



STATE OF WISCONSIN

Date: August 13, 2021

DMS and DECE Operations Memo 21-J4

To: Income Maintenance Supervisors
Income Maintenance Lead Workers
Income Maintenance Staff
Child Care Eligibility and
Authorization Supervisors and Workers

From: Jonelle Brom, Director
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Affected Programs:

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

**Updates to Certain Program Requirements
for a Valid Signature at Application and Renewal**

CROSS REFERENCE

- BadgerCare Plus Handbook, [Section 5.3 Claiming Good Cause](#), [Section 5.5.4 Assignment Process](#), [Section 9.8 General Rules](#), [Chapter 17 Deductibles](#), [Section 25.1 Application](#), [Section 25.9 Denials and Terminations](#), and [Chapter 26 Renewals](#)
- FoodShare Handbook, [Section 2.1.3.4 Signature](#)
- Medicaid Handbook, [Section 2.1 Applications Introduction](#), [Section 2.4 Valid Application](#), [Section 2.5 Valid Signature](#), [Section 2.9 Denials and Terminations](#), [Section 3.1.4 Signature at Renewal](#), [Section 8.3 Claiming Good Cause](#), [Section 20.1.4 Verification Rules](#), [Section 24.3 Deductible Period](#)
- SSI Caretaker Supplement (CTS) Handbook, [Section 2.1 Application Introduction](#), [Section 2.4 Valid Signature](#), and [Section 3.1.12.3 Claiming Good Cause](#)
- Wisconsin Shares Handbook, [Section 1.2.2.1 Apply By Telephone](#), [Section 1.2.2.2 Apply in Person](#), [Section 1.2.5 Signature Requirements](#), and [Section 1.8.3 Annual Renewals](#)

EFFECTIVE DATE

Immediately

PURPOSE

This operations memo provides guidance on the signature requirements for health care applications, health care renewals, and certain other forms. It also explains the electronic signature policies for health care, FoodShare, and Wisconsin Shares.

The policies explained in this memo are specific to health care programs unless other programs are listed.

BACKGROUND

To ensure signatures are being collected consistently based on program requirements, the Wisconsin Department of Health Services (DHS) and the Wisconsin Department of Children and Families (DCF) reviewed policies related to signatures and identified areas that could be clarified or updated.

POLICY

Note: The policies and examples in this memo include references to terminations of health care benefits. However, the temporary policy requiring health care eligibility be maintained for anyone eligible on or after March 18, 2020, through the duration of the federal public health emergency related to COVID-19, remains in effect.

ELECTRONIC SIGNATURES ARE VALID SIGNATURES FOR DOCUMENTS REQUIRING AN APPLICANT OR MEMBER SIGNATURE

In general, electronic signatures are valid signatures for documents requiring applicant or member signatures for the FoodShare, health care and Wisconsin Shares programs.

According to the Electronic Signatures in Global and National Commerce Act (E-Sign Act), general conditions for a valid electronic signature include:

- The signer demonstrated a clear intent to sign. For example, using a mouse to draw a signature, typing in a name, or by clicking a “Sign Here” button that is clearly labeled.
- The signer has consented to complete the signature electronically.
- The electronic signature is connected to the document being executed. For example, including the PDF signature page with the document.
- A record of the electronic transaction is retained and must be accurately reproduced if necessary.

Note: Meeting the conditions listed above are the responsibility of the person or organization who is collecting an electronic signature on the document and not the IM agency.

Electronic signatures may appear typed or printed and may vary depending upon the software used to collect the signature. Well-known signature software includes DocuSign and Adobe Sign, but collection of electronic signatures cannot be limited to these software tools only. Many electronic signature programs provide audit trails and authentication features to comply with electronic signature requirements, but these are not required to validate an electronic signature for documents signed by an

applicant or member as it varies from software to software. Workers must accept an electronic signature as a valid signature and process the document accordingly.

HEALTH CARE, CARETAKER SUPPLEMENT, AND WISCONSIN SHARES APPLICANTS AND MEMBERS ARE NOT REQUIRED TO SIGN THE GOOD CAUSE NOTICE

Applicants and members for health care, Caretaker Supplement, and Wisconsin Shares programs are not required to sign and return the Good Cause Notice. IM workers are still required to mail a paper copy of the Good Cause Notice to the applicants who apply by paper or telephone, including all Caretaker Supplement applicants. IM workers do not need to mail paper copies of the Good Cause Notice to applicants who apply via ACCESS since the information on the Good Cause Notice is provided in the ACCESS application. The paper Good Cause Notice form will be changed at a future date to reflect this change in signature policy.

Note: The Good Cause Notice is a different document than the Good Cause Claim form, which an applicant or member submits when claiming a good cause reason for not cooperating with the child support agency. This policy change to not require a signature on the Good Cause Notice does not impact the requirement for an applicant or member to sign the Good Cause Claim form if they submit one.

HEALTH CARE MEMBERS ARE REQUIRED TO SIGN A NEW APPLICATION WHEN REQUESTING A NEW DEDUCTIBLE PERIOD

If a person is in an unmet deductible period for BadgerCare Plus or Elderly Blind or Disabled (EBD) Medicaid and wants a new deductible period, they must submit a new application and signature.

Example 1: Julie is pregnant, and her due date is November 15. She applied for BadgerCare Plus on April 1. She is eligible for a deductible period from April 1 through September 30. She has not incurred enough expenses to meet the deductible. In July, Julie's income decreased, and she would like to have a new deductible period from July 1 through December 31. Julie must submit a new application and signature for the IM agency to establish a new deductible period.

A NEW APPLICATION WITH A REQUEST FOR HEALTH CARE REQUIRES A SIGNATURE

Applicants must sign and submit a new application if they are requesting health care, regardless of the other non-health care programs the person is enrolled in, unless one of the following exceptions occurs:

APPLICATION DENIED 30 OR FEWER DAYS AGO

New Policy: If the person applied for health care and the IM agency denied the health care application 30 or fewer days ago, the person can re-request health care without submitting a new application or a new signature. The date of the new health care request is the new filing date.

Example 2: Keisha submitted an application for health care on August 15. The IM agency processed the application on September 8 and denied health care for Keisha. Keisha calls the IM agency on September 20 to re-request health care. The new filing date for health care is September 20. The IM agency cannot require Keisha to submit a new application or a new signature since it is within 30 days of the denial date of her application.

APPLICATION DENIED MORE THAN 30 DAYS AGO

New Policy: If the person applied for health care and the IM agency initially denied the health care application more than 30 days ago, the person must sign and submit a new application in order to re-request health care, regardless of the other non-health care programs the person is enrolled in.

Example 3: James submitted an application for health care and FoodShare on September 13. The IM agency processed the application on September 20 and denied health care for James, but approved FoodShare. James calls the IM agency on October 25 to re-request health care. James must sign and submit a new application for health care since it is more than 30 days since the denial date of his application.

OPEN HEALTH CARE MEMBERS REQUESTING ANOTHER HEALTH CARE PROGRAM

Clarification of Current Policy: If the person is already open for a health care program, they can request another health care program without a new application or new signature.

Example 4: Carlos is already open for MAPP. On July 8, he calls his IM agency to request the Medicare Savings Program. Carlos does not need to submit a new health care application or a new signature to have his eligibility determined for the Medicare Savings Programs.

TERMINATIONS FOR NON-RENEWAL REASONS

Clarification of Current Policy: During the calendar month after a member's enrollment has been terminated for a reason other than not completing a renewal, health care can be reopened without requiring a new application or a new signature. The certification period for the health care assistance group (AG) prior to termination will be reinstated if they meet all other eligibility criteria.

If more than a calendar month has passed since a member's enrollment was terminated for a reason other than not completing a renewal, the person must file a new application or make a new request (if another type of health care is open on the case) to reopen his or her health care.

Example 5: Leroy is enrolled in BadgerCare Plus with a renewal date of December 31. On September 3, he reports to his IM agency that he received a raise at work and the agency requests verification. Leroy does not submit the required verification by the due date, so his eligibility for BadgerCare Plus will end as of September 30. On October 7, Leroy contacts his IM agency to request that his health care be reopened, and he provides the required verification of his income. Since this is within the calendar month after his BadgerCare Plus was terminated, Leroy does not need to submit a new application or new signature. Leroy remains eligible for BadgerCare Plus and his BadgerCare Plus certification period is reinstated with a renewal date of December 31.

Example 6: Linda is enrolled in BadgerCare Plus and her husband Leo is enrolled in MAPP with a renewal date of January 31. On September 2, she reports to her IM agency that Leo received a gift from his aunt, which increased his assets to \$16,000. Leo's assets are over the MAPP program asset limit, so his MAPP ends as of September 30. On December 10, Linda contacts her IM agency to request that Leo's health care be reopened, as he purchased a vehicle (their only vehicle) and is no longer over the MAPP asset limit. It has been more than a calendar month since his MAPP was terminated, but because Linda is open for BadgerCare Plus, they do not need to submit a new application or new signature. Leo's eligibility for MAPP is reinstated and his MAPP certification period with a renewal date of January 31.

CONSERVATORS

A conservator is a person who is appointed by a court at an individual's request under [Wis. Stat. 54.76\(2\)](#) to manage the estate of the individual. A conservator has the same responsibilities as the guardian of the estate unless there is also a durable power of attorney. If a durable power of attorney (POA) has been executed before the conservator has been appointed by the court, the durable power of attorney remains in effect and the conservator cannot make decisions for the individual until the durable power of attorney is revoked or the court makes a change to the terms of the power of attorney.

If an applicant or member indicates they have a conservator, they must verify the conservator's appointment by providing the court documents showing the appointment. For health care program purposes, conservators have the same powers as legal guardians. They can apply on behalf of the individual, report changes, renew benefits, and perform other benefit management activities. When someone has been appointed as the conservator, only the conservator, not the applicant may sign the health care application. If both a conservator and a durable power of attorney have been appointed, the order of appointment determines who can sign:

- If the durable power of attorney was executed before the conservator was appointed, the durable POA can sign.
- If the durable power of attorney was executed after the conservator was appointed (or concurrently), either the conservator or the durable power of attorney can sign.

VALID SIGNATURE FOR AN APPLICATION OR RENEWAL FOR HEALTH CARE SUBMITTED ON BEHALF OF AN INCAPACITATED PERSON

When someone is applying or submitting a renewal for health care on behalf of an incapacitated person, that person's signature is considered a valid signature. A second signature is not required.

Example 7: Carl is in a coma in the hospital. Sherry, a nurse who works at the hospital, fills out a Medicaid application on Carl's behalf and signs the application with her own name. Sherry's signature on Carl's application is a valid signature because she is applying on behalf of an incapacitated person. A second signature on the application is not required.

HEALTH CARE AND CARETAKER SUPPLEMENT APPLICANTS AND MEMBERS ARE NOT REQUIRED TO SIGN THE NOTICE OF ASSIGNMENT FORM

Applicants and members are not required to sign the Notice of Assignment for health care programs or Caretaker Supplement. IM workers must continue mailing paper copies of the Notice of Assignment to applicants with children under age 19 who apply by paper or telephone including all Caretaker Supplement applicants. IM workers do not need to mail paper copies of the Notice of Assignment to applicants who apply for health care programs via ACCESS since the information on the Notice of Assignment is provided in the ACCESS application.

SPOUSAL IMPOVERISHMENT MEDICAID SIGNATURES

As a reminder, the type of signature given by an applicant or member does not have to be the same as the type of signature given by the community spouse. While Spousal Impoverishment Medicaid requires the signatures of both the institutionalized person and the community spouse, the spouses can each provide their signature at different times and by a different method. Telephonic, written, and electronic signatures are all equally acceptable.

Example 8: Shay applies for Institutional Medicaid and provides a written signature. Ten days later, her spouse, Sheila, calls the IM agency and provides the required community spouse signature over the phone. These are both valid signatures.

ALLOW COMMUNITY SPOUSES TO ACCESS CASE INFORMATION IN SPOUSAL IMPOVERISHMENT CASES

As a reminder, when a Medicaid member living in a medical institution has a community spouse, the community spouse must be allowed access to information about the case.

CONTACTS

BEOT CARES Information and Problem Resolution Center: DHSCAREScallcenter@wi.gov.

For Wisconsin Shares Child Care policy questions outside of Milwaukee County, contact your Bureau of Regional Operations (BRO), Child Care Coordinators at broccpolicyhelpdesk@wisconsin.gov.

For Program Integrity technical assistance, Child Care CARES/CWW and CSAW processing questions statewide, and policy questions in Milwaukee County, contact the Child Care Help Desk at: childcare@wisconsin.gov or 608-422-7200.

DHS/DMS/BEOT/JS

DHS/DMS/BEEP/PH and RW

DCF/DECE/BCCSA/MF and LM