



   **FoodShare Overpayment**

   **Compromise**

   **IMAC Presentation**

   **December 2023**

# Overview

On February 24, 2024, CWW will be enhanced to include a new FoodShare Overpayment Claims Compromise (OCC) tool to review and process FoodShare overpayment claim compromise requests.

People who are liable to repay FoodShare overpayments can contact their local IM agency to request an overpayment claim compromise when they feel like they cannot repay what is owed.

The request will be reviewed to compare what their current household can be anticipated to repay towards their current claim balance prospectively over the next 36 months. If the amount they can repay is less than the claim balance, the overpayment will be reduced.

# Overview

Note that overpayments attributable to any of the following are **not** eligible for a compromise agreement:

- Intentional program violation (“IPV”)
- Trafficking
- Duplicate participation
- Fraud

# Overview

Members may ask the IM agency for a review of the compromise result if they disagree with the outcome. If the member still disagrees with the IM agency decision after the escalation request has been addressed, the request can then be escalated to DHS for a final decision.

There are no fair hearing rights for this process.

# Overview

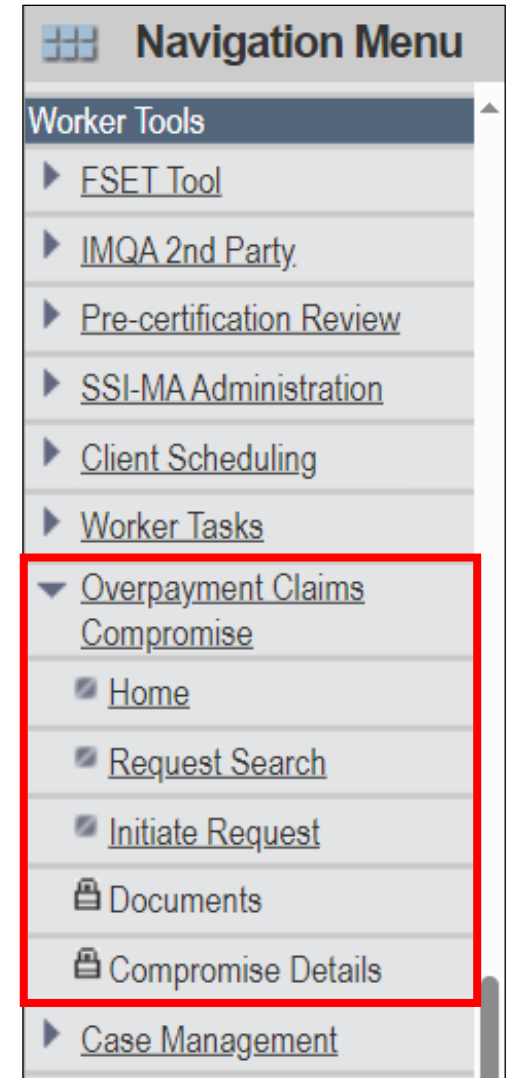
Proof documents will be sent to the requesting agency, rather than the CDPU or MDPU. The local agency will be responsible for scanning and linking the documents to the compromise request using the OCC tool.

Documents will be scanned at the individual, rather than the case level.

# CARES Enhancements

The OCC tool will be accessed from the CWW Navigation Menu and will not be part of the eligibility functionality.

Using the OCC tool to automate the process of reviewing claim compromise requests will increase the accuracy and consistency of decisions made by IM workers and minimize the workload on IM agencies (as compared to a manual process).



# CARES Enhancements

Based on the requester's current household income, assets, and expenses, along with other liable person's household information if provided, the OCC tool can calculate a prospective amount to repay over 36 months.

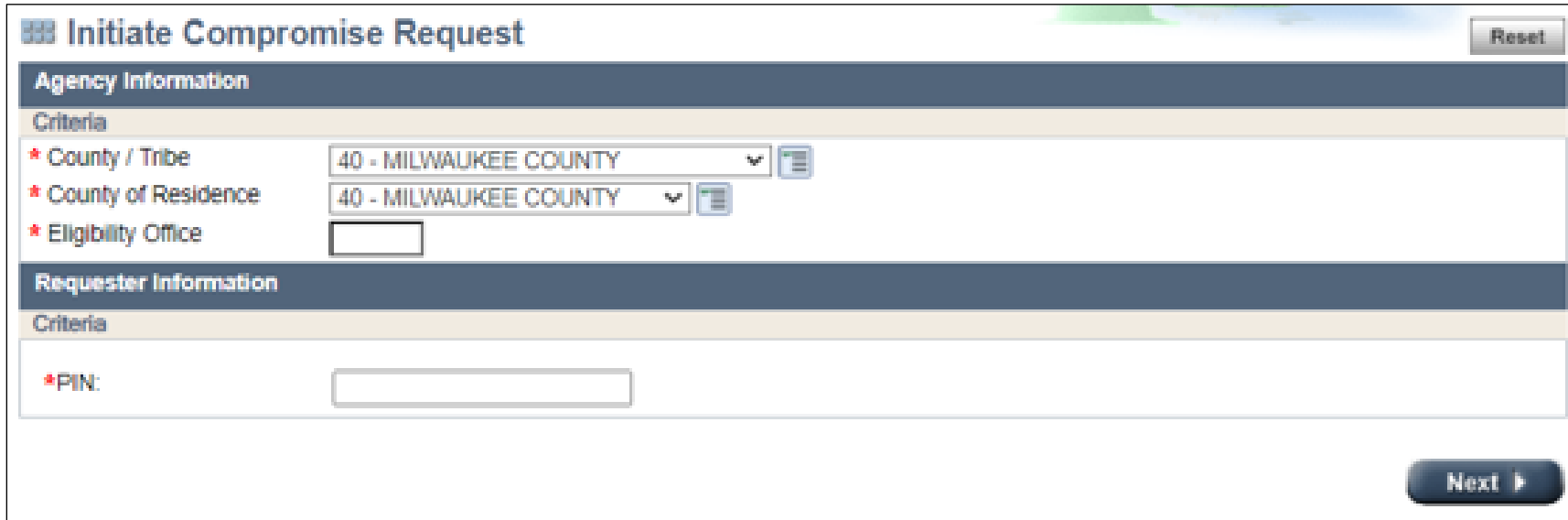
For approvals, the household information of any liable persons with the most favorable outcome of reducing the overpayment will be used to calculate the compromise.

In total, the OCC tool will contain nineteen pages to collect the necessary information to process the request.

# OCC Tool in CWW

## Initiate Compromise Request Page:

The worker enters agency information, member's PIN, and creates a new compromise request. When the worker selects Next on this page, the Overpayment Claim Compromise Identifier Number (OCCIN) will be created.



The screenshot shows a web application window titled "Initiate Compromise Request". The window has a "Reset" button in the top right corner. The form is divided into two main sections: "Agency Information" and "Requester Information".

**Agency Information**

Criteria

- \* County / Tribe: 40 - MILWAUKEE COUNTY (dropdown menu)
- \* County of Residence: 40 - MILWAUKEE COUNTY (dropdown menu)
- \* Eligibility Office: (empty text box)

**Requester Information**

Criteria

- \*PIN: (empty text box)

At the bottom right of the form is a "Next" button with a right-pointing arrow.



# OCC Tool in CWW

## Compromise Individual Demographics Page:

The worker enters demographics for the member (e.g., full name, D.O.B.)

The screenshot shows a web form titled "Compromise Individual Demographics" with a "Cancel" button and a "Reset" button in the top right corner. The form is divided into several sections:

- Individual Demographics**
  - Individuals Information from CARES**
    - PIN: [Redacted]
    - Name: [Redacted]
    - DOB: [Redacted]
    - Case Number(s): [Redacted]
    - Note: All archived cases will become unarchived.
    - Demographic language: **English**
- Member Contact Information**
  - Email: [Redacted]
  - Phone number: [555] [555] [5555]
- Address Information**
  - Number: [Redacted] Unit: [Redacted] Direction: [Redacted] \*St / Rural Rt / Box Number Suffix: [Redacted] RD - ROAD Quadrant: [Redacted] Apt: [Redacted]
  - Additional Address Info: [Redacted]
  - \*City: [Madison] \*State: [WI - WISCONSIN] \*ZIP: [53719] - [Redacted]
  - Post office suggested address verification: [Redacted]

At the bottom, there is a blue bar with a dropdown menu set to "Individual", a "Cancel" button, and "Previous" and "Next" buttons.

# OCC Tool in CWW

## Representative Demographics Page:

The worker enters demographics of the authorized representative when one is listed on the compromise request form.

The screenshot shows a web form titled "Representative Demographics" with a "Cancel" button and a "Reset" button in the top right corner. The form is organized into several sections:

- Representative Demographics** (Section Header)
- Liabe Individual's Name** (Section Header)
  - Name: [Text Input Field]
- Representative** (Section Header)
  - Is there a verified representative for [Text Input Field] Yes ▾
  - Note: Please make sure the verified form is on file for the representative
- Representative Name** (Section Header)
  - \*First Name [Text Input Field] MI [Text Input Field] \*Last Name [Text Input Field] Suffix [Dropdown Menu]
- Representative Communication** (Section Header)
  - \*Language: [Dropdown Menu] \* Send copy of notices? [Dropdown Menu]
- Address Information** (Section Header)
  - Number [Text Input Field] Unit [Text Input Field] Direction [Dropdown Menu] \*St / Rural Rt / Box Number Suffix [Text Input Field] [Dropdown Menu] Quadrant [Dropdown Menu] Apt [Text Input Field]
  - Additional Address Info [Text Input Field]
  - \*City [Text Input Field] \*State [Dropdown Menu] WI - WISCONSIN \*ZIP [Text Input Field] - [Text Input Field]
  - Post office suggested address verification:
- Footer** (Section Header)
  - Individual [Text Input Field] [Dropdown Menu]
  - Cancel [Text Input Field] [Previous] [Next]

# OCC Tool in CWW

## Claim Compromise Address Verification Page:

The mailing address is compared to Post Office suggestions.

**Claim Compromise Address Verification** Cancel Reset

**The following events have occurred:**

WT006: 'Zip +4' has been added.

**Original Address (Mailing)**

Number	Unit	Direction	*St / Rural Rt / Box Number	Suffix	Quadrant	Apt
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Additional Address Info

\*City:  MADISON      \*State:  WI - WISCONSIN      \*ZIP:  53717 -

**Post Office Suggested Address**

Number	Unit	Direction	St / Rural Rt / Box Number	Suffix	Quadrant	Apt
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Additional Address Info

City:  MADISON      State:  WI - WISCONSIN      ZIP:  53717 -  2806

**What Would You Like To Do**

☒ Accept Post Office Suggested Address - Use the address listed in the 'Post Office Suggested Address' section when there are no error messages displayed.

☐ Override Post Office Suggested Address - Keep address listed in 'Original Address' section.

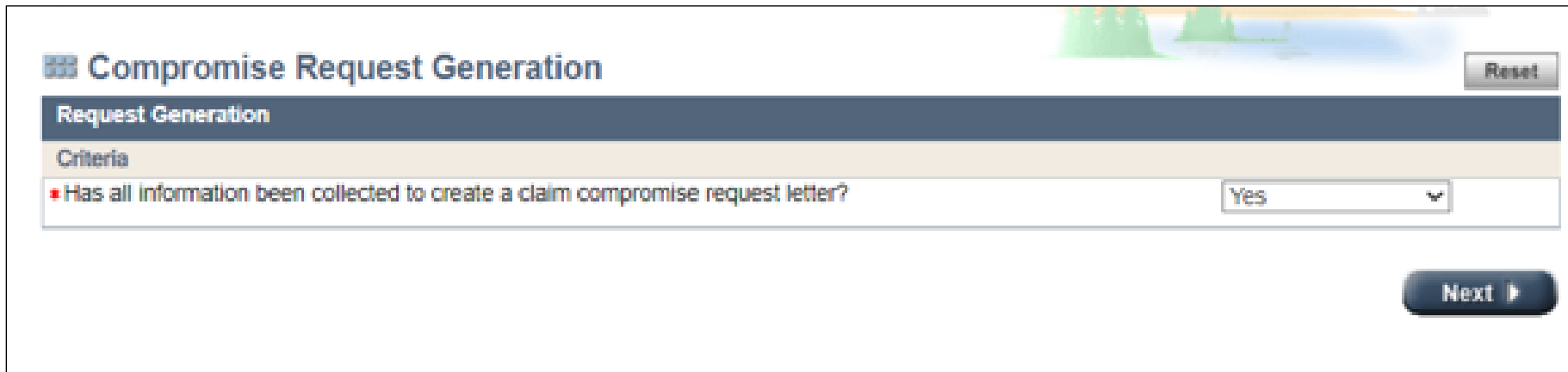
☐ Resubmit Original Address - After making changes, re-verify the modified address with the Address Verification web service.

Cancel Previous Next

# OCC Tool in CWW

## Compromise Request Generation Page:

The worker generates a claim compromise request letter after collecting the agency information as well as the member's PIN, contact information, address, and representative details. The claim compromise request letter is sent to the member to collect the information needed to complete the compromise calculations.



**Compromise Request Generation** Reset

**Request Generation**

**Criteria**

■ Has all information been collected to create a claim compromise request letter? Yes ▾

Next ►

# OCC Tool in CWW

## Claims Compromise Details (Landing) Page:

The worker can view a summary of the compromise request and navigate to the different pages.

**Claim Compromise Details** Cancel Reset

**Claim Compromise Details**

**Compromise Request Information**

CCIN:		Last Updated By:	
Status:	Request Form Sent	Last Updated Date:	10/01/2023
Completion Date:	12/12/2023		

**Agency Information**

County / Tribe:	40 - MILWAUKEE COUNTY
County of Residence:	40 - MILWAUKEE COUNTY
Eligibility Office:	MILWAUKEE ENROLLMENT SERVICES (5040)

**Overpayment Claim(s)**

Overpayment Claim #	Overpayment Claim Amount
No data found.	

**Primary Requester on the Compromise Request**

PIN	Name	Case Number(s)	Verification Document Status

**Liabe Individual(s) on the Compromise Request**

PIN	Name	Case Number(s)	Verification Document Status
No data found.			

**What would you like to do?**

☒ Start/Continue Driver

☐ Upload/Track Document(s)

☐ Add/Modify Claim(s)

☐ Add/Modify Liabe Individual(s)

☐ Modify Liabe Individual Mailing/Contact Information

☐ Modify Representative Mailing/Contact Information

☐ Modify Assets/Income/Expenses

☐ Generate Verification Document

☐ Calculate compromise

☐ Approver/Deny Claim Request

☐ Begin Escalation

☐ Manually Deny

Next

# OCC Tool in CWW

## Document Upload and Tracker Page:

The worker can upload documents and track the status of proof request.

Note: This is done with the OCC tool and not uploaded through ECF.

Document Upload and Tracker

CancelReset

Document Upload

Add Document



Description:

Document Type:

Liabe Individual's Name:













Browse

Uploaded Documents

Document Name	Document Type	Liabe Individual	Date Added	Delete
Request Form for	Compromise Request Form		4/10/24	 

Claim Verification Tracker

Pending Requests

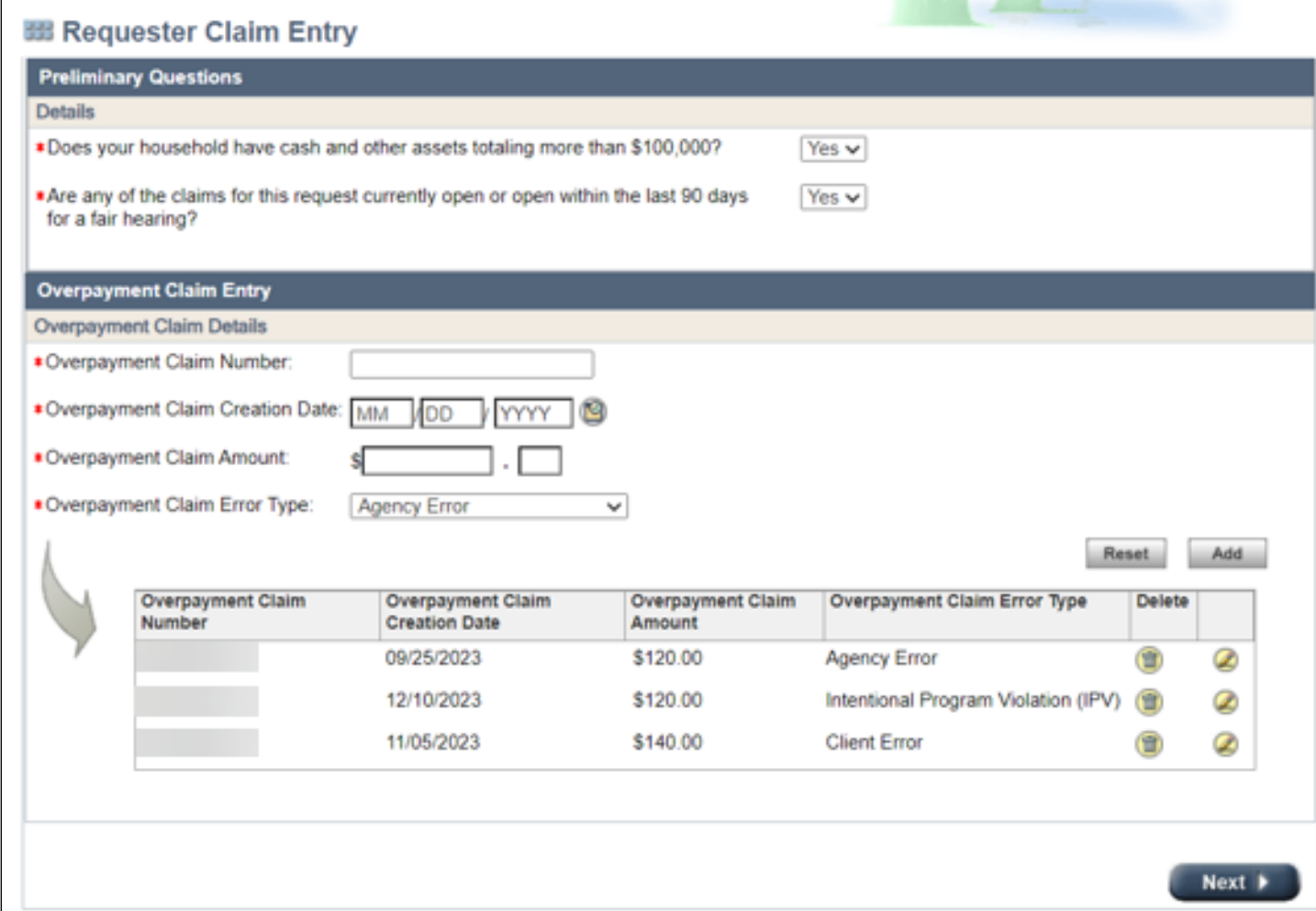
Name	Proof Type	Worker Comments	Due Date	Override Due Date	Status
	Earned Income	Test1	5/24/23	MM DD / YYYY 	 Verification Form Sent 
	Insurance	Test2	5/25/23	MM DD / YYYY 	 Verification Form Sent 
	Financial Support	Test3	5/26/23	MM DD / YYYY 	 Verification Form Sent 
	Medical/Dental Expenses	Test4	5/29/23	MM DD / YYYY 	 Verification Form Sent 

Next

# OCC Tool in CWW

## Requester Claim Entry Page:

The worker adds claim numbers, amounts, and the date on which the claim was created for all outstanding overpayment claims. This information must be verified in BRITS.



**Requester Claim Entry**


**Preliminary Questions**







**Details**

- Does your household have cash and other assets totaling more than \$100,000?
- Are any of the claims for this request currently open or open within the last 90 days for a fair hearing?

**Overpayment Claim Entry**

**Overpayment Claim Details**

- Overpayment Claim Number:
- Overpayment Claim Creation Date:    
- Overpayment Claim Amount: \$  .
- Overpayment Claim Error Type:

Overpayment Claim Number	Overpayment Claim Creation Date	Overpayment Claim Amount	Overpayment Claim Error Type	Delete	
	09/25/2023	\$120.00	Agency Error		
	12/10/2023	\$120.00	Intentional Program Violation (IPV)		
	11/05/2023	\$140.00	Client Error		

# OCC Tool in CWW

## Liabe Individual Entry Page:

The worker must tie all liable individuals to the entered overpayment claim numbers for a compromise request.

**Liabe Individual Entry**

Cancel ☐ Reset

**Liabe Individual Entry**

Delete: ☐

Overpayment Claim Number:

Liable Individual's PIN:

Liable Individual's Name:

Reset Add

Overpayment Claim Number	Liable Individual's PIN	Liable Individual's Name	Deleted
			<input type="checkbox"/>
			<input type="checkbox"/>

Cancel ☐ Previous Next



# OCC Tool in CWW

## Compromise Verification Document Request Page:

The worker can generate a verification request if additional information is needed. The “Worker Comments for Verification Proof Document” field is available to enter further explanation of what is needed.

The screenshot shows a web form titled "Compromise Verification Document Request". At the top right are "Cancel" and "Reset" buttons. The form is divided into sections: "Liable Individual's Details" with a "Name:" field, and "Send Verification Proof Documents" which contains a question "Would you like to send a Compromise Verification Document for this individual?" with a "Yes" dropdown. Below this is a section for "Which documents does this member need to submit?" with a "Proof Type:" dropdown and a "Worker Comments for Verification Proof Document:" text area (noting "Current Size = 0 characters (100 characters max.)"). A "Delete:" checkbox is also present. A table below has columns for "Proof Type", "Worker Comments for Verification Proof Document", and "Deleted". At the bottom, there is a navigation bar with an "Individual" dropdown, a "Go" button, and "Previous" and "Next" buttons. A "Cancel" checkbox is also at the bottom right.

Proof Type	Worker Comments for Verification Proof Document	Deleted
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# OCC Tool in CWW

## Liabe Person Household Page:

The worker can add all household member information for each liable individual on the compromise request.

**Liabe Person Household** Cancel Reset

**Household Information**

**Liabe Individual Details**

Name:

Claim Number(s):

**Add Household Members**

\*First Name MI \*Last Name Suffix Gender \*Birth Date \*Relationship

\*Does this individual purchase & prepare meals with this household?

☐ Delete

Reset Add

Name	DOB	Relationship	Purchase and Prepares Meals Together	Delete
<input type="text"/>	04/17/1991	Self	Y	<input type="checkbox"/>

Individual

Cancel Previous Next

# OCC Tool in CWW

## Assets, Income, and Expenses Page:

The worker adds asset, income, and expense information for the primary requester and their current household as well as any other liable individuals and their current household.

**Assets, Income and Expenses**

**Assets, Income and Expenses**

**Liabe Individual**

Name:

**Assets**

Does your household have cash and other assets totaling more than \$100,000? **No**

**Income Section**

**Details**

Individual Name:

Income Type:

Amount: \$  .

Individual Name	Income Type	Amount	Delete
<input type="text"/>	Self-employment income	\$120.00	<input type="button" value="Delete"/> <input type="button" value="Add"/>

**Expense Section**

**Details**

Individual Name:

Expense Type:

Amount: \$  .

Individual Name	Expense Type	Amount	Delete
<input type="text"/>	Rent or Mortgage	\$120.00	<input type="button" value="Delete"/> <input type="button" value="Add"/>

# OCC Tool in CWW

## Begin Calculation Process Page:

The worker will complete a final check that all information was accurately submitted for each liable individual.

**Begin Calculation Process** Cancel ☐ Reset

Liable Individual's Name	Have all required signatures been collected for this individual?	Begin claim calculation for this individual?
	Yes ▼	Yes ▼
	Yes ▼	No ▼
	No ▼	Yes ▼

◀ Previous Next ▶

# OCC Tool in CWW

## Compromise Calculation Page:

The worker can view the calculated compromise amount for each liable individual.

**Compromise Calculation** [Reset]

**Compromise Calculation**

**Household Details**

Liabe Person: [Redacted]

Household Member(s): [Redacted]

**Compromise Calculation**

1. Total Gross Employment Income:	\$1,203.01
2. Total Self-Employment Income:	\$0.00
3. Total Earned Income (add lines 1 and 2):	\$1,203.01
4. Total Unearned Income (public assistance, pensions, social security, etc.):	\$0.00
5. Total Other Unearned Income (not listed on line 4):	\$0.00
6. Total Unearned Income (add lines 4 and 5):	\$0.00
7. Total Household Income (add lines 3 and 6):	\$1,203.01
8. Shelter Costs (rent, mortgage, taxes, fees, property tax, other assessments or fees related to your home):	\$400.00
9. Utilities (or other heating and cooling costs):	\$471.00
10. Allowable Debt Payments:	\$0.00
11. Insurance:	\$0.00
12. Medical Expense:	\$0.00
13. Transportation Expense:	\$0.00
14. Education:	\$0.00
15. Financial Support to others:	\$0.00
16. Other Expenses:	\$0.00
17. Earned Income Deduction (20% of line 3):	\$240.60
18. Total Expenses (add lines 8 through 17):	\$1,111.60
19. Adjusted Net Income (subtract line 7 - line 18):	\$91.41
20. 10% of Monthly FoodShare Allotment:	\$65.50
21. 3% of adjusted Net Income (3% of line 19):	\$2.74
22. The greater of line 20 or line 21:	\$65.50
23. Compromise Amount (line 22 x 36 months):	\$2,358.00

Individual [Redacted] Go

# OCC Tool in CWW

## Compromise Calculation Results Page:

Displays all original and calculated claim compromise amounts and allows worker to assign new claim amounts for each claim.

Compromise Calculation Results

CancelReset

Compromise Calculation Results

Calculated Compromise Amount(s)					
Liable Individual	Total Original Claim Amount	Current Calculated Amount			
	\$400.00	\$450.00			
	\$400.00	\$250.00			
	\$100.00	\$90.00			

Overpayment Claim Details for Initial Review

Claim Number	Original Claim Amount	Claim Creation Date	Initial Review Approved Claim Amount	Initial Review Approval/Denial	Liable Individuals
101	\$200.00	02/01/2021	\$ -		
102	\$100.00	06/01/2021	\$ -		
103	\$100.00	08/12/2021	\$ -		

Review Comments

Comments:

Current Size = 0 characters (250 characters max.)

Add

Status	Comments	Last Updated	Worker ID
Calculation In Progress	Claim 101 and Claim 102 are approved due to income	2023-04-13 07:27:16.12	

Submit

# OCC Tool in CWW

## Compromise Calculation Results Page (Cont.):

If new approved claim amount is less than original amount, the compromise will be approved.

Compromise Calculation Results

CancelReset

Compromise Calculation Results

Calculated Compromise Amount(s)

Liable Individual	Total Original Claim Amount	Current Calculated Amount
	\$400.00	\$450.00
	\$400.00	\$250.00
	\$100.00	\$90.00

Overpayment Claim Details for Initial Review

Claim Number	Original Claim Amount	Claim Creation Date	Initial Review Approved Claim Amount	Initial Review Approval/Denial	Liable Individuals
101	\$200.00	02/01/2021	\$ -		
102	\$100.00	06/01/2021	\$ -		
103	\$100.00	08/12/2021	\$ -		

Review Comments

Comments:

Current Size = 0 characters (250 characters max.)

Add

Status	Comments	Last Updated	Worker ID
Calculation In Progress	Claim 101 and Claim 102 are approved due to income	2023-04-13 07:27:16.12	

Submit

# OCC Tool in CWW

## Manual Denial Reason Page:

Loads questions and answers from Requester Claim Entry page and allows worker to modify the selections.

The screenshot shows the 'Manual Denial Reason' form. At the top, there is a title bar with 'Manual Denial Reason' and buttons for 'Cancel' and 'Reset'. Below this is a section titled 'Manual Denial' with a sub-section 'Liable Individual's Information'. This section contains a 'Name' field with a dropdown arrow. The next section is 'Denial Reasons', which contains several checkboxes and text boxes. The first checkbox is 'You have too much income. Our calculations show that you would be able to repay your debt within 3 years.' The second checkbox is 'You have too many assets. Please wait 18 months before reapplying for compromise unless you can prove significant financial change.' The third checkbox is 'You did not provide the information needed to make a decision. You can still return your missing proof if it was within 60 days of your request. For us to reconsider your request without requiring a new request submission, please submit your missing proof items by [MM] [DD] / [YYYY] [icon] We need proof of [text box]'. The fourth checkbox is 'All your overpayment claims resulted from an intentional program violation (IPV)'. The fifth checkbox is 'You requested a fair hearing or the fair hearing request window has not ended. You can request another compromise on [MM] [DD] / [YYYY] [icon]'. The sixth checkbox is 'You requested a compromise within the past 18 months and were denied on the basis of assets. Please wait the full 18 months before applying again.' Below these is a section titled 'Worker Comments' with a text box labeled 'Note from your worker:'. At the bottom right, there are buttons for 'Cancel', 'Previous', and 'Submit'.

**Manual Denial Reason** Cancel ☐ Reset

**Manual Denial**

**Liable Individual's Information**

Name:

**Denial Reasons**

☐ You have too much income. Our calculations show that you would be able to repay your debt within 3 years.

☐ You have too many assets. Please wait 18 months before reapplying for compromise unless you can prove significant financial change.

☐ You did not provide the information needed to make a decision. You can still return your missing proof if it was within 60 days of your request. For us to reconsider your request without requiring a new request submission, please submit your missing proof items by  [MM] [DD] / [YYYY] [icon] We need proof of

☐ All your overpayment claims resulted from an intentional program violation (IPV).

☐ You requested a fair hearing or the fair hearing request window has not ended. You can request another compromise on  [MM] [DD] / [YYYY] [icon]

☐ You requested a compromise within the past 18 months and were denied on the basis of assets. Please wait the full 18 months before applying again.

**Worker Comments**

Note from your worker:


Cancel ☐



# OCC Tool in CWW

## Claim Compromise Request Search Page:

Search for claim compromise by OCCIN or PIN.

 Claim Compromise Request Search

Reset

Search

Criteria

☐ Claim Compromise identifier Number:

☒ PIN:

Go

Results for PIN

# OCC Tool in CWW

## Compromise Request Homepage:

Shows all compromise requests tied to their respective admin county.

Compromise Request Homepage				
Recent Reviews				
OCCIN	Status	Date Last Accessed	Due Date	
	Request Form Creation	06/08/2024	07/10/2024	
	Request Form Sent	07/19/2024	09/28/2024	
	DHS Escalation - Complete	04/01/2024	04/21/2024	
	Request Form Received In-Progress	08/12/2024	09/28/2024	
	IM Escalation - Complete	04/01/2024	04/21/2024	
	Calculation In-Progress	08/15/2024	09/28/2024	
	DHS Escalation - In progress	04/01/2024	04/21/2024	
	Compromise Request Completed	03/28/2024	05/12/2024	
	Request Form Received In-Progress	03/10/2024	04/21/2024	
	IM Escalation - In progress	04/01/2024	04/21/2024	
Claims Compromise Actions Needed				
Compromise Status	Counts			
Request Form Creation	3			
Request Form Sent	3			
Request Form Received In-Progress	50			
Calculation In-Progress	3			
IM Escalation - In progress	5			
IM Escalation - Complete	2			
DHS Escalation - In progress	8			
DHS Escalation - Complete	12			
Compromise Request Completed	20			

# OCC Tool in CWW

## Claim Compromise Status Results Page:




Workers can view all the OCCIN's tied to one PIN or status type.

Claim Compromise Status Results

Status

Status: Request Form Creation

Results

<a href="#">OCCIN</a>	<a href="#">Status</a>	
	Request Form Creation	
	Request Form Creation	
	Request Form Creation	

Previous

# Changes in Member Correspondence

Nine new letters have been created to support the OCC process:

## **1. Overpayment Claim Compromise Request Letter**

Notifies members they need to fill out a compromise request form to initiate the claim compromise request process.

## **2. Overpayment Claim Compromise Verification Proof Letter**

Allows workers to request verification to process a member's claim compromise request.

## **3. DCF PACS Write-Off/Adjustment Form**

The worker will manually download this form from within the tool and email to PACS to notify them that a claim compromise has been approved.

# Changes in Member Correspondence

Nine new letters have been created to support the OCC process:

## **4. Initial Approval Letter**

Notifies any liable individuals on a claim that the compromise has been approved.

## **5. IM Escalation Approval Letter**

Notifies all liable individuals that a compromise has been approved following an IM agency escalation.

## **6. DHS Escalation Approval Letter**

Notifies all liable individuals that a compromise has been approved following a DHS agency escalation.

# Changes in Member Correspondence

Nine new letters have been created to support the OCC process:

## **7. Initial Denial Letter**

Notifies any liable individuals on a claim that the compromise has been denied.

## **8. IM Escalation Denial Letter**

Notifies all liable individuals that a compromise has been denied following an IM agency escalation.

## **9. DHS Escalation Denial Letter**

Notifies all liable individuals that a compromise has been denied following a DHS escalation.

# Questions?