

# CARES June 2022 Release

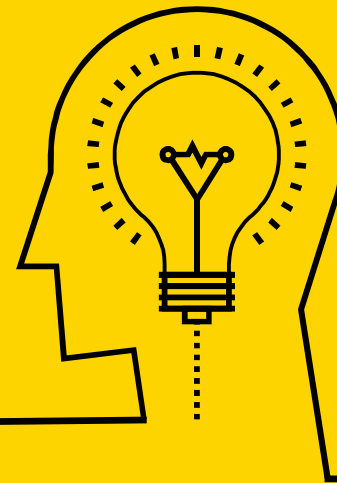
IMAC Presentation

April 2022

# Project Summary

Project	Description
<u>ABAWD Change Requirements</u>	This project will implement system changes to support a fixed three-year clock and additional policy changes related to the ABAWD time limit, time-limited benefit months in another state, regaining eligibility after exhausting three TLBs, and ABAWD status when the member is living in an area where the time limit is waived.
<u>Verify Before Deny</u>	This project implements new FoodShare policy to verify a member's income even if it is over the FoodShare income limit before benefits are denied or terminated. This makes the system compliant with FNS regulations and will allow members to keep or gain FoodShare eligibility if their verified income is below the program gross limits.
<u>E&amp;T Consolidated Notices and Oral Explanation</u>	New federal regulations require that the IM agency provide a written notice and oral explanation to the household of all applicable FoodShare program work requirements. This project created a new page in CWW to support the oral explanation policy requirements. System enhancements will also generate the new required consolidated notice.
<u>Demographic Details</u>	Develop comprehensive member demographic data that can be used to support and initiate programs, strategies, and drive health policies to address health disparities and combat inequalities across the population served in alignment with the Justice Equity, Diversity, and Inclusion Initiative
Member Centric Communications	Enhance the One Time Mailing Letter Framework for more dynamic information capabilities.
ACCESS Modernization: Knowledge Center	Knowledge center is a Salesforce tool used to create and manage a knowledge base of information. It is built on articles or documents of information about CARES processes, FAQs, or other support for site users (members, community supports, IM workers). Opportunities for DHS with the Knowledge Center involve creating a single repository of information, transparency with available information, reducing customer support calls, and improving the overall member experience.
Premiums	This project would provide an ability for BC+ Children and MAPP members with premiums to use ACCESS/MyACCESS to view outstanding premium information and pay online. There will be a reduction in fiscal agent operations resources if this is implemented.

# ABAWD Change Requirements



# Project Overview

## Background

The ABAWD Change Project was initiated in response to an FNS Corrective Action finding, Family First Coronavirus Act (FFCRA) requirements, and expanded to include additional policy changes related to the ABAWD time limit. To implement the ABAWD time limit requirement, Wisconsin first established an individual rolling individual clock, beginning on each unique individual's first time-limited benefit (TLB) month. Wisconsin plans to implement a fixed statewide clock with a January 1, 2022 effective date. Because ABAWDs are limited to 3 countable months in a three-year period, moving to a fixed clock requires IM workers to verify TLBs or countable months in another state. Policy surrounding reinstatement of eligibility after exhausting three TLBs is also changing to allow individuals to regain eligibility after working for any 30-day period prior to the new FoodShare filing date. Finally, FoodShare policy will be updated to correctly classify ABAWDs living in an area with a waiver of the time limit.

NOTE: Wisconsin will continue to be under a waiver of the ABAWD time limit through at least September 30, 2022.

## Key System Changes

- Create a 36-month fixed FS Clock for all members aged 18-49 starting in January 2022 and end-dating current clocks in December 2021.
- Reclassify "Non-ABAWD" members living in a geographic waiver area as "ABAWDs" with a "Geo Waiver."
- Enhance the out-of-state clock page to track information and to verify countable months from another state if applicable.
- Allow individuals to regain eligibility after exhausting 3 months of TLBs they meet the work requirement for at least 30 consecutive days at any point.
- Reminder to update "TB - To be determined" status values on the FS Clock (yellow banner message).

# FS Clock & the Geo Waiver Policy (1/3)

Household members living in a geographic waiver area are classified as ABAWDs. These ABAWDs do not get time-limited benefit months.

**FS Work Registrant / ABAWD Information** Cancel Reset

Effective Period  
 \* Begin Month: 10 / 2022 End Month: MM / YYYY  
 Delete Reason: Last Updated: 10/12/2022

Additional Exemption Information  
 \* Individual: PZHRH PIMGL 28M PP

\* Is this Individual in compliance with a W-2 work program?  No

\* Is this individual the primary caretaker of a child under age 6 out of home?  No Verification:

\* Is this individual the primary caretaker of an incapacitated individual outside of the home?  No Verification:

ABAWD Work Requirement  
 \* Is this individual participating in an allowable work program?  No Verification:   
 If Yes, which work program is the individual participating in?  
 On average, how many hours per month does this individual participate in the selected work program?

Most Recent ABAWD Work Requirement  
 \* Is this individual meeting the ABAWD work requirement by working (employment, self-employment, in-kind, and volunteer hours)? **No**

Most Recent ABAWD Exemptions  
 \* Individual Pregnant? **No** \* Verification:   
 \* Expects to have a regular nighttime residence in the next 30 days? **Yes**

**ABAWD in a Geographic Waiver Area**  
 \* Is this individual living in a county covered by the geographic waiver? **Yes**  
 \* Is this individual living on tribal lands covered by the geographic waiver? **No**

Most Recent Exemption Information  
 \* Is this individual meeting Work Registrant requirement by working (employment and self-employment)? **No**  
 \* Is this individual currently physically or mentally incapable of working? **No** \* Verification:

**FS Work Registrant / ABAWD Determination Details** Cancel Reset

Primary Person: ERICK ERICKIEEE 40M PP Case: 3004204191 Status: Pending mode: make 07/01/2022  
 Action Items (1) Documents (0) Discrepancies (0) Work Items (1)

Benefit Begin Month	Benefit End Month	Date Created	Work Registrant	Work Reg Exempt Reason(s)	FS Eligible	ABAWD Status	Exemption Reason(s)	Geo Waiver	Met Work Req
08/01/2022		07/01/2022	Yes		Eligible	ABAWD		Y - WC	N/A
07/01/2022	07/31/2022	07/01/2022	Yes		Eligible	ABAWD		Y - WC	N/A

SARAH ERICKIEEE 46F

Benefit Begin Month	Benefit End Month	Date Created	Work Registrant	Work Reg Exempt Reason(s)	FS Eligible	ABAWD Status	Exemption Reason(s)	Geo-Waiv Req	Met Work Req
08/01/2022		07/01/2022	Yes		Eligible	ABAWD		Y - WC	N/A
07/01/2022	07/31/2022	07/01/2022	Yes		Eligible	ABAWD		Y - WC	N/A

# FS Clock & the Geo Waiver Policy (2/3)

Household members living in a geographic waiver area are classified as ABAWDs under the Refer to FSET page with a new indicator for Geo Waiver.

Refer to FSET Cancel  Reset

Individual	Referral Type	Date of Last Referral Sent	ABAWD Status	Geo Waiver	Met Work Requirement	FS Eligible	Exemption Reason(s)	Category Sequence	Send Referral	Referral History
ERICK ERICKIEEE 47M	Non-Time-Limited Benefits		ABAWD	Yes	N/A	Eligible		01	<input type="checkbox"/>	
SARAH ERICKIEEE 46F	Non-Time-Limited Benefits		ABAWD	Yes	N/A	Eligible		01	<input type="checkbox"/>	

ABAWDs with a geo waiver are not automatically referred to FSET.

FS Clock Cancel  Reset

**Individual Information**

Individual: ERICK ERICKIEEE 47M      Last Updated: 07/01/2022  
 PIN: 9010505189      Sequence: 1

**36 Month Clock**

Start Month: 01/2022      End Month: 12/2024      Clock Months Expired: 6

**Benefit Months**

Time-limited Benefit Months:    Month 1      Month 2      Month 3

Additional Months Start:      End:

**Clock Information and Benefit Months**

Month	Last Updated	Override By	System Status	Additional Out-of-State Month(s)	Worker Override Status	Worker Override Reason
08/2022	11/17/2022		GW - Geo Waiver		<input type="text"/>	<input type="text"/>
07/2022	11/17/2022		GW - Geo Waiver		<input type="text"/>	<input type="text"/>
06/2022	11/17/2022		CE - Clock Not in Effect		<input type="text"/>	<input type="text"/>
05/2022	11/17/2022		CE - Clock Not in Effect		<input type="text"/>	<input type="text"/>
04/2022	11/17/2022		CE - Clock Not in Effect		<input type="text"/>	<input type="text"/>
03/2022	11/17/2022		CE - Clock Not in Effect		<input type="text"/>	<input type="text"/>
02/2022	11/17/2022		CE - Clock Not in Effect		<input type="text"/>	<input type="text"/>
01/2022	11/17/2022		CE - Clock Not in Effect		<input type="text"/>	<input type="text"/>

Individual: EDWARD EDWARDEE    Sequence:    Updated on or before: MM/DD/YYYY    Go

Add Case Comment Cancel  Update

The new fixed 36-month clock is established starting with January 2022.

Starting with June 2022 (the month of implementation), the "GW - Geo Waiver" status will be applied to ABAWDs with a geo waiver.

The "CE - Clock Not in Effect" status is used for months when the system was not tracking a Clock for the individual (e.g., was not eligible for FS yet).

# FS Clock & the Geo Waiver Policy (3/3)

Referrals to FSET agency will now include information about the Geo Waiver and Meeting Work Requirements.

**Referral Details** Cancel Reset

**Record Management**

Last Updated: 08/01/2022

**Referral Information**

Referral:	3000743430	Referral Updated By:	XCTJ2J - HODA NASEREDDIN
ABAWD Status:	ABAWD	Referral Type:	Non-Time-Limited Benefits
ABAWD Exemption Status:		Exemption Reasons:	
FS Referral Effective Begin Date:	08/01/2022	FS Referral Effective End Date:	
FSET Region/Tribe:	02 - Milwaukee	FSET Worker ID:	XCTC8U - JOE BOYLE
FSET Office:	2875	FSET County:	40 - MILWAUKEE COUNTY
Referral Sent From:	IM	Geo Waiver:	WC - ABAWD WAIVER COUNTY
		Meeting Work Requirement:	

**Enrollment Information**

Enrollment Status:	Referred	Enrollment Date:	
Disenrollment Date:		Disenrollment Reason:	
Disenrollment Override Reason:			

**Case Information**

Case:	9004264191	IM Consortium:	11 - STATE CONSORTIUM
IM Worker:	XCTJ2J - HODA NASEREDDIN	IM County/Tribe:	40 - MILWAUKEE COUNTY
		IM Office:	5605

**Initial Contact**

Date: MM/DD/YYYY Method:

Updated on or before: MM/DD/YYYY

Cancel Previous Next



# Confirm Eligibility Page Changes

The monthly system process to assign a Clock Status could not determine the correct status and the system kept the "TB - To be Determined" value.

**FS Clock** Cancel Reset

**Individual Information**  
 Individual: EDWARD EDWARDEEE 47M Last Updated: 11/12/2022  
 PIN: 9010505189 Sequence: 1

**36 Month Clock**  
 Start Month: 01/2022 End Month: 12/2024 Clock Months Expired: 9

**Benefit Months**  
 Time-limited Benefit Months: Month 1 10/2022 Month 2 11/2022 Month 3  
 Additional Months Start: End:

**Clock Information and Benefit Months**

Month	Last Updated	Overridden By	System Status	Additional Out-of-State Month(s)	Worker Override Status	Worker Override Reason
12/2022	11/12/2022		TB - To be Determined			
11/2022	10/01/2022		TL - Time-Limited Benefit			
10/2022	10/01/2022		TL - Time-Limited Benefit			
09/2022	10/01/2022		CE - Clock Not in Effect			
08/2022	10/01/2022		CE - Clock Not in Effect			
07/2022	10/01/2022		CE - Clock Not in Effect			
06/2022	10/01/2022		CE - Clock Not in Effect			
05/2022	10/01/2022		CE - Clock Not in Effect			
04/2022	10/01/2022		CE - Clock Not in Effect			
03/2022	10/01/2022		CE - Clock Not in Effect			
02/2022	10/01/2022		CE - Clock Not in Effect			
01/2022	10/01/2022		CE - Clock Not in Effect			

Individual: EDWARD EDWARDEE Sequence: Updated on or before MM/DD/YYYY Go

The Confirm Eligibility page will display a yellow banner as a reminder to update the FS Clock status value.

**Confirm Eligibility** Cancel Reset

**The following events have occurred:**  
 ⚠️ XE000: At least one member has a "TB - To be Determined" FS Clock status. Update the "TB" status on the FS Clock page.

**Health Care / CTS Results**

Program	Sequence	Benefit Begin Date	Benefit End Date	Benefit Amount	AG Status	Eligibility Status	Reasons	Confirm?
MAGS - BCP - CHILDLESS ADULT	1	01/01/2022		N/A	OPEN	PASS		No
		12/01/2021	12/31/2021	N/A	OPEN	PASS		

**FoodShare Results**

Program	Sequence	Benefit Begin Date	Benefit End Date	Benefit Amount	AG Status	Eligibility Status	Reasons	Confirm?
FS - FOODSHARE	1	01/01/2022		\$459.00	OPEN	PASS		No

**Child Care Results**

Program either not requested or already confirmed.

**W-2 Results**

Program either not requested or already confirmed.

**Confirmed Assistance Group Eligibility Summary**

Program	Sequence	Benefit Begin Date	Benefit End Date	Benefit Amount	AG Status	Eligibility Status	Reasons
CTSZ - CARETAKER SUPPLEMENT - DID NOT APPLY	1	01/01/2022	01/31/2022	\$0.00	DENIED	FAIL	054
FS - FOODSHARE	1	01/01/2022		\$459.00	OPEN	PASS	
CC Z - CHILD CARE-DID NOT APPLY	1	01/01/2022	01/31/2022	N/A	DENIED	FAIL	054
WW Z - W-2 DID NOT APPLY	1	01/01/2022	01/31/2022	N/A	DENIED	FAIL	054

Add Case Comment Cancel Previous Next



# Redesigned Out-of-State FS Benefits Page/Functionality

The FoodShare Gatepost page has been updated to ask about individuals in the ABAWD age range receiving SNAP in another state during the fixed FS Clock period.

The Out-of-State FS Benefit page allows IM workers to pend for verification of other state SNAP benefits and enter countable months (TLBs or Additional Months). Countable months entered on this page will carry over to the FS Clock.

**FoodShare Gatepost** Cancel  Reset

Effective Period  
Last Updated: 12/01/2022

Additional Information  
Is anyone in your household requesting DSNAP benefits?

Has any individual ages 18 to 49 received SNAP benefits from another state from January 2022 to the present?

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

Add Case Comment

Cancel  **Previous** **Next**

**Out-of-State FS Benefit** Cancel  Reset

The following events have occurred:  
AE583: Please select an individual to populate data.

FS Clock Information  
Start Month: 01/2022 End Month: 12/2024 Last Updated:

Individual Information  
Individual:  Go Delete

State Information

State where individual reported receiving SNAP benefits:  Verification:

Did the other state report that the member received TLBs or additional months in the current WI clock period?  Add Another State

Clock Information and Benefit Months  
Month System Status

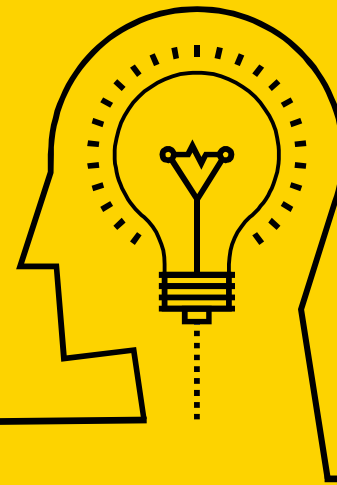
Individual  Go

Add Case Comment

Cancel  **Previous** **Next**

**Navigation Menu**  
Individual Demographics  
Benefits/School  
Individual Non Financial  
Other Health Care Programs  
Asset Information  
Employment Queries  
Employment  
Unearned Income  
BC+ Tax Deductions  
Expenses  
Medical  
Tax Filing Information  
Yearly Income  
W-2/Child-Care  
FoodShare  
Summary  
Gatepost  
ABAWD Relevant Individuals  
**Out-of-State FS Benefit**  
FS WR/ABAWD Info  
DSNAP

# Verify Before Deny



# Project Overview

## Background

Currently, if income reported for a FoodShare (FS) case is over the FS program limits, verification is not needed or requested, and FS can be denied or terminated for being over the income limit. **Per FNS guidance for processing FS benefits, if an individual states that they are over income, the State must verify that they are over the gross income limit for benefits before denying an individual for FoodShare benefits.** This change is beneficial to members as it reduces the chance of an incorrect ineligible determination until all income information is verified.

## Key System Changes

- Pend FoodShare status for income that exceeds the FS program income limits prior to denying or terminating FS eligibility if any one of the income verifications has **"?"/"Q?"/"WN"** status.
- Send Verification Checklist (VCL) to the household and make eligibility determination based on the verified information.
- Deny or terminate FS for lack of verification only when at least one of the household's income is not verified (**"NV"/"QV"**), regardless of whether the income limit is exceeded.
- Deny or terminate FS for high income reasons only when a FS case's income exceeds the program income limits and all household income is verified.
- Updates to the Verification Checklist pages, Verification Checklist, and Eligibility Notice of Decision.

# Pending FS AG for “?”/”Q?” Employment Verification Status

## Scenario:

- Primary Person’s employment income is pending.
- Household gross income is greater than FPL limit.

## Outcome:

FoodShare will pend for employment verification.

**Employment** Cancel    
Total: 3

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**Employment Information**

Effective Period  
 \*Begin Month: 07 / 2022    End Month: MM / YYYY    Last Updated: 07/10/2022  
 Delete Reason:

**Employer Information**

\*Individual: **ARMIE HAMMER 42M PP**    Sequence: 1  
 SSN: 626829293  
 WI Employer Number:     FEIN:   
 \*Employer Name: COSTCO    \*FDSH Wage Lookup:   
 Address:     City:     State:

**Detailed Wage Information**

Pay Frequency  
 \*Pay Frequency: M - MONTHLY

Detailed Wage Information  
 Rate Per Hour: \$     Wage Type:   
 Average Hours Per Pay Period:     Verification:   
 Total Amount Per Pay Period: \$     Delete:

Rate Per Hour	Wage Type	Average Hours Per Pay Period	Verification	Total Amount Per Pay Period	Delete
	SAL - SALARY	40.00	? - NOT YET VERIFIED	1700.00	<input type="checkbox"/>

## Eligibility Run Results

**The following event has occurred:**  
 GL314: No Potential Errors detected.

**Health Care / CTS Program Results**

Run	Assistance Group	Sequence	Benefit Begin Date	Benefit End Date	AG Status	Eligibility Status	Reasons
1	CTSZ - CARETAKER SUPPLEMENT - DID NOT APPLY	1	08/01/2022	07/31/2022	DENIED	FAIL	<a href="#">054</a>
	MA Z - MEDICAL ASSISTANCE - DID NOT APPLY	1	07/01/2022	07/31/2022	DENIED	FAIL	<a href="#">054</a>

**Other Program Results**

Run	Assistance Group	Sequence	Benefit Begin Date	Benefit End Date	AG Status	Eligibility Status	Reasons
1	FS - FOODSHARE	1	08/01/2022	07/31/2022	PEND	PENDING	<input type="checkbox"/>

# FoodShare Budget & Verification Checklist

**FoodShare Budget** Cancel Reset

**Assistance Group Overview**

Assistance Group: FS - FOODSHARE ⓘ Sequence: 1  
 Benefit Begin Date: 08/01/2022 Benefit End Date:  
 Determination Date: 07/10/2022

**Result**

Assistance Group Status: P - PEND Eligibility Status: **PENDING**  
 FoodShare Type: FoodShare Categorically Eligible: NO  
 FoodShare Gross Income Test: FAIL FoodShare Net Income Test: FAIL  
 FoodShare Allotment: FAIL  
 Determination:

**Gross Income Test**

Self-Employment Earnings: \$ 800.00  
 Excess Self Employment Expenses: - -  
 Employment Earned Income: + 2,250.00  
 Gross Employment Earnings: \$ 3,050.00  
 Unearned Income: + 750.00 ⓘ  
 Farm Loss: - -  
 Countable Gross Income: \$ 3,800.00  
 Actual FPL: 207.65%  
 Assistance Group Size: 3  
 Gross Income Limit: \$ 3,660.00 ⓘ

**Net Income Test**

Gross Income: \$ 3,800.00  
 Earned Income Deduction: - 610.00  
 Standard Deduction: - 177.00  
 Excess Medical Expenses: - - ⓘ  
 Dependent Care Deduction: - -  
 Support Payments: - -  
 Adjusted Income: \$ 3,013.00  
 Shelter Deduction: - - ⓘ  
 Net Adjusted Income: \$ 3,013.00  
 Assistance Group Size: 3  
 Net Income Limit: \$ 1,830.00 ⓘ

**Verification Checklist** Cancel Reset

Application Entry Section	Individual	Type	Pending Information / Verification	Assistance Group / Sequence
Employment	ARMIE HAMMER 42M PP	Employment : COSTCO	- Average Hours Per Pay Period, Rate Per hour, Wage Type	FS 01 <span>ⓘ</span>

Individual: ALL ⌵ Assistance Group: ALL ⌵ Updated on or before: MM / DD / YYYY Go

Add Case Comment Cancel ⏪ Previous Next ⏩

# Failing FS AG for “NV”/”QV” Employment Verification Status

## Scenario:

- Primary Person’s employment income is not verified.
- Household gross income is greater than FPL limit.

**Employment** Cancel Reset Total: 3

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**Employment Information**

Effective Period  
 \* Begin Month: 07 / 2022      End Month: MM / YYYY      Last Updated: 07/10/2022  
 Delete Reason:

**Employer Information**

\* Individual: ARMIE HAMMER 42M PP      Sequence: 1  
 SSN: 626829293  
 WI Employer Number:       FEIN:    
 \* Employer Name: COSTCO      \*FDSH Wage Lookup:   
 Address:   
 City:       State:    
 ZIP:  -       Phone:     
 Fax:

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**Detailed Wage Information**

Pay Frequency  
 \* Pay Frequency: M - MONTHLY

**Detailed Wage Information**

Rate Per Hour: \$  .       Wage Type:    
 Average Hours Per Pay Period:       Verification:    
 Total Amount Per Pay Period: \$  .       Delete:

Rate Per Hour	Wage Type	Average Hours Per Pay Period	Verification	Total Amount Per Pay Period	Delete
SAL - SALARY		40.00	NV - NOT VERIFIED	1700.00	<input type="button" value="Q"/>

## Outcome:

FoodShare will fail for lack of verification (reason 112).

Note: FoodShare does not fail for over income reasons.

## Eligibility Run Results

**The following event has occurred:**

**GL 314:** No Potential Errors detected.

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**Health Care / CTS Program Results**

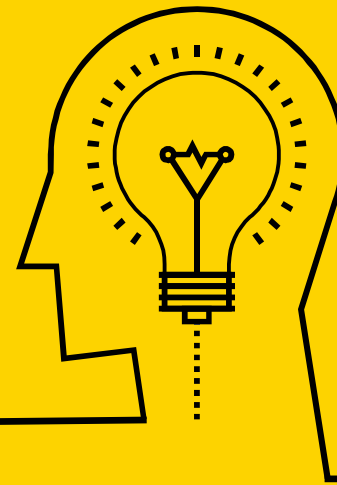
Run	Assistance Group	Sequence	Benefit Begin Date	Benefit End Date	AG Status	Eligibility Status	Reasons
1	CTSZ - CARETAKER SUPPLEMENT - DID NOT APPLY	1	09/01/2022		DENIED	FAIL	<a href="#">054</a>
			08/01/2022	08/31/2022	DENIED	FAIL	<a href="#">054</a>
			07/01/2022	07/31/2022	DENIED	FAIL	<a href="#">054</a>
1	MA Z - MEDICAL ASSISTANCE - DID NOT APPLY	1	09/01/2022		DENIED	FAIL	<a href="#">054</a>
			08/01/2022	08/31/2022	DENIED	FAIL	<a href="#">054</a>
			07/01/2022	07/31/2022	DENIED	FAIL	<a href="#">054</a>

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**Other Program Results**

Run	Assistance Group	Sequence	Benefit Begin Date	Benefit End Date	AG Status	Eligibility Status	Reasons
1	FS - FOODSHARE	1	09/01/2022		DENIED	FAIL	<a href="#">142</a>
			08/01/2022	08/31/2022	DENIED	FAIL	<a href="#">112</a>
			07/01/2022	07/31/2022	DENIED	FAIL	<a href="#">112</a>

# E&T Consolidated Notice and Oral Explanation





# Project Overview

## Background

**New federal regulations for SNAP Employment & Training require that the IM agency provide a written notice and oral explanation to the household of all applicable work requirements for all members of the household.** Applicable work requirements include both the FoodShare Work Registration Requirements and the FoodShare ABAWD Work Requirement, which we will begin referring to as the FoodShare Basic Work Rules and the FoodShare Work Requirement as part of this project. The federal regulations provide a detailed list of topics related to work requirements to be covered in the consolidated notice and the new oral explanation language provides applicants and members with an overview of the information included in the notice. The IM agency must also identify which household member is subject to which work requirement for both the notice and oral explanation. The new notice and oral explanation must be provided prior to certification, recertification, and when a new or existing household member becomes subject to a work requirement. DHS will fully implement the notice at all four required intervals and will first implement the oral explanation at certification and recertification only.

## Key System Changes

- Display the new FS Work Registrant/ABAWD Work Requirement Script Details Page when the script is required at FoodShare application and renewal. The page will populate all the information needed to read the customized script for the household.
- The new Consolidated Notice will be sent at application, at renewal, and any time a FS member's work requirement obligations change (such as losing an exemption, no longer meeting the ABAWD work requirement, or the end of the geographic waiver).
- Self Service Portal/ACCESS enhancements have been made to include updated to reflect the new FoodShare Basic Work Rules and FoodShare Work Requirement language.
- Updates other member correspondence with updated FoodShare Basic Work Rules and FoodShare Work Requirement language (i.e., 45 day renewal, eligibility NOD, appointment letters, E&T referral).

# FS Work Registrant / ABAWD Work Requirement Script Details

The script page will schedule at FS application and renewal for cases where at least one member has a work requirement.

The page will only display sections that apply to the household. For example, if there are no ABAWDs on the case, only the Introduction and the Work Registrants sections will display on the page.

Each section will include the script language for the worker to read. Workers must identify the household members who have each type of requirement. The system will populate the correct members' names in each section.

Contact Details will identify which household member heard the script and allow us to track compliance with the FNS guidelines.

Primary Person : **ROBERT JOSEPH 51M PP** Case: **5004217254** Status: **Open** Mode: **Ongoing** 3.5 10/01/2021

▶ Action Items (1) ▶ Documents (0) ▶ Discrepancies (0) ▶ Work Items (0)

### FS Work Registrant / ABAWD Work Requirement Script Details

Cancel  **Reset**

**Effective Period**  
Last Updated: **10/01/2021** Worker: **A PALANIVEL (XCTJ18)**  
Sequence: **1**

▶ **Contact Information**  
▶ **Introduction**  
▶ **Work Registrants**  
▶ **ABAWDs and TLBs**  
▶ **ABAWDs with a Geographic Waiver**

**Contact Details**

\* Contact Method:    \* Individual Contacted:

Delete:

Contact Method	Individual Contacted	Delete
		<input type="checkbox"/>

**Comments**

Comment:

Current Size = 0 characters (1000 characters max.)

Sequence  Updated on or before MM/DD/YYYY

# New E&T Consolidated Notice

The E&T Consolidated Notice includes all information about a household's Work Registrant and ABAWD work requirements.

Similar to the script, the notice is customized to include the sections that apply to the case and the names of the members to whom each type of requirement applies.



## FoodShare Basic Work Rules and Work Requirement Information

Some FoodShare members in your household must follow FoodShare basic work rules or meet the FoodShare work requirement to keep getting FoodShare benefits. Each member of the household may have different things that they need to do to continue getting their FoodShare benefits. This is explained in more detail in this letter.

Even if you do not have to follow FoodShare basic work rules or meet the FoodShare work requirement now, you may have to in the future. At a later date if you have to follow FoodShare basic work rules or meet the FoodShare work requirement, you will get a letter telling you this.

If you have questions about this letter or need more information about your FoodShare benefits, please call your agency at: <XXX-XXX-XXXX>.



## FoodShare Household Members

Household Members	FoodShare Status
<Name 1>	You are following FoodShare basic work rules. For more details go to the FoodShare Basic Work Rules Information section.
<Work Registrant + ABAWD not meeting the work requirement>	You are currently not meeting the FoodShare work requirement. You must do so to keep getting FoodShare benefits. For more details go to the FoodShare Work Requirement Information section.

# New E&T Consolidated Notice



## FoodShare Basic Work Rules Information

[Name 1], [Name 2], [Name 4], [Name 5], must follow FoodShare basic work rules. This is also known as FoodShare work registration.

FoodShare basic work rules are different from the FoodShare work requirement for some adults ages 18 through 49 who do not have any children living in the home. More information about the FoodShare work requirement can be found in this letter for anyone in your household that needs to meet it. This section gives more information about FoodShare basic work rules.

If you have further questions about FoodShare basic work rules, please call your agency at: <XXX-XXX-XXXX>.

### What are FoodShare basic work rules?

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Federal rules require FoodShare applicants and members that are ages 16 through 59 to follow FoodShare basic work rules. When you complete a FoodShare application or renew your benefits, you are agreeing to follow the FoodShare basic work rules and are registered for work.

If you do not follow FoodShare basic work rules, and you do not have an exemption, you will not be able to get FoodShare benefits for a period of time. This is called a sanction period.

If you need to follow FoodShare basic work rules, you must:

- Provide your agency with your employment status or ability to work.
- Not voluntarily and without good cause quit a job of 30 or more hours per week (or a job with weekly earnings of \$217.50 or more).
- Not reduce your work hours to less than 30 per week without good cause (unless you are earning weekly wages of \$217.50 or more).
- Accept a job offer, if you are offered a job that is a good fit.
- Meet the unemployment compensation program work requirements if you applied for or are getting unemployment benefits.
- Meet the Wisconsin Works (W-2) program work requirements if you are taking part in W-2.



## FoodShare Work Requirement Information

Some adults ages 18 through 49 who do not have any children under age 18 living in the home may need to meet a work requirement to keep getting FoodShare benefits.

FoodShare members who have to meet the FoodShare work requirement must do so each month. You can get FoodShare for three total months within a three-year period without meeting the work requirement. This is called the FoodShare time limit, and these three months of FoodShare benefits are known as time-limited benefits. The current time limit period began on January 1, XXXX, and continues until December 31, XXXX.

The FoodShare work requirement is different from FoodShare basic work rules.

[Name 1], [Name 2] must meet the FoodShare work requirement.

[Name 4] is/are exempt from the FoodShare work requirement.

[Name 5] lives/live in an area where the FoodShare time limit is waived.

If you have further questions about the FoodShare work requirement, please call your agency at: <XXX-XXX-XXXX>.

### How I can I meet the FoodShare work requirement?

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There are three ways to meet the FoodShare work requirement:

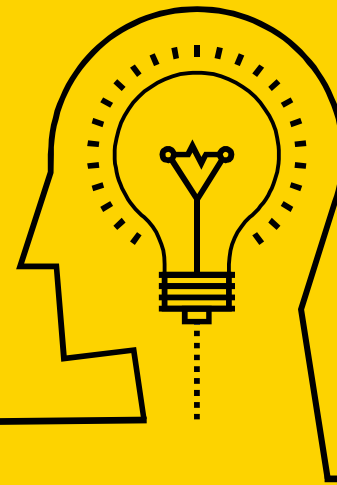
1. Work at least 80 hours each month.
2. Take part in an allowable work program at least 80 hours each month, such as:
  - FoodShare Employment and Training (FSET).
  - Wisconsin Works (W-2).
  - Certain programs under the Workforce Innovation and Opportunity Act (WIOA).
  - An employment and training program for veterans operated by the Department of Labor or the Department of Veterans Affairs.
3. Both work and take part in an allowable work program for a combined total of at least 80 hours each month.

If your work hours drop below 80 hours a month, you must call us at XXX-XXX-XXXX within 10 days in the month after the change in your work hours.

**If I need to meet the work requirement to get FoodShare benefits, when do I need to start meeting it?**

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# Demographic Details



# Project Overview

## Background

Under the overarching DMS Diversity, Equity and Inclusion initiative, the Bureau of Eligibility and Enrollment Policy (BEEP) is leading an effort to **enhance how DHS collects race and ethnicity information in order to align with federal requirements and further the collective vision of the Division of Diversity, Equity and Inclusion, DHS, and DMS.**

The ability to collect and stratify beneficiary data is key to understanding populations served and implementing appropriate interventions to promote equity and improve quality of care. Identifying and reacting to disparities in healthcare utilization is dependent on better data. Increasing the collection of demographic data will build the foundation needed to monitor racial and ethnic disparities and related healthcare disparities.

## Key System Changes

The Demographic Details project aims to develop comprehensive member demographic data that can be used to support and initiate programs and strategies, drive health policies addressing health disparities and combating inequalities across the population, and align with the Justice Diversity, Equity, and Inclusion Initiative. The project scope includes the following:

- Determine the best method to collect demographic data via self-identification within CARES (ACCESS member portal/ CARES Worker Web/ Federally Facilitated Marketplace Data Exchange) by **expanding collection of demographic information beyond the current fields to better identify populations.**
- Provide the ability to **use demographics data collected to identify and improve potential health disparities** for various populations, gender identities, and other groups negatively impacted by structural racism, discrimination, and marginalization.
- Create opportunities to better identify certain marginalized populations and **conduct future outreach** so they can receive existing funding appropriately in the future.
- Update IMMR Canned Reports and Ad Hoc Universe to capture new data elements and fields associated with Race and Ethnicity. These updates will be shared with SAS EDW.

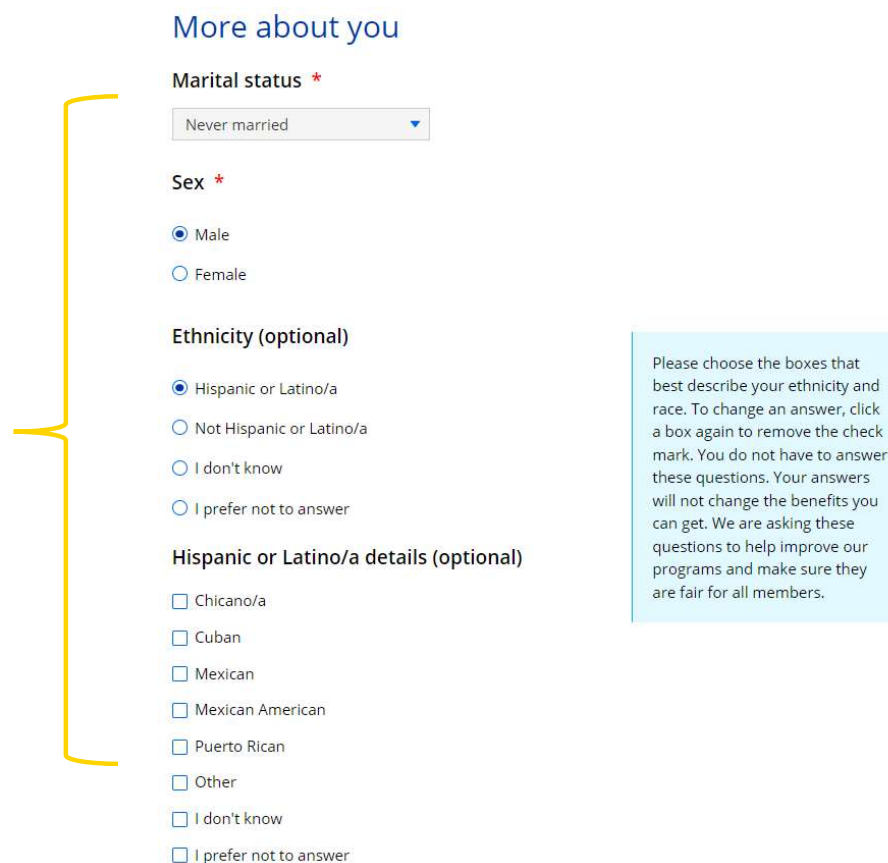
# Detailed Individual's Ethnicity Data Collection – ACCESS

The different modules in the ACCESS self service portal and CARES Worker Web will be enhanced to gather additional ethnicity details if an individual identifies themselves as "Hispanic or Latino/a."

If an individual selects "Hispanic or Latino/a,"

- Further details can be provided, or
- The user can choose not to provide any details.

Selections made by the user will be reflected in user request summary document.



The screenshot shows a form titled "More about you" with the following sections:

- Marital status \***: A dropdown menu with "Never married" selected.
- Sex \***: Radio buttons for "Male" (selected) and "Female".
- Ethnicity (optional)**: Radio buttons for "Hispanic or Latino/a" (selected), "Not Hispanic or Latino/a", "I don't know", and "I prefer not to answer".
- Hispanic or Latino/a details (optional)**: A list of checkboxes for "Chicano/a", "Cuban", "Mexican", "Mexican American", "Puerto Rican", "Other", "I don't know", and "I prefer not to answer".

A yellow bracket on the left side of the form groups the "Marital status", "Sex", and "Ethnicity" sections. A light blue callout box on the right contains the following text:

Please choose the boxes that best describe your ethnicity and race. To change an answer, click a box again to remove the check mark. You do not have to answer these questions. Your answers will not change the benefits you can get. We are asking these questions to help improve our programs and make sure they are fair for all members.



# Detailed Individual's Ethnicity Data Collection – CWW

The different modules in the ACCESS self service portal and CARES Worker Web will be enhanced to gather additional ethnicity details if an individual identifies themselves as "Hispanic or Latino/a."

If an individual selects "Hispanic or Latino/a,"

- Further details can be collected, or
- Applicant can choose not to provide any detail.

If the user request is an ACCESS submission or a Federal Facilitated Marketplace (FFM) account transfer, details will be prepopulated based on the selections made in the ACCESS member portal or the values received from FFM.

Selection/s made will be reflected in application summary documents and user correspondences.

The form displays four different states of the ethnicity data collection process:

- First Screenshot:** The "Hispanic or Latino/a:" dropdown is set to "Yes". A "Hispanic or Latino/a Details:" section is expanded, showing a grid of checkboxes for various ethnicities: CH - Chicano/a (checked), CU - Cuban (checked), DA - Decline to Answer (unchecked), MA - Mexican American (unchecked), ME - Mexican (unchecked), OT - Other (unchecked), PR - Puerto Rican (unchecked), SP - N/A (unchecked), and UN - Unknown (unchecked).
- Second Screenshot:** The "Hispanic or Latino/a:" dropdown is set to "No".
- Third Screenshot:** The "Hispanic or Latino/a:" dropdown is set to "Unknown".
- Fourth Screenshot:** The "Hispanic or Latino/a:" dropdown is set to "Decline to Answer".

# Detailed Individual's Race Data Collection – ACCESS

The different modules in the ACCESS self service portal and CARES Worker Web will be enhanced to gather additional race details for the race/s identified by an individual for themselves.

If a race is selected,

- Further details can be provided, or
- User can choose not to provide any detail.

Selections made by user will be reflected in user request summary document.

## Race (optional)

- American Indian/Alaskan Native
- Asian
- Black/African American
- Native Hawaiian/Pacific Islander
- White
- Other
- I don't know
- I prefer not to answer



## American Indian/Alaskan Native details (optional)

- Bad River Band of the Lake Superior Tribe of Chippewa Indians
- Forest County Potawatomi Community
- Ho Chunk Nation
- Lac Courte Oreilles Band of Lake Superior Chippewa Indians of Wisconsin
- Lac du Flambeau Band of Lake Superior Chippewa Indians
- Menominee Indian Tribe of Wisconsin
- Oneida Nation
- Red Cliff Band of Lake Superior Chippewa Indians
- Sokaogon Chippewa Community
- Saint Croix Chippewa Indians of Wisconsin
- Stockbridge Munsee Community
- Other

- I don't know
- I prefer not to answer

## Black/African American details (optional)

- African (Black)
- African American
- Black
- Caribbean
- Other
- I don't know
- I prefer not to answer

## Native Hawaiian/Pacific Islander details (optional)

- Guamanian or Chamorro
- Native Hawaiian
- Samoan
- Other
- I don't know
- I prefer not to answer

## Asian details (optional)

- Asian Indian
- Chinese
- Filipino
- Hmong
- Japanese
- Korean
- Vietnamese
- Other
- I don't know
- I prefer not to answer

## White details (optional)

- European
- Middle Eastern
- North African
- Persian
- Other
- I don't know
- I prefer not to answer

# Detailed Individual's Race Data Collection – CWW

The different modules in the ACCESS self service portal and CARES Worker Web will be enhanced to gather additional race details for the race/s identified by an individual for themselves.

If a race is selected,

- Further details can be provided, or
- Applicant can choose not to provide any detail.

If the user request is an ACCESS submission, details will be prepopulated based on the selections made by user in ACCESS member portal.

Selection/s made will be reflected in application summary documents and user correspondences.



The screenshot shows a form titled "Race" with several dropdown menus for selection. The categories and their current selections are:

Race Category	Selection
American Indian/ Alaskan Native:	No
Asian:	(Unselected)
Black / African American:	Yes
Native Hawaiian / Pacific Islander:	No
White:	No
Other:	Yes
Unknown:	(Unselected)
Decline to answer:	(Unselected)

*Screenshots showing different selections for race categories*

# Detailed Individual's Race Data Collection – CWW

The different modules in the ACCESS self service portal and CARES Worker Web will be enhanced to gather additional race details for the race/s identified by an individual for themselves.

*Screenshot showing race details options available for “Black / African American”, “Native Hawaiian / Pacific Islander” and “White” race selections:*

Race	
American Indian/ Alaskan Native:	<input type="text" value="No"/>
Asian:	<input type="text" value="No"/>
Black / African American:	<input type="text" value="Yes"/>
	<b>Black / African American Details:</b>
	<input type="checkbox"/> AA - African American <input type="checkbox"/> AF - African (Black)
	<input type="checkbox"/> BK - Black <input type="checkbox"/> CB - Caribbean
	<input type="checkbox"/> DA - Decline to Answer <input type="checkbox"/> OT - Other
	<input type="checkbox"/> SP - N/A <input type="checkbox"/> UN - Unknown
Native Hawaiian / Pacific Islander:	<input type="text" value="Yes"/>
	<b>Native Hawaiian/ Pacific Islander Details:</b>
	<input type="checkbox"/> DA - Decline to Answer <input type="checkbox"/> GC - Guamanian or Chamorro
	<input type="checkbox"/> NH - Native Hawaiian <input type="checkbox"/> OT - Other
	<input type="checkbox"/> SM - Samoan <input type="checkbox"/> SP - N/A
	<input type="checkbox"/> UN - Unknown
White:	<input type="text" value="Yes"/>
	<b>White Details:</b>
	<input type="checkbox"/> DA - Decline to Answer <input type="checkbox"/> EU - European
	<input type="checkbox"/> ME - Middle Eastern <input type="checkbox"/> NA - North African
	<input type="checkbox"/> OT - Other <input type="checkbox"/> PR - Persian
	<input type="checkbox"/> SP - N/A <input type="checkbox"/> UN - Unknown

# Detailed Individual's Race Data Collection – CWW

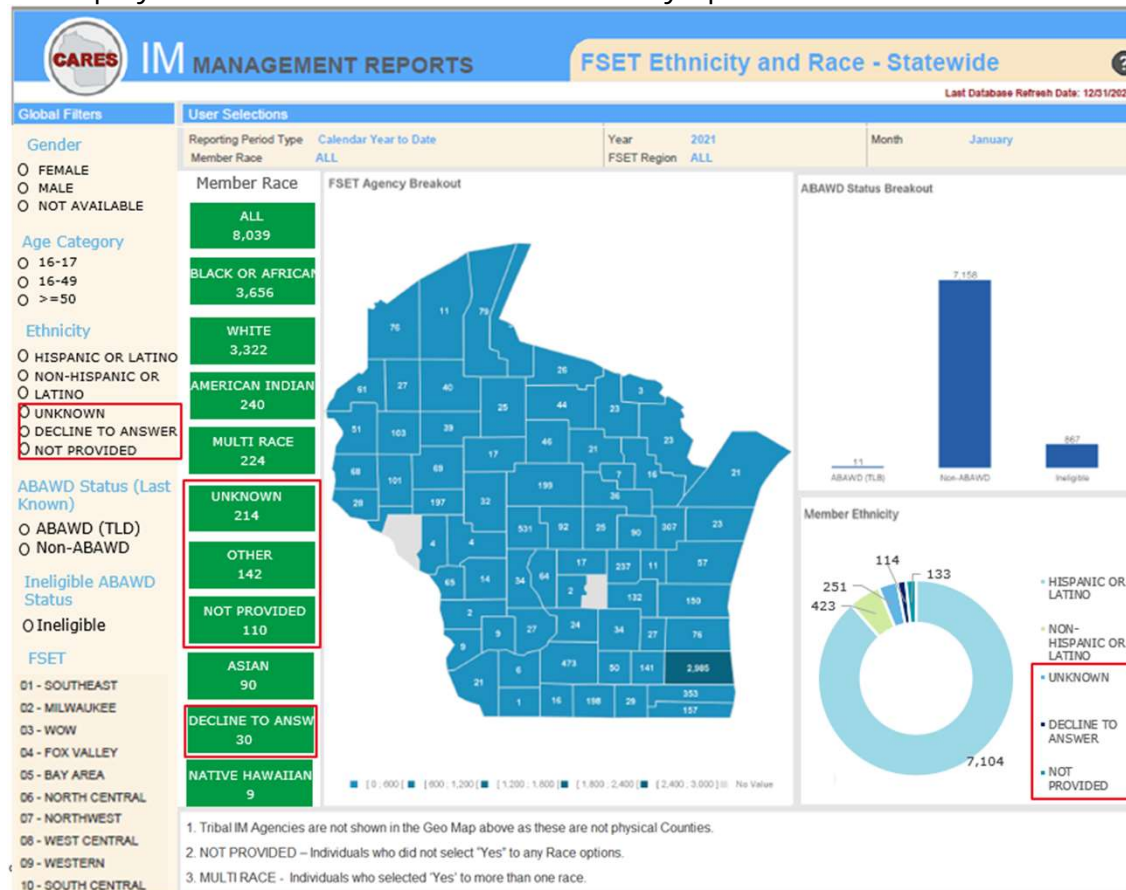
The different modules in the ACCESS self service portal and CARES Worker Web will be enhanced to gather additional race details for the race/s identified by an individual for themselves.

*Screenshot showing race details options available for "American India/ Alaskan Native" and "Asian" race selections:*

Race	
American Indian/ Alaskan Native:	<input type="text" value="Yes"/>
<b>▼ American Indian/ Alaskan Native Details:</b>	
<input type="checkbox"/> BR - Bad River Band of the Lake Superior Tribe of Chippewa Indians	<input type="checkbox"/> DA - Decline to Answer
<input type="checkbox"/> FC - Forest County Potawatomi Community	<input type="checkbox"/> HO - Ho-Chunk Nation
<input type="checkbox"/> LC - Lac Courte Oreilles Band of Lake Superior Chippewa Indians of Wisconsin	<input type="checkbox"/> LD - Lac du Flambeau Band of Lake Superior Chippewa Indians
<input type="checkbox"/> MI - Menominee Indian Tribe of Wisconsin	<input type="checkbox"/> ON - Oneida Nation
<input type="checkbox"/> OT - Other	<input type="checkbox"/> RC - Red Cliff Band of Lake Superior Chippewa Indians
<input type="checkbox"/> SC - Sokaogon Chippewa Community	<input type="checkbox"/> SI - Saint Croix Chippewa Indians of Wisconsin
<input type="checkbox"/> SM - Stockbridge-Munsee Community	<input type="checkbox"/> SP - N/A
<input type="checkbox"/> UN - Unknown	
Asian:	<input type="text" value="Yes"/>
<b>▼ Asian Details:</b>	
<input type="checkbox"/> AI - Asian Indian	<input type="checkbox"/> CH - Chinese
<input type="checkbox"/> DA - Decline to Answer	<input type="checkbox"/> FP - Filipino
<input type="checkbox"/> HM - Hmong	<input type="checkbox"/> JP - Japanese
<input type="checkbox"/> KO - Korean	<input type="checkbox"/> OT - Other
<input type="checkbox"/> SP - N/A	<input type="checkbox"/> UN - Unknown
<input type="checkbox"/> VT - Vietnamese	

# Demographic Details IMMR Summary Report Mockup

- Integrate additional values for Race and Ethnicity captured from CWW.
- Display “Not Provided” if no race or ethnicity options were selected.



## Ethnicity Valid Values:

- Hispanic or Latino
- Non-Hispanic or Latino
- Unknown
- Decline to Answer
- Not Provided

## Race Valid Values:

- American Indian or Alaskan Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White
- Multi Race
- Other
- Unknown
- Decline to Answer

# Demographic Details IMMR Detail Report Mockup

- Integrate additional values for Race and Ethnicity captured from CWW.
- Add "Race Details" and "Ethnicity Details" columns to capture further details.
- Display "Not Provided" if no race or ethnicity options were selected.
- Add "Race/Ethnicity Source Indicator" field to detail reports.

## IM Recipient Detail Report

User Selections	
Year	2018
Month	October
Consortium	NORTHERN
County of Residence	ALL
Office	ALL
Case Load Number	ALL
Primary Worker(s)	ALL
Benefit Category	LONG TERM CARE
Benefit Sub-Category	ALL
Assistance Group	ALL

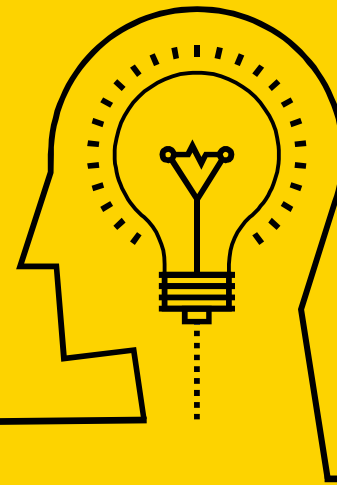
Last Database Refresh Date : 01/22/2022  
[Report Help](#)

5 Confidential Cases are excluded in the IM Recipient Details table shown below.

IM Recipient Details																													
County of Residence	Office	Primary Worker	Recipient PIN	Recipient Name	Case Number	Case Load Number	Primary Individual Indicator	Benefit Sub-Category	Assistance Group	Participation Status Code	Med Stat Code	Earned Income Amount	Self-Employed Income Amount	Unearned Income Amount	Age	Gender	Marital Status	Alien Status	Living Arrangement Type	Ethnicity	Ethnicity Details	Individual Race Code	Race Details	Race and Ethnicity Source Indicator	Tribe Indicator	Disability Indicator	Pregnancy Due Date	Paperless Correspondence Indicator	Email Address
ASHLAND COUNTY	5016 DOUGLAS CO DEPT OF HUMAN SERVICES	X	B			6641	Y	IRIS	MCWS	EA	WS			\$796.00	52	M	DIVORCED			NON-HISPANIC OR LATINO		W	MIDDLE EASTERN	C		Y		N	
ASHLAND COUNTY	5017 DUNN CO DEPT OF HUMAN SERVICES	X	W			8838	Y	COMMUNITY WAIVERS	MCWW	EA	WS			\$825.78	53	M	DIVORCED			NOT PROVIDED		I	ONEIDA NATION	C		Y		N	
ASHLAND COUNTY	5038 WISCONSIN JOB CENTER	X	C			6819	Y	INSTITUTION MEDICAID	MI S	EA	03			\$1,630.34	87	F	WIDOWED			NON-HISPANIC OR LATINO		I	HO-CHUNK NATION	A				N	
ASHLAND COUNTY	5071 WOOD COUNTY HUMAN SERVICES	X	T			7531	Y	INSTITUTION MEDICAID	MI S	EA	03			\$819.00	83	M	DIVORCED		NURSING FACILITY	NOT PROVIDED		I	STOCKBRIDGE-MUNSEE COMMUNITY	A		Y		N	
ASHLAND COUNTY	5071 WOOD COUNTY HUMAN SERVICES	X	T			7531	Y	INSTITUTION MEDICAID	MI S	EA	03			\$1,748.72	93	F	WIDOWED			NON-HISPANIC OR LATINO		I	DECLINE TO ANSWER	F				N	
ASHLAND COUNTY	5071 WOOD COUNTY HUMAN SERVICES	X	T			7531	Y	INSTITUTION MEDICAID	MI S	EA	03			\$1,025.00	78	F	DIVORCED			NON-HISPANIC OR LATINO		W	EUROPEAN	A				N	
ASHLAND COUNTY	5071 WOOD COUNTY HUMAN SERVICES	X	T			7531	Y	INSTITUTION MEDICAID	MI S	EA	03			\$1,597.00	97	F	WIDOWED			NON-HISPANIC OR LATINO		W	MIDDLE EASTERN	F				N	
ASHLAND COUNTY	5071 WOOD COUNTY HUMAN SERVICES	X	T			7531	Y	INSTITUTION MEDICAID	MI S	EA	03			\$1,249.97	99	F	MARRIED			NON-HISPANIC OR LATINO		W	EUROPEAN	C				N	
ASHLAND COUNTY	5071 WOOD COUNTY HUMAN SERVICES	X	T			7531	Y	INSTITUTION MEDICAID	MI S	EA	03			\$1,287.84	80	M	MARRIED		NURSING FACILITY	NON-HISPANIC OR LATINO		I	OTHER	C				N	



# Appendix



# Demographic Details IMMR Report Change Details (1/4)

No.	Report Name	Changes Details
1	IM Member Demographics	<ul style="list-style-type: none"> <li>• Ethnicity Global Filters: "Unknown", "Decline to Answer" and "Not Provided" will be added</li> <li>• Dashboard: <ul style="list-style-type: none"> <li>○ Member Race: "Unknown", "Decline to Answer", "Other" and "Not Provided" will be added. "Balance Reporting" will be streamlined to "Multi Race"</li> <li>○ Member Ethnicity: "Unknown", "Decline to Answer" and "Not Provided" will be added</li> </ul> </li> </ul>
2	FNS101: Participation in Food Programs by Race	No changes will be made at the frontend, but "Unknown" will be calculated as the sum of "Unknown", "Not Provided", "Decline to Answer", "Other" and "Not Provided" at the backend.
3	IM Recipient Summary Report - Detail	<ul style="list-style-type: none"> <li>• "Hispanic Indicator" will be updated to "Ethnicity" to display ethnicity descriptions</li> <li>• Ethnicity: "Unknown", "Decline to Answer" and "Not Provided" will be added</li> <li>• Race Indicator: Indicators that represent "Unknown", "Decline to Answer", "Other" and "Not Provided" will be added</li> <li>• New Fields: "Ethnicity Details", "Race Ethnicity Details" and "Race and Ethnicity Source Indicator" will be added</li> <li>• Ethnicity Details: <ul style="list-style-type: none"> <li>○ Multiple selections will be captured as comma separated values</li> <li>○ Ethnicity Details will be displayed as blank if individuals selected "Non-Hispanic or Latino" or "Unknown" or "Decline to Answer" or skipped ethnicity question ("Not Provided")</li> </ul> </li> <li>• Race Details: <ul style="list-style-type: none"> <li>○ Multiple selections will be captured as comma separated values</li> <li>○ Race Details will be displayed as blank if individuals selected "Unknown" or "Decline to Answer" or "Other" or skipped race question ("Not Provided")</li> </ul> </li> <li>• Race and Ethnicity Source Indicator: source indicators captured from CWW will be added</li> </ul>
4	FSET Enrollees Demographics Dashboard	<ul style="list-style-type: none"> <li>• Ethnicity Global Filters: "Unknown", "Decline to Answer" and "Not Provided" will be added</li> <li>• Dashboard: <ul style="list-style-type: none"> <li>○ Member Race: "Unknown", "Decline to Answer", "Other" and "Not Provided" will be added.</li> <li>○ Member Ethnicity: "Unknown", "Decline to Answer" and "Not Provided" will be added</li> </ul> </li> </ul>

## Demographic Details IMMR Report Change Details (2/4)

No.	Report Name	Changes Details
5	Active Case Management Dashboard – Detail	<ul style="list-style-type: none"> <li>• “Hispanic Indicator” will be updated to “Ethnicity” to display ethnicity descriptions</li> <li>• Ethnicity: “Unknown”, “Decline to Answer” and “Not Provided” will be added</li> <li>• Individual Race Indicator: Indicators that represent “Unknown”, “Decline to Answer”, “Other” and “Not Provided” will be added</li> <li>• New Fields: “Ethnicity Details”, “Race Details” and “Race and Ethnicity Source Indicator” will be added</li> <li>• Ethnicity Details:               <ul style="list-style-type: none"> <li>○ Multiple selections will be captured as comma separated values</li> <li>○ Ethnicity Details will be displayed as blank if individuals selected “Non-Hispanic or Latino” or “Unknown” or “Decline to Answer” or skipped ethnicity question (“Not Provided”)</li> </ul> </li> <li>• Race Details:               <ul style="list-style-type: none"> <li>○ Multiple selections will be captured as comma separated values</li> <li>○ Race Details will be displayed as blank if individuals selected “Unknown” or “Decline to Answer” or “Other” or skipped race question (“Not Provided”)</li> </ul> </li> <li>• Race and Ethnicity Source Indicator: source indicators captured from CWW will be added</li> </ul>
6	Individuals Summary by Benefit Category and Source Report – Detail	<ul style="list-style-type: none"> <li>• “Hispanic Indicator” will be updated to “Ethnicity” to display ethnicity descriptions</li> <li>• Ethnicity: “Unknown”, “Decline to Answer” and “Not Provided” will be added</li> <li>• New Field - “Ethnicity Details” will be added</li> <li>• Ethnicity Details:               <ul style="list-style-type: none"> <li>○ Multiple selections will be captured as comma separated values</li> <li>○ Ethnicity Details will be displayed as blank if individuals selected “Non-Hispanic or Latino” or “Unknown” or “Decline to Answer” or skipped ethnicity question (“Not Provided”)</li> </ul> </li> </ul>

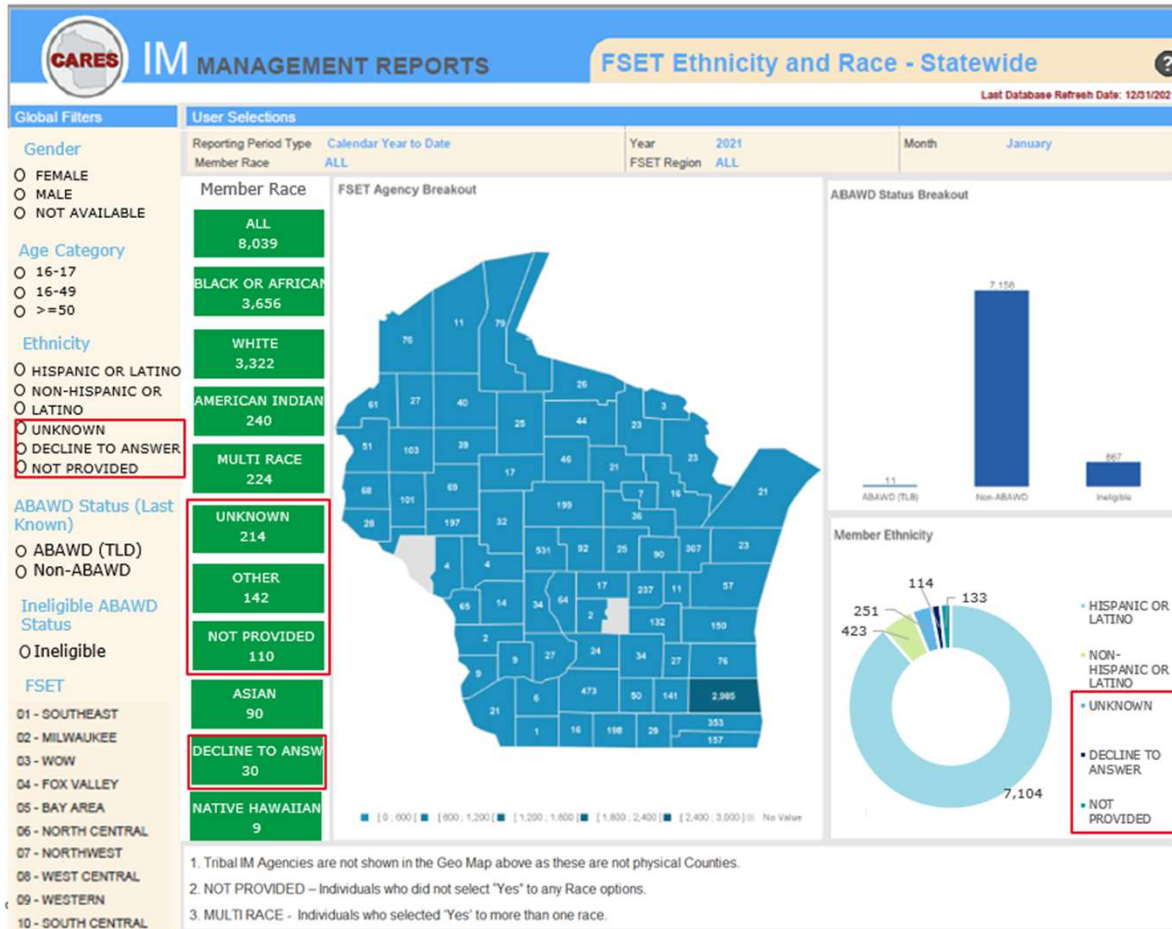
## Demographic Details IMMR Report Change Details (3/4)

No.	Report Name	Changes Details
7	CLA Exemption Monitoring Dashboard – Detail	<ul style="list-style-type: none"> <li>• “Hispanic Indicator” will be updated to “Ethnicity” to display ethnicity descriptions</li> <li>• Ethnicity: “Unknown”, “Decline to Answer” and “Not Provided” will be added</li> <li>• Race: “Unknown”, “Decline to Answer”, “Other” and “Not Provided” will be added</li> <li>• New Fields: “Ethnicity Details”, “Race Details” and “Race and Ethnicity Source Indicator” will be added</li> <li>• Ethnicity Details:               <ul style="list-style-type: none"> <li>○ Multiple selections will be captured as comma separated values</li> <li>○ Ethnicity Details will be displayed as blank if individuals selected “Non-Hispanic or Latino” or “Unknown” or “Decline to Answer” or skipped ethnicity question (“Not Provided”)</li> </ul> </li> <li>• Race Details:               <ul style="list-style-type: none"> <li>○ Multiple selections will be captured as comma separated values</li> <li>○ Race Details will be displayed as blank if individuals selected “Unknown” or “Decline to Answer” or “Other” or skipped race question (“Not Provided”)</li> </ul> </li> <li>• Race and Ethnicity Source Indicator: source indicators captured from CWW will be added</li> </ul>
8	BadgerCare Plus Health Survey Dashboard – Survey Completion by CLA Detail & Survey Completion by Survey Detail	<ul style="list-style-type: none"> <li>• New Values for Race and Ethnicity will be added in Global Filters and table contents               <ul style="list-style-type: none"> <li>○ Ethnicity: “Unknown”, “Decline to Answer” and “Not Provided” will be added</li> <li>○ Race: “Unknown”, “Decline to Answer”, “Other” and “Not Provided” will be added</li> </ul> </li> <li>• New Fields: “Ethnicity Details”, “Race Details” and “Race and Ethnicity Source Indicator” will be added</li> <li>• Ethnicity Details:               <ul style="list-style-type: none"> <li>○ Multiple selections will be captured as comma separated values</li> <li>○ Ethnicity Details will be displayed as blank if individuals selected “Non-Hispanic or Latino” or “Unknown” or “Decline to Answer” or skipped ethnicity question (“Not Provided”)</li> </ul> </li> <li>• Race Details:               <ul style="list-style-type: none"> <li>○ Multiple selections will be captured as comma separated values</li> <li>○ Race Details will be displayed as blank if individuals selected “Unknown” or “Decline to Answer” or “Other” or skipped race question (“Not Provided”)</li> </ul> </li> <li>• Race and Ethnicity Source Indicator: source indicators captured from CWW will be added</li> </ul>
9	Treatment Needs Question (TNQ) Response – TNQ Response by CLA Detail & TNQ Response by Response Detail	
10	CLA Premium Noncompliance Dashboard	
11	CLA Premium Payment Dashboard	
12	CMS Report	

# Demographic Details IMMR Report Change Details (4/4)

No.	Report Name	Changes Details
13	Member Oversight Dashboard - Summary	<ul style="list-style-type: none"> <li>• Ethnicity: "Unknown", "Decline to Answer" and "Not Provided" will be added</li> <li>• Race: "Unknown", "Decline to Answer", "Other" and "Not Provided" will be added</li> </ul>
	Member Oversight Dashboard - Detail	<ul style="list-style-type: none"> <li>• New Fields: "Ethnicity Details", "Race Details" and "Race and Ethnicity Source Indicator" will be added</li> <li>• Ethnicity Details: <ul style="list-style-type: none"> <li>○ Multiple selections will be captured as comma separated values</li> <li>○ Ethnicity Details will be displayed as blank if individuals selected "Non-Hispanic or Latino" or "Unknown" or "Decline to Answer" or skipped ethnicity question ("Not Provided")</li> </ul> </li> <li>• Race Details: <ul style="list-style-type: none"> <li>○ Multiple selections will be captured as comma separated values</li> <li>○ Race Details will be displayed as blank if individuals selected "Unknown" or "Decline to Answer" or "Other" or skipped race question ("Not Provided")</li> </ul> </li> <li>• Race and Ethnicity Source Indicator: source indicators captured from CWW will be added</li> </ul>
14	AFB demographics dashboard - Individual Summary	<ul style="list-style-type: none"> <li>• Ethnicity: "Unknown", "Decline to Answer" and "Not Provided" will be added</li> <li>• Race: "Unknown", "Decline to Answer", "Other" and "Not Provided" will be added</li> </ul>
	AFB demographics dashboard - Individual Detail	<ul style="list-style-type: none"> <li>• New Values for Race and Ethnicity will be added in the top filter bar and table contents <ul style="list-style-type: none"> <li>○ Ethnicity: "Unknown", "Decline to Answer" and "Not Provided" will be added</li> <li>○ Race: "Unknown", "Decline to Answer", "Other" and "Not Provided" will be added</li> </ul> </li> <li>• New Fields: "Ethnicity Details", "Race Details" and "Race and Ethnicity Source Indicator" will be added</li> <li>• Ethnicity Details: <ul style="list-style-type: none"> <li>○ Multiple selections will be captured as comma separated values</li> <li>○ Ethnicity Details will be displayed as blank if individuals selected "Non-Hispanic or Latino" or "Unknown" or "Decline to Answer" or skipped ethnicity question ("Not Provided")</li> </ul> </li> <li>• Race Details: <ul style="list-style-type: none"> <li>○ Multiple selections will be captured as comma separated values</li> <li>○ Race Details will be displayed as blank if individuals selected "Unknown" or "Decline to Answer" or "Other" or skipped race question ("Not Provided")</li> </ul> </li> <li>• Race and Ethnicity Source Indicator: source indicators captured from CWW will be added</li> </ul>

# Demographic Details IMMR Summary Report Mockup



## Ethnicity Valid Values:

- Hispanic or Latino
- Non-Hispanic or Latino
- Unknown
- Decline to Answer
- Not Provided

## Race Valid Values:

- American Indian or Alaskan Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White
- Multi Race
- Other
- Unknown
- Decline to Answer

# Demographic Details IMMR Detail Report Mockup

## IM Recipient Detail Report

Last Database Refresh Date : 01/22/2022

[Report Help](#)

User Selections	
Year	2018
Month	October
Consortium	NORTHERN
County of Residence	ALL
Office	ALL
Case Load Number	ALL
Primary Worker(s)	ALL
Benefit Category	LONG TERM CARE
Benefit Sub-Category	ALL
Assistance Group	ALL

5 Confidential Cases are excluded in the IM Recipient Details table shown below.

IM Recipient Details																													
County of Residence	Office	Primary Worker	Recipient PIN	Recipient Name	Case Number	Case Load Number	Primary Individual Indicator	Benefit Sub-Category	Assistance Group	Participation Status Code	Med Stat Code	Earned Income Amount	Self-Employed Income Amount	Unearned Income Amount	Age	Gender	Marital Status	Alien Status	Living Arrangement Type	Ethnicity	Ethnicity Details	Individual Race Code	Race Details	Race and Ethnicity Source Indicator	Tribe Indicator	Disability Indicator	Pregnancy Due Date	Paperless Correspondence Indicator	Email Address
ASHLAND COUNTY	5016 DOUGLAS CO DEPT OF HUMAN SERVICES	X				6641	Y	IRIS	MCWS	EA	WS			\$796.00	52	M	DIVORCED			NON-HISPANIC OR LATINO		W	MIDDLE EASTERN	C		Y		N	
ASHLAND COUNTY	5017 DUNN CO DEPT OF HUMAN SERVICES	X				8838	Y	COMMUNITY WAIVERS	MCWW	EA	W5			\$825.76	53	M	DIVORCED			NOT PROVIDED		I	ONEIDA NATION	C		Y		N	
ASHLAND COUNTY	5038 WISCONSIN JOB CENTER	X				6818	Y	INSTITUTION MEDICAID	MI S	EA	03			\$1,630.34	87	F	WIDOWED			NON-HISPANIC OR LATINO		I	HO-CHUNK NATION	A				N	
ASHLAND COUNTY	5071 WOOD COUNTY HUMAN SERVICES	X				7531	Y	INSTITUTION MEDICAID	MI S	EA	03			\$619.00	83	M	DIVORCED		NURSING FACILITY	NOT PROVIDED		I	STOCKBRIDGE-MUNSEE COMMUNITY	A		Y		N	
ASHLAND COUNTY	5071 WOOD COUNTY HUMAN SERVICES	X				7531	Y	INSTITUTION MEDICAID	MI S	EA	03			\$1,748.72	93	F	WIDOWED			NON-HISPANIC OR LATINO		I	DECLINE TO ANSWER	F				N	
ASHLAND COUNTY	5071 WOOD COUNTY HUMAN SERVICES	X				7531	Y	INSTITUTION MEDICAID	MI S	EA	03			\$1,029.00	78	F	DIVORCED			NON-HISPANIC OR LATINO		W	EUROPEAN	A				N	
ASHLAND COUNTY	5071 WOOD COUNTY HUMAN SERVICES	X				7531	Y	INSTITUTION MEDICAID	MI S	EA	03			\$1,597.00	97	F	WIDOWED			NON-HISPANIC OR LATINO		W	MIDDLE EASTERN	F				N	
ASHLAND COUNTY	5071 WOOD COUNTY HUMAN SERVICES	X				7531	Y	INSTITUTION MEDICAID	MI S	EA	03			\$1,249.97	99	F	MARRIED			NON-HISPANIC OR LATINO		W	EUROPEAN	C				N	
ASHLAND COUNTY	5071 WOOD COUNTY HUMAN SERVICES	X				7531	Y	INSTITUTION MEDICAID	MI S	EA	03			\$1,287.84	80	M	MARRIED		NURSING FACILITY	NON-HISPANIC OR LATINO		I	OTHER	C				N	