Numbers will not be shared with U.S. Citizenship and Immigration Services.

Telephonic Signature

- We will provide you with an Enrollment and Benefits book containing the full description of your Rights and Responsibilities and your reporting requirements for FoodShare and Health Care.
- We will also provide you with a written summary of your application. You are required to review it and notify us within 10 days if you see anything that is not correct. If you do not contact us, we will assume that you agree with everything recorded on the application.
- You may need to provide proof of your answers. By signing this application, we are authorized to contact any person or organization to obtain needed information in order to determine if you can receive benefits.
- There are penalties for giving false information or breaking the rules.
- This agency cannot discriminate on the basis of race, color, national origin, sex, age, disability or religious or political beliefs. Your Civil Rights will be upheld.
- Your private information will be treated confidentially.
- If you have a disability, you may request information about your benefits in a different format.
- If you are found eligible for Health Care, you assign and give up your rights to payments from a liable third party to the Wisconsin Department of Health Services, up to the amount that was paid for your medical care.
- You will be required to cooperate with the Child Support agency if you are applying for Wisconsin Shares Child Care subsidy.
- If you are signing an application for Wisconsin Shares Child Care Subsidy, you are also applying for Child Support Services.
- You have the right to request a Fair Hearing if you disagree with the agency actions regarding your benefits.
- The Wisconsinjobcenter.org website is available to you and it is the largest source of job openings in Wisconsin. To find a Job Center location near you, call 1-888-258-9966.

Do you certify, under penalty of law and perjury, that you understand the questions and statements read to you, and your answers are correct and complete to the best of your knowledge?

Completing the Signature

A signature over the phone has the same legal effect and can be enforced in the same way as a written signature. Would you like to sign this application over the phone?

Please state your full legal name, today's date and the current time.

Cancel

Figure 2 Updated Print Application Registration Page

GENERATE SUMMARY PAGE

Updates on the Generate Summary page are consistent with those on the Print Application Registration page. The statements in the “Telephonic Signature” section of the page will continue to be dynamic based on the program(s) requested on the case.

Generate Summary Cancel Reset

Effective Period

Effective Date: 03/13/2017 Worker: I WORKER (ABC123)

Summary

FoodShare/HealthCare Signature: P - Telephonic

Child Care Signature: P - Telephonic

*View Summary: E - English

*What would you like to do? MS - Mail Summary

Telephonic Signature ID

*Telephonic Signature ID:

In order to set your date of application, we will record the next portion of this call and keep it on file.

Signing Your Application

I will now read a summary of the information you have provided and record your verbal signature. This is done to confirm what you said, and make sure you understand everything we have discussed. Please listen carefully and let me know if any of the information needs to be changed.

Summary of Your Requests

You have requested the following programs:

- Health Care
- FoodShare
- Child Care

You will now be read a list of statements. After all of these statements have been read, you will be asked to confirm that you agree to and understand each statement. If you have any questions or concerns with any of these statements, please feel free to interrupt at any time.

Automated Prompt

Prompt ID: 07

Use of Social Security Number

Household members applying for benefits must provide their Social Security Number or proof that they have applied for one. Social Security Numbers will be verified and used to check information provided in the application with other federal and state agencies. If you are applying for Wisconsin Shares Child Care assistance, this information is required for the children.

Social Security Numbers will not be shared with U.S. Citizenship and Immigration Services.

Telephonic Signature

- We will provide you with an Enrollment and Benefits book containing the full description of your Rights and Responsibilities and your reporting requirements for FoodShare and Health Care.
- We will also provide you with a written summary of your application. You are required to review it and notify us within 10 days if you see anything that is not correct. If you do not contact us, we will assume that you agree with everything recorded on the application.
- You understand the FoodShare program work requirements.
- You may need to provide proof of your answers. By signing this application, we are authorized to contact any person or organization to obtain needed information in order to determine if you can receive benefits.
- There are penalties for giving false information or breaking the rules.
- This agency cannot discriminate on the basis of race, color, national origin, sex, age, disability or religious or political beliefs. Your Civil Rights will be upheld.
- Your private information will be treated confidentially.
- If you have a disability, you may request information about your benefits in a different format.
- If you are found eligible for Health Care, you assign and give up your rights to payments from a liable third party to the Wisconsin Department of Health Services, up to the amount that was paid for your medical care.
- You will be required to cooperate with the Child Support agency if you are applying for Wisconsin Shares Child Care subsidy.
- By signing this application for Wisconsin Shares Child Care Subsidy, you are also applying for Child Support Services.
- You have the right to request a Fair Hearing if you disagree with the agency actions regarding your benefits.
- The Wisconsinjobcenter.org website is available to you and it is the largest source of job openings in Wisconsin. To find a Job Center location near you, call 1-888-258-9966.

Do you certify, under penalty of law and perjury, that you understand the questions and statements read to you, and your answers are correct and complete to the best of your knowledge?

Completing the Signature

A signature over the phone has the same legal effect and can be enforced in the same way as a written signature. Would you like to sign this application over the phone?

Please state your full legal name, today's date and the current time.

Figure 3 Generate Summary Page with Changes Indicated

TELEPHONIC SIGNATURE PROCESS

The following is the revised process for collecting a telephonic signature with a single affirmation after all statements have been read instead of a “yes” after each statement in the “Telephonic Signature” section:

1. Select “P – Telephonic” in the FoodShare/Health Care Signature and/or Child Care Signature field(s) as applicable.
2. Click the “Start Recording” button in CCA to begin recording the telephonic signature. Copy and paste the CCA Interaction ID into the Telephonic Signature ID field in CWW. Verbally read the statements from the “Telephonic Signature ID” and “Signing Your Application” sections of the page to the applicant or member.
3. Click “View” to view the Case Summary PDF.
4. Provide a concise verbal summary of the eligibility factors using the Case Summary PDF.
5. Verbally read the last paragraph in the “Summary of Your Requests” section to the applicant or member.
6. Verbally read all text in the “Use of Social Security Number” and “Telephonic Signature” sections to the member, including the single affirmation question at the end of the “Telephonic Signature” section.
Note: The worker must wait for the applicant or member to state yes, affirming understanding and agreement at this point.
7. Verbally read the text in the “Completing the Signature” section to the applicant or member, pausing for the applicant or member’s responses at the appropriate times. Click “End Recording” in CCA to stop recording once the applicant or member has completed the signature by stating his or her full legal name and the current date and time.

Generate Summary Cancel Reset

Effective Period
Effective Date: 03/13/2017 Worker: I WORKER (ABC123)

Summary
FoodShare/HealthCare Signature: P - Telephonic 1
Child Care Signature: P - Telephonic 1
View Summary: E - English 3
What would you like to do? MS - Mail Summary

Telephonic Signature ID
Telephonic Signature ID: 2
In order to set your date of application, we will record the next portion of this call and keep it on file. Begin recording call in CCA. Paste CCA Interaction ID into CWW.

Signing Your Application
I will now read a summary of the information you have provided and record your verbal signature. This is done to confirm what you said, and make sure you understand everything we have discussed. Please listen carefully and let me know if any of the information needs to be changed.

Summary of Your Requests
You have requested the following programs:
• Health Care 4 Provide verbal summary using Case Summary.
• FoodShare
• Child Care
You will now be read a list of statements. After all of these statements have been read, you will be asked to confirm that you agree to and understand each statement. If you have any questions or concerns with any of these statements, please feel free to interrupt at any time. 5

Automated Prompt
Prompt ID: 07

Use of Social Security Number
Household members applying for benefits must provide their Social Security Number or proof that they have applied for one. Social Security Numbers will be verified and used to check information provided in the application with other federal and state agencies. If you are applying for Wisconsin Shares Child Care assistance, this information is required for the children.
Social Security Numbers will not be shared with U.S. Citizenship and Immigration Services.

Telephonic Signature

- We will provide you with an Enrollment and Benefits book containing the full description of your Rights and Responsibilities and your reporting requirements for FoodShare and Health Care.
- We will also provide you with a written summary of your application. You are required to review it and notify us within 10 days if you see anything that is not correct. If you do not contact us, we will assume that you agree with everything recorded on the application.
- You understand the FoodShare program work requirements.
- You may need to provide proof of your answers. By signing this application, we are authorized to contact any person or organization to obtain needed information in order to determine if you can receive benefits.
- There are penalties for giving false information or breaking the rules.
- This agency cannot discriminate on the basis of race, color, national origin, sex, age, disability or religious or political beliefs. Your Civil Rights will be upheld.
- Your private information will be treated confidentially.
- If you have a disability, you may request information about your benefits in a different format.
- If you are found eligible for Health Care, you assign and give up your rights to payments from a liable third party to the Wisconsin Department of Health Services, up to the amount that was paid for your medical care.
- You will be required to cooperate with the Child Support agency if you are applying for Wisconsin Shares Child Care subsidy.
- By signing this application for Wisconsin Shares Child Care Subsidy, you are also applying for Child Support Services.
- You have the right to request a Fair Hearing if you disagree with the agency actions regarding your benefits.
- The Wisconsinjobcenter.org website is available to you and it is the largest source of job openings in Wisconsin. To find a Job Center location near you, call 1-888-268-9966.

Do you certify, under penalty of law and perjury, that you understand the questions and statements read to you, and your answers are correct and complete to the best of your knowledge? 6

Figure 4 Generate Summary Page Showing CCA Recording Process

TRANSLATIONS

The Print Application Registration and Generate Summary pages are displayed in English in CWW. Workers must continue to offer the telephonic signature option via a translator to applicants and members in their preferred language.

TELEPHONIC SIGNATURE TEXT TRANSLATIONS AND ATTACHMENTS

The three attachments for this Memo contain the [English](#), [Hmong](#), and [Spanish](#) text for the “Signing Your Application,” “Summary of Your Requests,” “Use of Social Security Number,” “Telephonic Signature,” and “Completing the Signature” sections of the Print Application Registration and Generate Summary pages.

These attachments are intended as reference when collecting a telephonic signature and:

- A Spanish speaking worker is translating to a Spanish speaking member,
- A Hmong speaking worker is translating to a Hmong speaking member, or
- An interpreter for a language other than English, Spanish, or Hmong wants a reference sheet to follow when translating the worker’s statements into the member’s preferred language.

The Prompt ID number indicates which version of the text is displayed in the “Telephonic Signature” section of the Print Application Registration and Generate Summary pages and can be found in the “Automated Prompt” section of the pages.

English

Generate Summary Page

- Prompt ID 01: Health Care Only
- Prompt ID 02: FoodShare Only
- Prompt ID 03: Child Care Only
- Prompt ID 04: Health Care and FoodShare
- Prompt ID 05: Health Care and Child Care
- Prompt ID 06: FoodShare and Child Care
- Prompt ID 07: Health Care, FoodShare, and Child Care

Print Application Registration Page

- Prompt ID 08: Request For Assistance (RFA)

Hmong

Generate Summary Page

- Prompt ID 01: Health Care Only
- Prompt ID 02: FoodShare Only
- Prompt ID 03: Child Care Only
- Prompt ID 04: Health Care and FoodShare
- Prompt ID 05: Health Care and Child Care
- Prompt ID 06: FoodShare and Child Care
- Prompt ID 07: Health Care, FoodShare, and Child Care

Print Application Registration Page

- Prompt ID 08: Request For Assistance (RFA)

[Spanish](#)

Generate Summary Page

- Prompt ID 01: Health Care Only
- Prompt ID 02: FoodShare Only
- Prompt ID 03: Child Care Only
- Prompt ID 04: Health Care and FoodShare
- Prompt ID 05: Health Care and Child Care
- Prompt ID 06: FoodShare and Child Care
- Prompt ID 07: Health Care, FoodShare, and Child Care

Print Application Registration Page

- Prompt ID 08: Request For Assistance (RFA)

CONTACTS

BEPS CARES Information and Problem Resolution Center

For Child Care policy questions outside of Milwaukee County: Bureau of Regional Operations (BRO), Child Care Coordinators at <https://dcf.wisconsin.gov/files/regionaloperations/pdf/bro-contacts.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/DMS/BEPS/ME

DCF/DECE/BOP/KP