

Caretaker Supplement **(CTS) Handbook** **Release 23-02**

The information concerning the Caretaker Supplement program provided in this handbook release is published in accordance with Section 49.775 of the Wisconsin Statutes and Chapters HA 3 and DHS 2 of the Wisconsin Administrative Code.

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1.1 Introduction

Program History and Authority

The Caretaker Supplement (CTS) is a cash benefit program. The program's benefit recipients are low-income parents who receive Supplemental Security Income (SSI) payments. These SSI parents receive CTS benefits for each of their eligible children.

Wisconsin's Caretaker Supplement was authorized by 1997 Act 27, which created ss. 49.775. This original statutory language enabled and funded the program and specified the program's basic eligibility requirements. It also included language that specified that the intent of the program was to provide cash benefits to SSI parents who would have met the eligibility requirements for benefits that were in place on July 16, 1996 under Aid to Families With Dependent Children (AFDC), a program eliminated by the federal government in 1997.

The first Caretaker Supplement benefits were distributed to approximately 5,700 former AFDC recipients for their 11,000 children in December 1997. The initial benefit payment was \$77 per child. Beginning January 1998, the program began paying SSI recipients who had not been receiving AFDC, but whose children met the eligibility requirements for AFDC and would have received AFDC cash and Medicaid benefits had AFDC not been eliminated by the federal government. These CTS-eligible children were identified by their receipt of AFDC-Medicaid in Wisconsin's Client Assistance for Re-Employment and Economic Support (CARES) computer system. AFDC-Medicaid eligibility requirements were identical to AFDC cash requirements, and this methodology for identifying new CTS cases served as a satisfactory proxy until a CTS-specific electronic eligibility determination process could be implemented in CARES.

The benefit payment amount for CTS remained \$77 per month, per child until July 1998, when the payment was increased by the Legislature to \$100 per month, per child. 1999 Wisconsin Act 9 increased the benefit to \$250 per month for the first eligible child and \$150 per month for each subsequent eligible child. This change was effective in November 1999. CTS benefits are never prorated based on the number of days an SSI parent is eligible for any payment month.

During April 2001, the Wisconsin Legislature promulgated Ch. HFS 79, an administrative rule that enabled the Department of Health Services to recover CTS benefit payments that were incorrectly made, due to ineligibility or overpayment, to SSI recipients.

Appendix 1, State Statutes and Codes contains current statutory language governing the Caretaker Supplement benefit.

On January 25, 2002, CTS became a unique program of assistance in Wisconsin's CARES system. Local economic support agency workers began using this computerized system to process applications, determine eligibility and generate notices and payments for CTS effective with payments for March 2002.

As of July 2020, approximately 5,400 SSI families were receiving Caretaker Supplement benefits for 10,300 children.

Benefit Funding

In 2003, CTS benefits totaled approximately \$29.5 million. Caretaker Supplement benefits are funded by a combination of Wisconsin general purpose revenue tax dollars (GPR) and federal Temporary

Assistance to Needy Families (TANF) dollars. The portion of CTS funding that is derived from GPR dollars is utilized by the Department of Health Services (DHS) to meet Wisconsin's federally imposed maintenance of effort requirement for Supplemental Security Income. For SSI purposes, CTS benefits are viewed as part of Wisconsin's SSI state supplemental payment. After DHS counts its GPR funded portion of CTS toward its SSI maintenance of effort requirement, the remainder of CTS benefit funding is supported by TANF dollars.

In turn, these TANF dollars are counted by Wisconsin's Department of Children and Families (DCF) toward its federally imposed TANF maintenance of effort.

Program Administration and Partnerships

The Caretaker Supplement program is administered by the Wisconsin Department of Health Services, IM Consortia and tribal economic support agencies. The local agencies are the point of application and eligibility determination for CTS. DHS contracts with several data processing firms to manage the CARES related aspects of the program and to process SSI payments, to which CTS benefits are added. Illustration 1 in [5.4 ILLUSTRATIONS](#) depicts these administrative relationships.

Persons who need to report a lost or stolen SSI check that includes Caretaker Supplement or who need a CTS benefit history must contact Member Services at 800-362-3002. Requests for CTS benefit histories may also be faxed to 608-221-0991. Misdirected SSI benefit checks must be mailed to:

DHS/ State SSI

P.O. Box 6680

Madison, Wisconsin 53716-0680.

For assistance with all matters related to application, eligibility, payment amount, appeals and grievances, etc., however, recipients or their representatives must contact their county or tribal economic support agency.

The Wisconsin Department of Children and Families receives this state's block grant for TANF funding and is therefore responsible for meeting the TANF reporting requirements specified by the federal Administration for Children and Families (ACF) and completing the federal ACF-199, TANF Data Report. The DHS assists in this activity by providing monthly payment, eligibility and demographic information to DCF regarding CTS related TANF expenditures.

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2.1 Application Introduction

Anyone has the right to apply for CTS. However, individuals younger than 18 years old must have a parent or a legal guardian apply for CTS on their behalf unless they are living independently.

The applicant may be assisted by any person they choose in completing an application.

Anyone who expresses interest in applying should be encouraged to file an application as soon as possible. When an application is requested, the Income Maintenance (IM) agency staff must do one of the following:

1. Suggest the applicant file their application through ACCESS if they are also applying for health care or FoodShare benefits.
2. Complete or schedule a telephone or face-to-face interview.
3. Suggest the applicant mail in their application using the Caretaker Supplement Application ([F-22571](#)). Provide the application (if requested), along with any other information, instruction, and materials needed to complete the application process.

The IM agency must provide the following documents at application or when a new request for CTS is made on an existing case:

- Notice of Assignment: Child Support, Family Support, Maintenance and Medical Support form ([DWSP2477](#)) must be provided to all applicants.
- Child Support Cooperation & Good Cause notice ([DCF-P-5600](#)) must be provided to all applicants applying for CTS who have a child with an absent parent. The IM agency must also send this document to the member in situations where a parent leaves the home resulting in a child on the case now having an absent parent.

The IM agency must also provide these documents to anyone that requests them.

Refer requests for applications and other outreach materials from groups and persons involved in outreach efforts to www.dhs.wisconsin.gov/forms/index.htm.

2.1.1 Affirmative Action and Civil Rights

The Rehabilitation Act of 1973 requires a person with impaired sensory, manual, or speaking skills have an opportunity to participate in programs equivalent to those afforded non-disabled persons.

Notify members during intake that assistance is available to assure effective communication. This includes certified interpreters for deaf persons and translators for non-English speaking persons. See the ForwardHealth Enrollment and Benefits Handbook ([P-00079](#)).

The Civil Rights Act of 1964 requires that applicants for public assistance have an equal opportunity to participate regardless of race, color, or national origin.

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2.2 Where to Apply

The agency (county/tribe or consortium) of the applicant's county of residence must process the individual's application.

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2.3 Valid Application

A valid application for CTS must include the applicant's:

1. Name
2. Address
3. Signature (see [SECTION 2.4.1 VALID SIGNATURES](#))

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2.4 Valid Signature

2.4.1 Valid Signature Introduction

The applicant or their representative (see [SECTION 2.4.1.1 SIGNATURES FROM REPRESENTATIVES](#)) must sign one of the following (using their own signature):

- The signature section of the CTS paper application ([F-22571](#))
- The signature page of the Application Summary, either over the phone, electronically, or with a handwritten signature
- The ACCESS application with an electronic signature

Note *If a person signs an ACCESS or paper application or submits a telephonic signature, no additional written signature shall be required on the Application Summary.*

2.4.1.1 Signatures from Representatives

The following people can sign the application with their own name on behalf of the applicant:

- **Guardian**
When an application is submitted with a signature of someone claiming to be the applicant's guardian, obtain a copy of the document that designates the signer of the application as the guardian. From the documents provided, ensure that the person claiming to be the applicant's guardian can file an application on their behalf (see [SECTION 4.8.2 LEGAL GUARDIANS AND CONSERVATORS](#)).

When someone has been designated as one of the following, only the guardian, not the applicant, may sign the application or appoint an authorized representative:

- Guardian of the estate
 - Guardian of the person and the estate
 - Guardian in general
- If the applicant only has a **legal guardian of the person**, the guardian may sign the application since they are acting responsibly for an incompetent or incapacitated person. However, a legal guardian of the person can't appoint an authorized representative. The applicant must be the one to appoint an authorized representative if they choose to have one.

The applicant may appoint their legal guardian of the person to be the authorized representative. If the legal guardian of the person has been appointed, they may sign the application as the authorized representative.

- **Authorized Representative**
The applicant may authorize someone to represent them. An authorized representative can be a person or an organization (see [SECTION 4.8.1 AUTHORIZED REPRESENTATIVES](#)).

Applicants appointing an authorized representative when applying by telephone or in person need to complete the Appoint, Change, or Remove an Authorized Representative form (Person [F-10126A](#) or Organization [F-10126B](#)).

Once appointed, an authorized representative may be responsible for submitting a completed, signed application and any required documents. However, the authorized representative is not required to sign the application, though they are able to sign on behalf of the applicant. If an

applicant has an authorized representative, the applicant can still sign the application on their own behalf.

When appointing an authorized representative, someone other than the authorized representative must witness the applicant's signature. If the applicant signs with a mark, two witness signatures are required.

- **Durable power of attorney** (Wis. Stat. ch.244)

A durable power of attorney is a person to whom the applicant has given power of attorney authority and agrees that the authority will continue even if the applicant later becomes disabled or otherwise incapacitated (see [SECTION 4.8.3 POWER OF ATTORNEY](#)).

Applications signed by someone claiming to be the applicant's durable power of attorney are not considered properly signed unless a copy of the Durable Power of Attorney form designating the durable power of attorney is included with the application and indicates the durable power of attorney's authority continues notwithstanding any subsequent disability or incapacity of the applicant.

An applicant's durable power of attorney may appoint an authorized representative for purposes of making a CTS application if authorized on the Durable Power of Attorney form. The Durable Power of Attorney form will specify what authority is granted.

The appointment of a durable power of attorney does not prevent an applicant from filing their own CTS application nor does it prevent the applicant from granting authority to someone else to apply for public assistance on their behalf.

- Someone acting responsibly for an incompetent or incapacitated person.

Example 1	Carla is hospitalized and temporarily incapacitated. Marco, a hospital social worker, can apply for CTS on Carla's behalf.
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2.4.2 Witnessing the Signature

The signatures of two witnesses are required when the application is signed with a mark.

An agency staff person is not required to witness the signature on an application.

Signing with a mark does not affect the state of Wisconsin's ability to prosecute for fraud nor does it
Note: *prevent the CTS program from recovering benefits provided incorrectly due to an applicant's or member's misstatement or omission of fact.*

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2.5 Filing Date

2.5.1 In Person/Mail/Fax

The filing date is the day a signed, valid application form ([F-22571](#)) or Application Summary is received by the Income Maintenance (IM) agency or the next business day if it is received after the agency's regularly scheduled business hours.

2.5.2 By Telephone

When a request for assistance is made by telephone, the filing date is set when a telephonic signature or the signed application/registration form is received by the agency (see [SECTION 2.4.1 VALID SIGNATURES](#)).

2.5.3 Through ACCESS

The filing date on an ACCESS application for CTS is the date that the application is submitted electronically, regardless of the time of day it was submitted.

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2.6 Time Frames

2.6.1 Time Frames Introduction

All applications received by an agency must be processed and eligibility approved or denied as soon as possible but no later than the 30th calendar day after the date on which the application is received by the agency (or the next business day if the 30th day falls on a weekend or holiday).

The 30-day processing time frame must be extended to allow the applicant at least 20 days to provide requested information or verification.

Note For ACCESS applications, the "date received" for purposes of determining when the application processing period begins may be different from the filing date (see [SECTION 2.5 FILING DATE](#)). The date received is the day the application is submitted to the agency or the next business day if submitted weekdays after 4:30 p.m., on a weekend, or on a holiday.

Example 1:	A signed application was received on March 15. The worker processed the application on April 7 and requested verification. Verification was due April 27 but was not received by that date. Even though the end of the 30-day application processing period was April 14, the application should not be denied until April 27 to allow at least 20 days to provide verification.
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If an agency fails to take action (positive or negative) during the 30-day processing period, and the applicant is subsequently found eligible, redetermine eligibility using the filing date associated with that most recent application.

Example 2:	A signed application was received on May 15. The first day of the 30-day period was May 16. The end of the 30-day period would have been June 14. The application was approved on June 20, and the applicant is determined eligible beginning May 1.
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2.6.2 Changes

Changes that occur between the filing date and the confirmation date should be used in the initial eligibility determination.

For changes causing a negative action that occurs after the confirmation date, members have the right to adequate and timely notices following adverse action rules ([SEE SECTION 4.5.3 NOTICE OF ADVERSE ACTION](#)).

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2.7 Begin Dates

2.7.1 Begin Dates Introduction

CTS eligibility begins the first day of the month in which the valid application is submitted and all program requirements are met with the following exceptions:

2.7.2 Backdated Eligibility

Eligibility for CTS may be backdated prior to the month of application only when a parent with an open CARES case is unexpectedly awarded Supplemental Security Income (SSI) eligibility to a month earlier than the present month. When this situation occurs, the IM worker must determine CTS eligibility, based on the information available for this open case, for all months back to the first month of SSI eligibility. However, backdating to the SSI start date is allowed only when the assistance group has been an open case in CARES for the entire period of backdating and is otherwise eligible for CTS. In this case, the month of “application for assistance” is considered to be the application date of the most recent continuously open case in CARES.

Under no circumstances may CTS benefits be paid for a month during which the assistance group was not an open case in the CARES system or otherwise not eligible for CTS.

In cases not involving retroactive SSI eligibility, such as when someone already receiving SSI opens a FoodShare or Health Care case in CARES, CTS eligibility may not start any earlier than the month of the earliest application/request for CTS.

2.7.3 Person Adds

When the primary person reports a dependent child has moved into the home by the 10th of the month following the month in which the child moved in, the effective date of the person add should be the date the child moved into the home. If the move was not reported by the 10th of the following month, the effective date of the move is the date the move was reported. If the child is determined eligible for CTS, the IM agency must request supplemental CTS benefits for the entire month for the effective date that the child was in the home, and any subsequent months.

Example 1:	Ann has a CTS case with her son Jimmy and receives \$250 a month in CTS benefits. She reports on November 2 that her 14-year-old daughter, Brooke, moved back into the home in October. The worker adds Brooke to the case and determines she is eligible for CTS in December. As a result, the December benefit will increase to \$400. Since Ann reported her daughter was in the home before the 10th of the following month, the worker also determines CTS eligibility for Brooke for the months of October and November and finds that Brooke was eligible for CTS for both months. The worker requests CTS supplements of \$150 each for both October and November.
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Example 2:	Same as Example 1, but Ann doesn't report Brooke moved back into the home until November 11. Since Ann failed to report the change by November 10, the effective date is November 11—the date Ann reported the change. Brooke should not be added to the case until November 11. After determining eligibility, the worker should request a CTS supplement of \$150 only for November.
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2.8 Denials and Terminations

2.8.1 Termination

If less than a calendar month has passed since a member's eligibility has been terminated, CTS can be reopened without requiring a new application. To reopen, the reason for the termination must be corrected (e.g., verification provided or a renewal completed) and the family is otherwise eligible for CTS.

If more than a calendar month has passed since a member's CTS eligibility was terminated, the person must file a new application to reopen his or her CTS.

2.8.2 Denial

If a CTS application is denied and less than 30 days has passed since the applicant's eligibility was denied, allow the applicant or his or her representative to re-sign and date the original application to file a new application.

If more than 30 days has passed since an applicant's eligibility was denied, the person must file a new CTS application.

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3.1 Nonfinancial

3.1.1 Standard Filing Unit (SFU)

When determining whether a possible CTS assistance group exists for any application, CARES configures a standard filing unit (SFU). This is a methodology for determining which members of a household must be taken into consideration when determining whether the non-financial and financial requirements of CTS are met. This methodology was first used when AFDC was available to residents of Wisconsin, and is used for CTS today, because CTS eligibility is built on the former requirements for the now defunct AFDC.

The SFU process will build a CTS case around a specific child, identifying the adults and other children who are also part of the CTS case and potentially able to garner CTS benefits that will be added to the parent's SSI payment.

To establish the SFU, determine whether the household contains at least one SSI parent caring for at least one minor child. Often, several children fit this criterion in a single household, so identify the "target child" around whom the CTS case will be built. Use either one of the following choices to determine which child in a household should be the target child:

1. First Choice for Target Child: The oldest minor or dependent 18-year-old (see [SECTION 3.1.10 DEPENDENT 18-YEAR-OLDS](#)) child-in-common for parents in the household.
2. Second Choice for Target Child: The oldest child or dependent 18-year-old (see [SECTION 3.1.10 DEPENDENT 18-YEAR-OLDS](#)) of the person identified by CARES as the Primary Person, when there are no dependent children-in-common or the only dependent children-in-common receive SSI, themselves.

Whenever the Primary Person in a case does not have any dependent children, or when all of the primary person's children receive SSI, it is not possible for a household to receive CTS.

The most typical family configuration seen among CTS applicants consists of a single parent with minor children or dependent 18-year-old offspring who meet the AFDC criteria for dependence. The second most common CTS family configuration occurs when two recipients of SSI live in a household with their minor children, some or all of whom do not receive SSI, themselves. There are many family configurations that include CTS recipients, however. See [SECTION 5.4 ILLUSTRATIONS](#) for twelve examples.

After determining the target child, the SFU process requires that the natural or adoptive parents of the target child are included in the filing unit, along with any minor siblings or half-siblings of the target child. Parents of half-siblings are also included in the filing unit. Finally, minor siblings who have been married, but whose marriages were annulled, are included in the filing unit.

Some members of a household are not included in the SFU. Currently married or divorced persons under the age of 18 are not considered minor children for CTS purposes and are not included in the SFU. Step-siblings, step-parents, any children of the target child, and all other relatives and non-relatives who live in the household are excluded from the SFU.

SSI parents are not permitted to voluntarily exclude any person from the SFU who would otherwise be automatically included. For instance, a parent may not opt to exclude a minor child who has income from wages from the SFU, when this income will cause the rest of the group to be income ineligible for

CTS.

After determining which members of the household are in the SFU, determine which members are potentially eligible for CTS cash assistance. At this point, begin to refer to the people who have become members of the SFU as the assistance group, or "AG."

3.1.2 Definition of CTS Eligibility

A CTS-eligible parent is a recipient of SSI who has met all financial and non-financial requirements for CTS. The CTS grant amount will include \$0 for the parent, however. A CTS eligible child is a minor child or dependent 18-year-old who has met all financial and non-financial eligibility requirements for CTS. The CTS grant amount will include cash benefits for each eligible child. Any parent who is pregnant cannot be eligible for CTS benefits for the fetus until the child is born.

3.1.3 SSI Eligibility in Wisconsin

Parents in a CTS assistance group must be current recipients of SSI state supplemental benefit payments in Wisconsin. If the entire SSI payment is being recouped, the parent does not qualify as a CTS parent. CTS parents may be eligible for both federal and Wisconsin State Supplemental SSI payments (SSP) or for SSP payments only, as a Grandfathered State-Only SSI Recipient. When both parents of any CTS eligible child are in the home, both must be receiving SSI in Wisconsin as a condition of CTS eligibility.

SSI or CTS benefits cannot be paid for any month to any federal SSI recipient whose state of jurisdiction is not Wisconsin. If the federal Social Security Administration (SSA) has classified the parent(s)' SSI as within the jurisdiction of Wisconsin and has sent this status to DHS via federal/state SSI data exchange, the child may be eligible for CTS.

Eligibility for federal SSDI benefits or Medicaid under s. 1619(b) of the Social Security Act, does not qualify a parent as a CTS parent.

Children receiving SSI are not eligible for CTS. However, any child who formerly received SSI and has appealed the termination of SSI (without continuation of cash benefits pending the outcome of the appeal) may be eligible for CTS, even though their Medicaid under SSI has continued. A child who receives Medicaid under s. 1619(b) may be eligible for CTS, because they did not receive SSI cash benefits.

3.1.4 Citizens and Immigrants

Any person who is not a U.S. citizen must meet one of the following criteria to be potentially eligible for CTS:

1. Be lawfully admitted to the U.S. for permanent residence
2. Be lawfully present in the U.S. pursuant to 8USC 1153, 1157, 1158, 1160 and 1182
3. Be granted lawful temporary resident status under 8 USC 1161 or 1255a and be:
 - a. A Cuban or Haitian applicant [PL 96-422, 501(e), (1) or (2) (A) effective 4/1/83], or
 - b. Not a Cuban or Haitian applicant, but adjusted to lawful temporary resident status more than 5 years before the CTS application date

4. Be otherwise permanently residing in the U.S. under the color of law (PRUCOL), with evidence of approved PRUCOL status. Lawfully admitted aliens who are not eligible for CTS because they are here temporarily include tourists, visitors, students and diplomats.

3.1.5 Wisconsin Residency

Parents and children must be physically present and intend to reside in Wisconsin to be eligible for CTS.

3.1.6 Living Arrangement

Parent and children, must reside together in a qualified living arrangement. The following are CTS qualified arrangements:

1. Independent home, apartment or mobile home
2. Shelter for battered woman/ domestic abuse
3. Homeless
4. Hospital, short term
5. Section 202/236 housing
6. Community- Based Residential Facilities (CBRFs)

People who are incarcerated in jail or prison are not in a CTS qualified living arrangement and not eligible
Note: for CTS with one exception. Huber Law prisoners who are released from jail to provide care for their children can be eligible for CTS.

Huber Law prisoners who are released for a purpose other than attending to the needs of their children are not eligible for CTS.

3.1.7 Temporary Absence

Unlike some other programs of public assistance, CTS does not allow eligibility in cases where parents or children are temporarily absent from the home.

3.1.8 Household Relationship

Household relationships are a key component of CTS eligibility. SSI parents must be caring for their own children, by birth or adoption, to qualify for CTS. This means that the parent resides with the child and provides the majority of physical care and financial support and functions in the parental role. When two SSI parents live with their children in common, only one of these parents may be identified as the parent who is caring for their children. When an SSI recipient is a minor parent who resides with their child and there are adults in the household, the minor parent must be the person caring for the child; not the adults in the household.

3.1.9 Joint Custody Arrangements

When custody of a child is shared between parents, the parent with whom the child resides the majority of the time is identified as caring for the child for CTS purposes.

When the natural or adoptive parents of a child do not live together, and have joint custody (through a mutually agreed upon arrangement or court order) and you cannot determine who the child is living with the majority of the time, act on the CTS case as follows:

1. Determine if the agreement or court order awarding joint custody designates a “primary caretaker.” A parent designated as the primary caretaker is the primary person.

2. If one parent is not designated, ask the parents to decide which one is the “primary caretaker.” If they decide within the 30-day processing, act on the application as based on what they decided.
3. If no decision is made within the 30 days of the application date, review the parents’ activities and responsibilities to determine which parent is the primary caretaker. Use the following list:
 - a. If the parents reside in different school districts, where does the child attend school? Who selected the school?
 - b. Who assists the child with homework or school-related tasks?
 - c. Are there tuition costs for the child’s education? If so, who pays those costs?
 - d. If the child is enrolled in day care, who arranges for and pays these costs?
 - e. Who is responsible for taking the child to and from school and/or day care?
 - f. Which parent is listed as the contact for emergencies at the child’s school or daycare provider?
 - g. Who arranges medical and dental care for the child? Who selects the physician and dentist? Who maintains the child’s medical records?
 - h. Who initiates decisions regarding the child’s future?
 - i. Who responds to medical or law enforcement emergencies involving the child?
 - j. Who spends money on food or clothing for the child when the child visits the absent parent?
 - k. Who disciplines the child?
 - l. Who plays with the child and arranges for entertainment?
 - m. Are more of the child’s toys, clothing, etc., kept at one parent’s home more than the other’s?

This list is not exclusive, and there may be situations where you find additional criteria to apply.

There are cases in which these questions may be answered positively for both parents. However, in reviewing parental responsibilities and roles, usually you will find one parent more often identified. Identify this parent as the primary person for determining eligibility.

Document your decision in the case record.

3.1.10 Dependent 18-Year-Olds

CTS-eligible children must either be minors under age 18 or dependent 18-year-olds. A dependent 18-year-old is an 18-year-old who:

1. Is enrolled in high school or an equivalent level of vocational or technical training; and
2. Is expected to graduate high school or get a GED before turning 19.

The 18-year-old does not have to be enrolled full time in high school in order to be considered a dependent 18-year-old. When a dependent 18-year-old is home-schooled, the parent must provide written documentation of expected graduation date from the home-schooling association or agency. It is irrelevant to CTS eligibility whether minor children are enrolled in school.

Children who graduate from high school before they are 18 years old may remain eligible until they turn 18.

To prevent unnecessary CTS payment termination when a child turns 18, request verification of school enrollment and expected date of graduation at the renewal when the child is still 17.

3.1.11 SSN Requirement

Each member of any CTS household must provide their Social Security Number (SSN) as a condition of eligibility.

However, CTS eligibility may not be delayed if the individual is otherwise eligible for benefits and any of the following are true:

- The individual has provided an SSN, even if the SSN has not yet been verified.
- The individual has requested assistance with applying for an SSN.
- The individual has verified that they have applied for an SSN.

If an application for an SSN has been filed with SSA, an SSN must be provided by the time of the next Caretaker Supplement renewal for the case, or eligibility will be terminated. In addition, if eligibility for another program pends for provision of an SSN and the SSN application date on file is six months old or older, eligibility for Caretaker Supplement will also pend. Members will be given a minimum of 10 days to provide an SSN, but if they do not, Caretaker Supplement eligibility will be terminated.

When an infant is added to the household, either by birth or adoption, either the SSN or proof that an application for an SSN for the infant must be provided to the IM agency prior to the date the infant reaches 6 months of age.

3.1.12 Cooperation with Child Support Agency (CSA)

Unless the parent is exempt or has good cause for refusal to cooperate (see Section [3.1.12.1 EXEMPTION FROM COOPERATION](#) and [3.1.12.3 CLAIMING GOOD CAUSE](#)), they must, as a condition of eligibility, cooperate in both of the following:

- Establishing the paternity of any child born out of wedlock for whom CTS is requested or received
- Obtaining child support for the child for whom CTS is requested or received

Cooperation includes any relevant and necessary action to achieve the above. As a part of cooperation, the applicant may be required to:

- Provide verbal or written information known to, possessed by, or reasonably obtainable by the applicant
- Appear as a witness at judicial or other hearings or proceedings
- Provide information, or attest to the lack of information, under penalty of perjury
- Attend office appointments as well as hearings and scheduled genetic tests

If the parent does not cooperate or discontinues cooperation without good cause, CTS eligibility will be ended for the entire family. When a CTS-eligible parent has children who have different absent parents, the CTS-eligible parent must cooperate with the child support agency in regard to each child's absent parent.

3.1.12.1 Exemption from Cooperation

The caretaker relative is exempt from the requirement to cooperate and exempt from any sanction for non-cooperation if:

1. Both absent parents are now living in the home with the child.
2. The absent parent is deceased.
3. Paternity has been established and the father is living in the home with the mother and child.

3.1.12.2 Failure to Cooperate

The Child Support Agency (CSA) determines if there is non-cooperation for people required to cooperate. The IM agency determines if good cause exists and whether the parent is exempt. If there is a dispute, the CSA makes the final determination of cooperation while the IM agency makes the final determination of exemptions or good cause. The entire family remains ineligible until the parent cooperates or establishes good cause or their cooperation is no longer required.

3.1.12.3 Claiming Good Cause

3.1.12.3.1 Claiming Good Cause Introduction

Any parent who is required to cooperate in establishing paternity and obtaining child support may claim good cause. They must do the following to make the claim:

- Specify the circumstance that is the basis for good cause.
- Corroborate the circumstance according to the evidence requirements in Section [3.1.12.3.5 EVIDENCE](#).

3.1.12.3.2 Notice

At application or a new request for CTS on an existing case, the Income Maintenance (IM) agency must provide a Child Support Cooperation & Good Cause notice ([DCF-P-5600](#)) to parents whenever a child with an absent parent is part of the CTS application or case unless the paper notice has already been provided by another program, for example, BadgerCare Plus. The Child Support Cooperation & Good Cause notice describes the parent's right to refuse to cooperate for good cause in establishing paternity and securing child support.

The IM agency must also send this notice to the member in situations where a parent leaves the home, resulting in a child on the case now having an absent parent.

The CSA refers anyone who wants to claim good cause back to the IM agency for a determination of whether or not good cause exists.

3.1.12.3.3 Good Cause Claim

The Good Cause Claim form ([DCF-F-DWSP 2019](#)) must be provided to any CTS parent who requests one. It describes the circumstances that support a claim and how to document a claim.

The parent must sign and date the Good Cause Claim form in order to initiate the claim. The IM agency must send a copy of the submitted Good Cause Claim form to the parent upon request.

Within two business days of a Good Cause Claim being received by the IM agency, the IM worker must enter into the case record and inform the CSA that a good cause claim has been filed. When the CSA is informed of a claim, they will immediately suspend all activities to establish paternity or secure child support until notified of the IM agency's final determination.

3.1.12.3.4 Circumstances

The IM agency must determine whether or not cooperation is against the best interests of the child. Cooperation is waived only if one of the following is true:

- The parent's cooperation is reasonably anticipated to result in physical or emotional harm to one of the following:
 - Child. This means that the child is so emotionally impaired, that their normal functioning is substantially affected.
 - Parent. This means the impairment is of such a nature or degree that it reduces that person's capacity to adequately care for the child.
- At least one of the following circumstances exists, and it is reasonably anticipated that proceeding to establish paternity or secure support or both would be detrimental to the child:
 - The child was conceived as a result of incest or sexual assault.
 - A petition for the child's adoption has been filed with a court.
 - The parent is being assisted by a public or private social agency in deciding whether or not to terminate parental rights and this has not gone on for more than three months.

3.1.12.3.5 Evidence

An initial good cause claim may be based only on evidence in existence at the time of the claim. There is no limit to the age of the evidence. Once a final determination is made, including any fair hearing decision, any subsequent claim must be based on new evidence.

The following may be used as evidence:

- Birth certificates or medical or law enforcement records that indicate that the child may have been conceived as a result of incest or sexual assault.
- Court documents or other records that indicate that a petition for the adoption of the child has been filed with a court.
- Court, medical, criminal, child protective services, social services, psychological, school, or law enforcement records that indicate the alleged father or absent parent might inflict physical or emotional harm on the parent or the child.
- Medical records that give the emotional health history and present emotional health status of the parent or the child.
- A written statement from a mental health professional indicating a diagnosis of or prognosis on the emotional health of the parent or the child.
- A written statement from a public or private social agency that the agency is assisting the parent to decide whether or not to terminate parental rights.
- A sworn statement from someone other than the parent with knowledge of the circumstance on which the claim is based.
- Authorization card or other proof from Safe at Home confirming the person's status as a program participant in the Safe at Home program. Safe at Home can be contacted by calling 608-266-6613 or emailing safeathome@doj.state.wi.us.
- Any other supporting or corroborative evidence.

When a claim is based on emotional harm to the child or the parent, the IM agency must consider all of the following:

- Present emotional state of the child or parent
- Emotional health history of the child or parent

- Intensity and probable duration of the emotional impairment
- Degree of cooperation required
- Extent of the child's involvement in the paternity or the support enforcement activity to be undertaken.

If the parent submits only one piece of evidence or inclusive evidence, you may refer them to a mental health professional for a report relating to the claim.

When a claim is based on their undocumented statement that the child was conceived as a result of incest or sexual assault, it should be reviewed as one based on emotional harm.

The parent has 20 days, from the date the claim is signed, to submit evidence. The IM agency, with supervisory approval, may determine that more time is needed.

There must be at least one document of evidence, in addition to any sworn statements from the parent.

The IM agency should encourage the provision of as many types of evidence as possible and offer any assistance necessary in obtaining necessary evidence.

When insufficient evidence has been submitted:

1. The parent must be notified, and the specific evidence needed must be requested.
2. The IM agency must advise that person on how to obtain the evidence, and
3. The IM agency must make a reasonable effort to obtain specific documents that are not reasonably obtainable without assistance.

If the parent continues to refuse to cooperate or the evidence is still insufficient, a 10-day notice must be sent informing the parent that, if no further action is taken within 10 days from the notification date, good cause will not be found and that they may first:

- Withdraw the claim and cooperate,
- Request a hearing, or
- Withdraw the application or request that the case be closed.

If no option above has been taken when the 10 days have expired, the IM worker will terminate CTS. The sanctions remain in effect until there is cooperation or until it is no longer required.

3.1.12.3.6 Investigation

The IM agency must investigate all claims based on anticipated physical harm when one of the following situations exists:

- No evidence is submitted.
- No corroborative evidence exists.
- Corroborative evidence is not available.

Good cause must be granted when both the parent's statement and the investigation satisfies the worker that they have good cause.

Any claim must be investigated when the parent's statement, together with any corroborative evidence, does not provide a sufficient basis for a determination.

In the course of the investigation, neither the IM agency nor the CSA may contact the absent parent or alleged father without first notifying the parent of the agency's intention. Once notified, the parent has 10 days from the notification date to do one of the following:

- Present additional supporting or corroborative evidence of information so that contact is unnecessary.
- Withdraw the application or request that the case be closed.
- Request a hearing.

If the 10 days have expired and no option has been taken, the IM agency will terminate CTS and the case shall remain ineligible for CTS until there is cooperation or until it is no longer an issue.

3.1.12.3.7 Determination

The IM staff must determine whether or not there is good cause. This should be done within 45 days from the date a claim is signed. The time may be extended if it is documented in the case record that additional time is necessary because:

- The IM agency cannot obtain the information needed to verify the claim within the 45 days, or
- The parent does not submit corroborative evidence within 20 days.

The good cause determination and all evidence submitted should be filed in the case record along with a statement on how the determination was reached.

If there is no evidence or verifiable information available that suggests otherwise, it must be concluded that an alleged refusal to cooperate was, in fact, a case of cooperation to the fullest extent possible.

If the parent is cooperating in furnishing evidence and information, do not deny, delay, or discontinue CTS pending the determination.

If a fair hearing is requested on a good cause determination, CTS benefits are continued until the decision is made.

The 45-day period for determining good cause is not used to extend an eligibility determination. The 30-day limit on processing an application is still a requirement.

The IM worker must notify the parent in writing of the final determination and of the right to a fair hearing and send the CSA a copy. The CSA may also participate in any fair hearing.

3.1.12.3.8 Good Cause Found

When good cause is granted, the IM worker must direct the CSA to not initiate any or to suspend all further case activities.

However, when the CSA's activities, without the parent's participation, are reasonably anticipated to not result in physical or emotional harm, the IM agency must:

1. First notify the person of the determination and the proposed directive to the CSA to proceed without their participation.
2. The person has 10 days from the notification date to:
 - a. Request a hearing, or
 - b. Withdraw the application or request that the case be closed.

3. At the end of the 10 days, direct the CSA to proceed if no option was taken. The CSA may decide to not proceed based on its own assessment.

The IM agency determination to proceed without the parent's participation must be in writing. Include your findings and the basis for the determination. File it in the case record.

3.1.12.3.9 Good Cause Not Found

When good cause is not granted, the IM agency must notify the parent. It must be stated in the notice that the parent has 10 days from the notification date to do one of the following:

- Cooperate.
- Request a hearing.
- Withdraw the application or
- Request that the case be closed.

If the 10 days have expired, no option has been taken, and the parent is in non-cooperation status, the IM agency must terminate the family's CTS eligibility. Ineligibility continues until there is cooperation or it is no longer an issue.

3.1.12.3.10 Review

The IM agency does not have to review determinations based on permanent circumstances. Review good cause determinations that were based on circumstances subject to change at redetermination and when there is new evidence.

The parent must be notified when it is determined that good cause no longer exists. It must be stated in the notice that he or she has 10 days from the notification date to do one of the following:

- Cooperate.
- Request that the case be closed.
- Request a hearing.

If the 10 days have expired and no option has been taken, the IM agency must terminate the family's CTS eligibility. The family remains ineligible for CTS until there is cooperation or until it is no longer an issue.

3.1.13 Concurrent Eligibility With W-2 or Kinship Care

CTS benefits cannot be paid to an SSI parent for the same month for which the parent participated in W-2 and received W-2 cash benefits. Receipt of W-2 benefits is defined as the month in which the parent is participating in, and eligible for, W-2 services, regardless of when the parent will receive the payment for that month. Similarly, CTS benefits may not be paid to an SSI parent for a month in which a grandparent or other non-legally responsible relative received Kinship Care benefits for caring for a potential CTS eligible child. CTS parents may receive a final W-2 payment and CTS payment for their child(ren) in the same month since W-2 payments are made after participation in W-2 services.

Example:	Sally's W-2 participation ended on March 10 when she received notification of SSI eligibility. Even though her final W-2 payment will be received in April, it is for participation in February/March, so Sally's child is eligible for CTS starting in April.
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3.1.14 Verification

CTS applicants and members must provide verification when requested in order for an IM agency to process an application or review of eligibility for CTS. The verification requirement applies to both non-financial and financial information. Failure to provide such verification will result in denial or termination of CTS benefits. Applicants and members must be given a minimum of 20 days to provide requested verification.

The following information must be verified by applicants or members or through data exchanges when CTS eligibility is being determined:

- Social Security Number
 - Citizenship or immigration status
-

To be eligible for CTS, a person declaring U.S. citizenship must provide proof of citizenship with two exceptions to this requirement:

- Note:**
- *Citizenship verified by the SSA data exchange is considered sufficient verification for CTS applicants and members.*
 - *SSI recipients have already verified their citizenship to SSA and do not need to verify citizenship status for CTS.*
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- School enrollment for 18-year-olds
 - Income earned from employer
 - Income earned from self-employment (IRS tax forms must be signed by the member.)
 - Unearned income (for example, Social Security)
 - Pregnancy of minor child
 - Property transferred in past 24 months (for example, land, stocks, etc.)
-

General Rules for Verification

1. Over-verification, including requiring excessive pieces of evidence for any one item or requesting verification that is not needed to determine eligibility, is prohibited. Once the accuracy of a written or verbal statement has been established, additional verification can't be required. For example, once U.S. citizenship is verified, an applicant or member never has to verify it again.
2. If information has already been verified, the applicant or member does not need to verify it again except in the following situations:
 - a. There is reason to believe the information is fraudulent or differs from more recent information. If fraud is suspected, the IM agency will determine if a referral for fraud or for front-end verification should be made.
 - b. The member reported a change to information that is subject to verification.
 - c. At renewal, information is subject to verification.
3. One particular type of verification can't be exclusively required when various types are adequate and available.
4. Verification need not be presented in person. Verification may be submitted by mail, fax, email, or through another electronic device or through an authorized representative.
5. Special groups or persons can't be targeted based on race, color, national origin, age, disability, sex, religion, or migrant status for special verification requirements.
6. The applicant or member can't be required to sign a release form (either blanket or specialized) when the applicant or member provides required verification.

7. Verification of information that is not used to determine eligibility can't be required.
8. During verification, the applicant or member can't be harassed or have their privacy, personal dignity, or constitutional rights violated.

The applicant or member has primary responsibility for providing verification and resolving questionable information.

IM agencies must assist the applicant or member in obtaining verification if they request help or have difficulty in obtaining it.

The best information available should be used to process the application or change within the time limit when both of the following two conditions exist:

1. The applicant or member does not have the power to produce verification.
2. Information is not obtainable timely even with the IM worker's assistance.

Applicants meeting the CTS eligibility criteria based on this best available information are eligible for benefits. Even after the application or change is processed using best available information, the IM agency is required to continue in their attempts to obtain verification. When the verification is received, benefits may need to be adjusted or recovered based on the new information. The agency must explain this to the applicant or member when requesting verification.

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3.2 Financial

After determining non-financial eligibility for CTS, the financial situation of the household is considered. When determining initial or ongoing financial eligibility for CTS, both income and assets are counted. Income and assets of any members of the assistance group who receive SSI are disregarded.

3.2.1 Income

Income of adults and children is counted prospectively when determining eligibility for CTS. Both earned income from work and unearned income, such as Social Security benefits, are counted.

Some income is not received regularly; it is paid in a lump sum amount. Examples are refunds and backpay awards from Social Security or unemployment compensation insurance, union settlements and compensatory time pay-outs or windfall payments like lottery winnings, personal injury awards or inheritances. Lump sum payments are counted as either earned or unearned income in the month they are received. When the dollar amount of the lump sum makes the group ineligible for CTS, ineligibility may continue beyond the month the lump sum was received. The number of total months of ineligibility is calculated by dividing the group's income by the Assistance Standard for the group size ([5.2 INCOME TABLES](#)).

Note: *Federal income tax refunds and tax credits (including advance payments of credits) are completely disregarded as income, regardless of whether they are received regularly or in a lump sum.*

3.2.1.1 Child Support

Effective January 1, 2010, disregard all child support, including the assigned and the directly received portions, when determining eligibility for the CTS program. This income is to be disregarded for the gross and net income tests. If child support back payments are received as a lump sum, they are not subject to the lump sum policy. However, unspent child support income is still considered an available asset in the month after it was received.

3.2.1.2 Income Tests

Each group applying for CTS must pass two income tests.

The Gross Income Test compares the gross income to the gross income limit ([5.2 INCOME TABLES](#)). This test looks at gross deemed, earned and unearned income before applying any disregards, including earned income of minors who are students. A CTS assistance group must first pass the Gross Income Test before proceeding to the Net Income Test.

The Net Income Test compares the income that remains after certain deductions to the Net Income Limit, or Assistance Standard ([5.2 Income Tables](#)). Deductions from gross income that are allowed in this test include:

1. \$90 work related expense for each employed/ self employed individual
2. Dependent care deduction of \$200 per month for each child under the age of 2 and \$175 per month for each incapacitated adult and each child age 2 or older
3. Disregard of \$30 or \$30 and 1/3 of earned income (when applicable)
4. Child support paid to someone outside of the assistance group

The Net Income Test includes the income of all minors, regardless of their school status or number of hours of employment, at application for CTS. For employed minors who have received CTS in one of the previous four months, use the following to determine how to count earned income:

1. Do not count the employment income of full-time students, regardless of the number of hours worked per week.
2. Do not count the employment income of part-time students working less than 30 hours per week.
3. Count the employment income, but apply \$90 and \$30 and 1/3 disregards, of any part-time student working 30 hours or more per week.
4. Count the employment income, but apply \$90 and \$30 and 1/3 disregards, of any minor that is not in school.

3.2.2 Assets

With the exception of SSI recipients, the assets of all members of the CTS single assistance group are counted when determining asset eligibility for CTS. The combined assets owned by the assistance group are totaled and counted toward a \$1,000 asset limit. Liquid assets include, but are not limited to, cash and savings, cash value of life insurance policies, U.S. Savings Bonds, proceeds from a loan (if available for living expenses), and equity value of any non-home real property. Some exclusions apply:

One irrevocable funeral trust per group member and one burial plot per group member are disregarded.

Student loans are disregarded.

Irrevocable trusts are exempt assets.

Federal income tax refunds, the Child Tax Credit and the Earned Income Tax Credit (EITC) (including advance payments of tax credits) are disregarded in the month of receipt and the following 12 months after receipt.

The first \$1,500 equity value of one vehicle is disregarded.

Sometimes assets are owned by more than one person. When this occurs, CTS policy requires that each person be assigned an equal share of ownership.

3.2.3 Divestment

Divestment is the change of legal title or other right of ownership to non-exempt real or personal property, within 2 years of the date of application for CTS, for less than fair market value (minus the cost of the transaction). Divestment may make the group ineligible for CTS for a period of time. Divestment does not occur when property is divided in a divorce action, repossessed, lost due to foreclosure, or when an inheritance is disclaimed.

Anyone who divests within 2 years before the date of application or within 2 years of the date of a CTS eligibility review is presumed to have divested to receive CTS. The person who divests and anyone for whom s/he is legally responsible and for whom CTS is requested are ineligible for CTS.

If the amount divested by a CTS group, plus their other assets, total less than \$1,000, the divestment is not a barrier to eligibility for CTS.

If the amount divested by a CTS group, plus their other assets, total more than \$1,000, the divestment is a barrier to eligibility for CTS until 2 years have passed or the group has expended an amount equal to the divestment. Calculating this expenditure involves comparing the divested amount to the group's incurred medical expenses, plus the Assistance Standard ([5.2 INCOME TABLES](#)) for the family size. Once the group expends enough, the divestment is cured.

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3.3 Buening Cases - Special Rules for Two Parent Cases

3.3.1 Two Parent Households (including Non-Marital Co-parents and Married Parents)

In a decision dated and released on September 30, 1996, the U.S. Court of Appeals, District IV, ruled in the case of *Buening v. Wisconsin Department of Health and Social Services* that special consideration must occur when the income of co-parents is calculated in AFDC eligibility determinations. For the sake of simplicity, cases to which this court decision applies are referred to as Buening cases. Since CTS eligibility is based on criteria that applied to AFDC eligibility prior to the elimination of AFDC by the federal government in 1997, the Buening decision applies to CTS rules, as well.

Normal Standard Filing Unit (SFU) (see [SECTION 3.1.1 STANDARD FILING UNIT \(SFU\)](#)) rules require us to count the income and assets of any non-SSI co-parent, his or her child in common with the SSI parent and all of that child in common's full and half siblings in the home, unless the child is also an SSI recipient. The Buening ruling means that the non-SSI co-parent and any children in common may only be included in the SFU if it is determined that these children in common and the non-SSI parent are "needy." To meet the definition of needy, the gross and net income and assets for the non-SSI parent and child(ren) in common have to be at or below the CTS eligibility limits for their smaller group size.

Buening cases occur in two-parent households in which:

- There is a child of the SSI parent who is being tested for CTS
- The SSI parent and the non-SSI co-parent have at least one child in common
- The income or assets of the non-SSI parent and the child (or children) in common causes the child of the SSI parent to be financially ineligible for CTS.

Note: The non-SSI co-parent is treated in the same way whether or not he or she is married to the SSI parent.

See [SECTION 5.4 ILLUSTRATIONS](#), Scenarios 12 and 13 for visual depictions of Buening case configurations.

If the non-SSI parent and child in common are considered needy, the whole group of children along with the non-SSI parent are considered one SFU and must have their income and assets counted together. If the child(ren) in common and the non-SSI parent are not considered needy, the child(ren) in common and their non-SSI parent must be excluded from the CTS SFU, which means their income and assets are not considered when determining financial eligibility for the SSI parent's other child(ren).

Example 1:	Mary is on SSI and is requesting CTS for her daughter Jill. Mary also has a son, Tim. Tim's father, Dan, who is not on SSI, is also in the home. Since Tim's dad is not on SSI, Tim is not eligible for CTS. The CTS SFU originally consists of Jill, Tim and Dan. Dan is getting \$700 of unemployment insurance monthly. The net income limit for an SFU of three is \$647, so the \$700 would make Jill ineligible for CTS. This requires the Buening rules to be applied. To determine if Tim and Dan are needy, their income is tested against the income limit for a group of two. The net income limit for Tim and Dan alone is \$550. Since their income exceeds the limit, Tim is not considered needy. As such, Tim and Dan are excluded from Jill's SFU. Jill has no income and is eligible, so Mary will receive a CTS payment of \$250 for Jill.
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Example 2:	Same case as above, except Jill is getting Social Security Survivor benefits of \$200 per month and Dan is getting only \$500 in unemployment insurance. Again, the original SFU consists of Jill, Tim and Dan. The net income limit for an SFU of three is \$647, so the combined income of \$700 makes Jill ineligible for
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	CTS. This time when the Buening rule is applied, Dan's income of \$500 is less than the \$550 net income limit for 2. This means Tim and Dan are needy, so Tim and Dan must be included in the SFU, and Dan's income may not be excluded. Jill is not eligible and Mary will receive no CTS payment for Jill.
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4.1 Reserved

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4.2 Reserved

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4.3 Recoupment of Incorrect Benefits

Occasionally CTS benefits are overpaid. This may happen when an SSI parent was ineligible for CTS because their child(ren) was out of the home, the child received SSI for the month in question, the parent's SSI eligibility was retroactively denied by the Social Security Administration, or the parent provided fraudulent information that led to CTS eligibility. In addition, if benefits are continued pending a fair hearing and the agency's adverse action is upheld, or the fair hearing is withdrawn or abandoned, any overpayments caused by benefits having been continued may be subject to recovery. Both member and agency errors are subject to recovery as long as they meet the requirements provided below.

Since CTS benefits are paid as part of the parent's SSI benefit payment, the State SSI program recoups overpaid benefits. While CARES and BRITS do not track CTS benefit recovery, the local agency worker determines when an overpayment has occurred (see Process Help, [Section 9.9.9 Overpayments](#)).

Administrative Rules (DHS 2) permit the State SSI program to collect 10% of each future SSI payment (which may include CTS benefits) until an overpayment is repaid. SSI parents may repay the entire amount owed in a single payment or negotiate with the State SSI program for a payment schedule that is higher than 10% per month.

Incorrectly paid CTS benefits can only be recovered for 12 months prior to the date of discovery of the incorrect payment. Agencies administering CTS must ensure that recovery of incorrectly paid CTS benefits extends no more than 12 months back from the date of discovery.

Date of discovery means the actual date, not the month of discovery. Unless the discovery is made on the first of the month, the overpayment amount for the first month will need to be prorated. To prorate the overpayment amount, divide the monthly payment amount by the number of days in that month and round down to the nearest dollar. Then multiply the result by the number of days subject to recovery in that month.

Example 1:

A worker discovers on October 5, 2006, that an overpayment of CTS benefit occurred because the child, for whom the benefit was being paid, was not living in the home since August 1, 2005. CTS closes effective November 1, 2006. Since recovery can only extend back 12 months from date of discovery, only the benefits paid from October 5, 2005, to October 31, 2006, can be recovered. Benefits paid August 1, 2005, to October 4, 2005, are not recoverable.

First date of recovery can not be earlier than 10/5/05 (Maximum 12 months from date of discovery)

Date overpayment was discovered 10/5/06

10/1/2005 11/05 12/05 1/06 2/06 3/06 4/06 5/06 6/06 7/06 8/06 9/06 10/06 10/31/2006

Recovery amount includes the prorated amount for October 2005 and full issuance of November 2005 through October 2006 benefits

If the CTS payment was \$250, the overpayment amount is calculated as follows:

October 2005 prorated amount is \$217 ($\$250 \div 31 \text{ days} \times 27 \text{ days} = \217) because the error was discovered on the 5th of the month.

	<p>November 2005 – October 2006 = \$3,000 (\$250 x 12 months)</p> <p>Total overpayment is \$3,217 (\$217 + \$3,000).</p>
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Example 2:	<p>The worker discovers on January 20, 2007, that the recipient's assets exceeded program limits starting January 1, 2005. CTS closes effective February 28, 2007, following adverse action notice. Since the discovery date is January 20, 2007, the overpayment can only extend back to January 20, 2006. Benefits paid January 1, 2005, to January 19, 2006, are not recoverable.</p>
	<p>First date of recovery can not be earlier than 1/20/06 (Maximum 12 months from date of discovery)</p> <p>Date overpayment was discovered 1/20/07</p> <p>1/1/2006</p> <p>Recovery amount includes the prorated amount for January 2006 and full issuance of February 2006 through February 2007 benefits</p> <p>If the CTS payment was \$250, the overpayment is calculated as follows:</p> <p>January 2006 prorated amount is \$96 ($\\$250 \div 31 \text{ days} \times 12 \text{ days} = \\96) because the error was discovered on the 20th of the month.</p> <p>February 2006 – February 2007 = \$3,250 (\$250 x 13 months)</p> <p>Total overpayment \$3,346 (\$96 + \$3,250).</p>

CTS overpayments that occur because the worker cannot give proper (timely) notice and close the case by the end of the current month are also recoverable.

Example 3:	<p>On December 21, 2006, the worker learns that a child moved out of the home on December 19, 2006, and the case is no longer eligible for CTS. The worker enters the new information into CARES but the CTS eligibility does not end until January 31, 2007.</p> <p>The benefits paid in January are subject to recovery since the parent was not eligible for them, but they continued until adverse action notice could be provided.</p>
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Voluntary repayments of CTS overpayments may be addressed to:

DHS
 ATTN: State SSI Program
 P.O. Box 6680
 Madison, WI 53716-0680

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4.4 Eligibility Renewal

Eligibility for CTS must be renewed every 12 months. The IM agency worker is responsible for this process. CARES automatically identifies when a CTS case needs a renewal and will send a renewal notice to the SSI parent. Renewals may be face-to-face, by phone, or by mail, and the signature of the SSI parent on any renewal documents does not need to be witnessed.

A 12-month certification period is set at application and renewal. When a FoodShare or Health Care renewal is completed, the agency should also collect the asset and school enrollment information needed to consider it a CTS renewal as well.

Every SSI parent is granted one grace month of eligibility before a CTS case will close due to lack of an eligibility renewal.

Example:	Susan's renewal is due in October. If her renewal is not completed by Adverse Action her case will not close. If the renewal is not completed by November Adverse Action, her case will close.
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4.5 Notices

4.5.1 Notice Requirements

All applicants and members must be provided timely and adequate written notice of any decision affecting their eligibility, including an approval, denial, or termination of eligibility, or a change in benefits. Applicants and members must receive written notice of:

- The decision on an application or renewal
- Any action to discontinue a member's eligibility or benefits
- Any action that changes the amount of benefits

4.5.2 Application Notice

Any SSI parent who applies for CTS must be provided notice about the status of his or her application (approved, denied, or pending the receipt of additional information), in writing, within 30 days of application for benefits

4.5.2.1 Notice of Approval

Any notice of approval of CTS eligibility must include:

- The effective date of eligibility
- The circumstances under which the individual must report, and procedures for reporting, any changes that may affect the individual's eligibility
- Basic information on the benefit amount and which individuals are eligible
- An explanation of the right to a fair hearing and how to request one

4.5.2.2 Notice of Denial

Any notice of denial of CTS eligibility for an individual or the household must include:

- The month(s) which were denied and in which individuals were determined ineligible
- The reason(s) for the denial, including citations of the law or policy that supports the action
- An explanation of the right to a fair hearing and how to request one
- The telephone number and the name and address of the agency to contact for more information

4.5.3 Notice of Adverse Action

An adverse action is when the IM agency makes a change that will stop or reduce benefits. Members have the right to adequate and timely notice of an adverse action.

4.5.3.1 Adequate Notice of Adverse Action

To be considered adequate, an adverse action notice must include the following:

- A statement describing the intended action
- The reason(s) for the intended action, including a citation of the law, regulation, rule, or policy that supports or requires the action
- An explanation of the right to a fair hearing and how to request one
- A statement on the availability of free legal representation
- A statement that if a hearing is requested before the action's effective date, benefits will continue until the hearing decision is made

- The latest date a member can appeal
- A statement that the member may have to repay any benefits continued during the appeal if the hearing decision isn't in their favor, or they abandon or withdraw the hearing request
- The telephone number and the name and address of the agency to contact for more information

4.5.3.2 Timely Notice of Adverse Action

To be considered timely, a notice of an adverse action must be mailed or sent electronically at least 10 days before the effective date of any intended adverse action, unless one or more of the following circumstances apply:

- Factual information confirms a recipient or payee's death, and there's no relative to take his/her place as primary person
- A clear, written statement initiated and signed by the member is submitted stating they no longer wish to receive benefits
- The member is receiving SSI benefits from another state

4.5.4 Notice of Positive Action

A positive action is when the IM agency makes a change that will begin eligibility for someone or increase their benefits. Members have the right to adequate notice of a positive action.

To be considered adequate, a positive notice must include the following:

- A statement describing the intended action
- Basic information on the benefit amount and which individuals are eligible
- An explanation of the right to a fair hearing and how to request one
- A statement on the availability of free legal representation
- The telephone number and the name and address of the agency to contact for more information

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4.6 Rights and Responsibilities

CTS applicants and recipients are afforded specific rights and assigned specific responsibilities. These numerous right and responsibilities are made known to applicants and recipients at the time of application, review, adverse action and notice of overpayment. They are enumerated on the CTS Application ([F-22571](#)).

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4.7 Fair Hearing

CTS applicants and recipients may appeal any of the following actions of the Department of Health Services (DHS) or an Income Maintenance (IM) agency and request a fair hearing:

- Denial of an application for CTS or the overt denial of the right to apply
- Failure to act on an application with reasonable promptness
- Reduction or termination of CTS benefits
- The determination of the amount or initial eligibility date of CTS benefits
- The determination of an overpayment of CTS benefits
- The determination to recover an overpayment of CTS benefits by means of certification to the Wisconsin Department of Revenue and the determination of the amount of such an overpayment as including an amount they believe has already been repaid or discharged in bankruptcy

The right to a fair hearing and hearing procedures are specified in State Statutes, Chapter 227, Subchapter III, Administrative Actions and Judicial Review, and in the Wisconsin Administrative Code, Chapter HA 3, Procedure and Practice for Fair Hearings.

Hearings are conducted by the Wisconsin Department of Administration, Division of Hearings and Appeals (DHA) for the Caretaker Supplement (CTS) program. In addition, DHA conducts hearings for the BadgerCare Plus, Medicaid, and FoodShare programs.

Hearings serve to:

1. Interpret the program to applicants and members who disagree with the agency's action.
2. Bring the applicant or member, the agency, and state authorities into discussion for a better understanding of problems.
3. Resolve factual disputes.
4. Clarify policies and their application in relation to laws and regulations.
5. Review policies in program administration and reveal those which require clarification or revision.
6. Promptly remedy unfair treatment, mistaken or arbitrary action, and negligence.

Hearings are conducted by an Administrative Law Judge (ALJ). The ALJ is an impartial official who:

- Is familiar with relevant federal and state policies and procedures.
- Was not involved in the action being contested.
- Was not the immediate supervisor of the worker who took the action.
- Does not have a personal stake or involvement in the case.

ALJs are duly appointed and qualified agents of DHA.

The ALJ's powers and duties are to:

- Administer oaths or affirmations.
- Ensure all relevant issues are considered.
- Request, receive, and place in the record all evidence necessary to decide the issue.
- Regulate the hearing's conduct and course consistent with due process to ensure an orderly hearing.
- Provide a hearing record and decision.

The ALJ conducts the hearing and issues its decision on CTS cases usually within 60 to 90 days of the date DHA receives the hearing request.

The ALJ will issue a final decision for most hearings. The IM agency must carry out the decision within 10 days.

The ALJ will sometimes issue a proposed decision if there are questions about CTS policy or if the policy conforms to state and federal law. All parties may send written comments to DHA within 15 days of receipt of the proposed decision. After the 15-day comment period, DHA will send the proposed decision and all comments received to the Secretary of the Department of Health Services. The Secretary will review the proposed decision and make the final decision. The final decision will then be communicated to all parties.

If the applicant, member, or representative fails to appear at the hearing without good cause, the hearing request will be dismissed. This type of dismissal is called an Abandoned Hearing. DHA will notify the applicant, member, or representative and the agency when a hearing is dismissed.

If an applicant or member disagrees with a hearing decision, they may request a rehearing or appeal the hearing decision to the Circuit Court (see [SECTION 4.7.7 REHEARING](#) and [SECTION 4.7.8 JUDICIAL APPEALS](#)).

An applicant or member who wins a decision may also ask for reimbursement of any attorney fees (see [SECTION 4.7.6 COST MOTION](#)).

The hearing record is available for copying and inspection by the applicant, member, representative, or agency at any reasonable time. All hearing records and decisions are available for public inspection and copying, so long as applicant and member identity is safeguarded.

4.7.1 Resolution Prior to Hearing

When an applicant or member disagrees with an agency's action, the applicant or member may contact their agency to attempt to resolve the issue. This may be done through the normal modes of communication between the applicant or member and the agency, such as a phone call or in-person visit. It also may be done through an agency conference where the applicant or member meets with the worker responsible for the agency's action or other agency representatives.

Contact with the agency does not affect the applicant or member's right to a fair hearing or the time limit for requesting a fair hearing. The agency must advise the applicant or member that an agency conference is the applicant or member's choice and doesn't delay or replace a fair hearing. The applicant or member may request a hearing without first contacting the agency.

*If the applicant or member requests a fair hearing, the fair hearing process will continue unless the applicant **Note** or member voluntarily withdraws the hearing request in writing to DHA (see [SECTION 4.7.4 WITHDRAWAL OF FAIR HEARING REQUEST](#)).*

4.7.2 Fair Hearing Request

A request for a fair hearing may be made by the applicant, member or former member, representative, immediate family member or someone with legal authority to act on their behalf. A request for a hearing may be made in writing by filling out the Request for Fair Hearing form ([DHA-28](#)) or writing a letter with the request and sending it to the Division of Hearings and Appeals (DHA).

Division of Hearings and Appeals

P.O. Box 7875
Madison, WI 53707-7875

Fax: (608) 264-9885

Email: DHAMail@wisconsin.gov

DHA will schedule a hearing upon receipt of the hearing request. DHA has jurisdiction to conduct hearings for CTS if the request is received by DHA within **45 days** of any of the following:

- The date on a denial notice, a notice of overpayment, or recoupment of benefits
- The **effective date** of a reduction or termination of benefits
- The date of other actions

DHA may dismiss a request if the action being appealed is a result of a change in federal or state law or policy affecting a significant number of members, unless the member questions its application specific to their case. When a hearing request is dismissed, DHA will notify the applicant or member.

A hearing request from an applicant or member who plans to move from Wisconsin before a decision would normally be issued, such as a migrant worker, will be expedited so the applicant or member can receive a decision and any restored benefits before they leave the state.

A group of people may request a group hearing if individual issues of fact are not disputed, and the sole issue being appealed is a federal or state law or policy. DHA may also consolidate several hearings on the same topic into one but only on questions of policy. Procedures for group hearings are the same as in individual hearings. Each applicant or member must be notified of the right to withdraw from a group hearing and pursue an individual hearing.

4.7.3 Continued Benefits

DHA may order a member's CTS benefits to continue while a decision on the hearing is pending. The IM and Fiscal Services agencies must comply with DHA's initial order until otherwise notified or the member waives this continuation of benefits. The IM agency must inform members of their right to waive continued benefits and that they may have to pay back any continued benefits received if they lose the hearing decision.

DHA can reverse its continuance order only when the hearing was not requested prior to the action's effective date. If DHA does not order benefits reinstated and the agency believes that the member is entitled to them, the agency must notify DHA.

Once benefit continuation has begun, the IM and Fiscal Services agencies must maintain those benefits until DHA orders a change or some other change in eligibility occurs.

4.7.4 Withdrawal of Fair Hearing Request

Only the applicant, member, or their representative may withdraw a fair hearing request for CTS. Applicants, members, and representatives can fill out the Voluntary Withdrawal form ([DHA-17](#)) or send a written and signed letter to DHA (see [SECTION 4.7.2 FAIR HEARING REQUEST](#) for DHA contact information).

Only DHA has the authority to grant or deny a withdrawal request. DHA will notify the agency if a fair hearing request is withdrawn.

4.7.5 Hearing Assignments

A hearing shall be:

- Held at a time reasonably convenient to the applicant or member or their representative, department, or agency staff, and the ALJ.
- Easily accessible to the applicant or member.
- Held on agency premises, whenever possible.

An applicant or member may be represented by an attorney or anyone of their choosing.

An applicant or member must notify DHA at least five days prior to the hearing if they need special arrangements for the hearing, such as an interpreter or a hearing site other than the county agency.

DHA shall provide written notice to the applicant or member and their representative, if any, of the time, date, and place of the hearing at least 10 days before the hearing.

DHA may postpone a hearing for good cause.

The parties may be directed by the ALJ to appear at a conference or to participate in a telephone conference to consider how issues might be clarified or simplified, whether facts or documents which may be admitted which will avoid unnecessary proof, or any other matter that may aid in the disposition of the appeal.

The applicant, member, or their representative shall have an opportunity to do any or all of the following:

- Examine all documents and records to be used or that are used at the hearing, and the content of the applicant's or member's case file, at a reasonable time before the date of the hearing and during the hearing.
- Present the case or have it presented by a representative.
- Bring witnesses.
- Question or refute any testimony or evidence and confront and cross-examine adverse witnesses.
- Submit relevant evidence to establish all pertinent facts and circumstances in the case.
- Advance relevant arguments without undue interference.

A hearing shall be recorded by the ALJ.

If individual issues of fact are not in material dispute and related issues of state or federal law are the sole issues being raised, DHA may respond to a series of individual requests for a hearing by conducting one group hearing.

4.7.6 Cost Motion

When the applicant or member wins a hearing, their attorney may file a cost motion with DHA. A cost motion is a request for payment of attorney fees and other costs associated with the hearing.

The ALJ will review the cost motion and agency response to DHA and decide if:

- The agency's position at the hearing was not "substantially justified" and costs associated with the cost motion must be paid from state funds.

- The agency was "substantially justified" or special circumstances exist which would make the award of the cost motion unjust.
- The cost motion was frivolous (that is, submitted in bad faith) for the purpose of harassing or maliciously injuring the state agency. The agency should include facts relating to harassment in its response to DHA if such conduct occurred. In this case, the hearing officer may award costs to the state agency.

4.7.7 Rehearing

An applicant or member may request a rehearing by DHA. The request must be made within 20 days of the date of the decision. DHA may grant or refuse the request. A rehearing will be held only when there has been one or more of the following:

1. An error of law
2. An error of important fact
3. New evidence discovered which could not have been presented at the first hearing

DHA will usually not grant a rehearing unless the error or new evidence is sufficiently important to change the decision. If DHA neither grants nor denies a rehearing request within 30 days, the request is deemed denied.

4.7.8 Judicial Appeals

An applicant or member that disagrees with the final decision may appeal to the Circuit Court of their residence within 30 days of the date of the decision or rehearing denial, whichever is later.

Note *An applicant or member may appeal to the court without first requesting a rehearing.*

The applicant or member's petition for review to the Court must include:

1. The issue being appealed.
2. How they are aggrieved by the decision.
3. The request for relief they desire.

A copy of the petition will be served on DHS with notice to the Wisconsin Attorney General's Office.

4.7.9 IM Agency Responsibilities for Fair Hearings

4.7.9.1 Prior to the Hearing

The agency must prepare for the hearing by reviewing the appropriate case records and determine the cause of the contested action. The agency must submit a detailed summary to DHA and the applicant, member, or their representative that explains the action(s) under appeal within 10 days of receiving notification of the hearing request.

The agency must also gather relevant testimonies, exhibits, and materials from the case record and other sources. This information must be submitted to DHA and the applicant, member, or their representative prior to the hearing.

At least 10 days prior to the hearing, DHA sends a Notice of Scheduled Hearing to the applicant, member, and/or representative, as well as the agency. This allows the applicant or member and agency 10 days to prepare for the hearing. The applicant or member may request less advance notice to expedite scheduling the hearing.

The notice states:

1. DHA will dismiss the request if the applicant, member, or any representative fails to appear without good cause.
2. The name, address, and phone number of whom to notify if the applicant, member, or representative cannot attend.
3. The applicant or member and any representative may examine the case record prior to the hearing. Agencies must allow the applicant, member, or representative access to their case record and the opportunity to photocopy, free of charge and at a reasonable time before the hearing, all documents they would like to introduce as an exhibit at the hearing. Questions relating to the examination of sensitive information can be directed to DHA.

4.7.9.2 After the Hearing

Proposed Decisions

Agencies may respond to a Proposed Decision. Written comments must be sent to DHA within 15 days of the date of the proposed decision.

Final Decisions

A final decision is binding upon the department and IM or fiscal services agency involved and may be enforced by appropriate legal and fiscal sanctions.

When a decision is favorable to the applicant or member, the IM agency must carry out the decision's orders within 10 days of the order.

When the decision is not favorable to the applicant or member, the decision notice is the final notice for the case, except for overpayment notices. No further timely or adequate notice requirement applies for the issue that was appealed. CTS benefits will be discontinued or reduced immediately.

Cost Motion

The agency has 15 days from the filing of the cost motion to submit a written response to DHA.

Rehearing and Judicial Appeals

If a rehearing is granted or an appeal of the hearing decision is made to the Circuit Court, the agency must continue to comply with the final decision unless and until a decision from the rehearing or the Court reverses it. The agency is not required to assist the client in preparing a rehearing or a judicial appeal.

Recoupment

If an agency's adverse action is upheld or the fair hearing is withdrawn or abandoned, any overpayments caused by benefits having been continued may be subject to recovery based on the overpayment policies (see [SECTION 4.3 RECOUPMENT OF INCORRECT BENEFITS](#)).

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4.8 Representatives

4.8.1 Authorized Representatives

Applicants or members can appoint either a person or an organization as an authorized representative. An authorized representative can be appointed by completion of one of the following paper forms:

- Appoint, Change, or Remove an Authorized Representative: Person ([F-10126A](#))
- Appoint, Change, or Remove an Authorized Representative: Organization ([F-10126B](#))

If an applicant or member is represented by a legal guardian of the person and the estate, legal guardian of the estate, legal guardian in general, or conservator, the legal guardian or conservator must appoint the authorized representative. If the applicant or member only has a legal guardian of the person, the applicant or member must appoint the legal guardian of the person as an authorized representative if the applicant or member would like the legal guardian of the person to act on their behalf. If the applicant or member has a power of attorney, the applicant or member can still appoint an authorized representative.

A valid authorized representative appointment requires all contact information of the authorized representative and the signatures of the applicant or member, the authorized representative, and a witness. If the applicant or member is signing with an "X," a valid appointment requires a witness signature. If any of the required signatures are missing, the following three conditions apply:

- The authorized representative appointment is not valid.
- This authorized representative can't take action on behalf of the applicant or member.
- The agency can't disclose information about the case to the invalid authorized representative.

There can be only one authorized representative on a case at a time. There is no time limit on how long a person or organization can act as authorized representative. The appointment of the authorized representative is valid until the applicant or member notifies the agency of a change or removal in writing. Once appointed, the authorized representative has ability to act for all open programs on the case.

Organizations acting as authorized representatives must provide the name and contact information of a person from the organization. Once the organization has been appointed as the authorized representative, anyone from the organization will be able to take action on behalf of the applicant or member (not just the person who signed the form on behalf of the organization). If an organization is only changing the contact person for the organization, the member is not required to complete a new Appoint, Change or Remove Authorized Representative form if the organization is going to remain as the authorized representative.

The authorized representative should be familiar with the applicant or member's household situation and is expected to fulfill their responsibilities to the same extent as the person being represented. An authorized representative is limited to doing any or all of the following on behalf of the applicant or member:

- Apply for or renew benefits
- Report changes in the applicant or member's circumstances or demographic information
- Receive copies of the applicant or member's notices and other communications from the agency
- Work with the IM agency on any benefit-related matters

- File grievances or appeals regarding the applicant or member's eligibility

To change an authorized representative, the member must complete and submit the Appoint, Change, or Remove an Authorized Representative form (Person, [F-10126A](#)) or (Organization, [F-10126B](#)) to their IM agency.

To remove an authorized representative, the member needs to let the agency know of the removal in writing (for example, by completing Section One of the Appoint, Change, or Remove an Authorized Representative form or submitting a signed letter indicating the removal). The member does not need to gather additional signatures from the authorized representative or a witness to complete the removal of an authorized representative. Authorized representatives can also request in writing (for example, a signed statement) to be removed if they no longer want to act as the authorized representative. If an authorized representative is requesting to be removed, a signed statement is not needed by the member. An authorized representative designation is valid on a case until the agency receives a written and signed request for removal.

4.8.2 Legal Guardians and Conservators

Persons or interested parties may petition a court to appoint a guardian or conservator. There are a variety of reasons that an appointment may be sought, including but not limited to:

- Inability to manage finances
- Inability to manage personal health
- Inability to function safely without supervision
- Parent or guardian of minor is now deceased

Some of these appointments might be an emergency or temporary reason or for the purposes of succession after the death of the previous guardian or conservator.

A judge grants the guardian or conservator powers based on the circumstances of the person. A legal guardian of the person and the estate, legal guardian of the estate, or legal guardian in general is considered to be the applicant or member's legal guardian for CTS purposes. If a person or entity is one of these legal guardian types or the conservator, the applicant or member does not need to separately appoint them as the authorized representative. The legal guardian or conservator appointment grants them the powers that an authorized representative would have on the CTS case.

A legal guardian of the person is not considered to be the applicant or member's legal guardian for CTS purposes. The applicant or member must appoint the legal guardian of the person as an authorized representative if the applicant or member would like the legal guardian of the person to act on their behalf.

Depending on their court-appointed powers, a guardian or conservator can apply for and act in the same capacity as an authorized representative for the household. It is possible the court-appointed powers will give the guardian or conservator sole authority to manage the person's eligibility.

The legal guardian or conservator should be familiar with the applicant or member's household situation and is expected to fulfill their responsibilities to the same extent as the person being represented. The legal guardian or conservator can take any action on the application or case on behalf of the applicant or member unless the guardianship or conservatorship court order limits their powers.

Applicant and member notices and other communications from the agency will be sent to the legal guardian or conservator.

See [SECTION 2.4 VALID SIGNATURE](#) for information on valid application signatures by legal guardians or conservators.

4.8.3 Power of Attorney

An applicant or member may appoint a power of attorney. A power of attorney may act within the scope of authority granted in the power of attorney appointment.

A durable power of attorney is a person to whom the applicant has given power of attorney authority and agrees that the authority will continue even if the applicant later becomes disabled or otherwise incapacitated. Only a durable power of attorney for finances (may also be known as a durable power of attorney for finances and property) is considered to be the power of attorney for CTS purposes.

If a person has a durable power of attorney for finances, the applicant or member does not need to separately appoint them as an authorized representative. The durable power of attorney for finances appointment grants them the powers that an authorized representative would have on the CTS case.

The durable power of attorney for finances should be familiar with the applicant or member's household situation and is expected to fulfill their responsibilities to the same extent as the person being represented. The durable power of attorney for finances can take any action on the application or case on behalf of the applicant or member unless the power of attorney appointment limits their powers.

Applicant and member notices and other communications from the agency will be sent to the durable power of attorney for finances.

See [SECTION 2.4 VALID SIGNATURE](#) for information on valid application signatures by a power of attorney.

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4.9 Releasing Information

4.9.1 Disclosure Without Consent

Department of Health Services (DHS), Department of Workforce Development (DWD), Department of Children and Families (DCF), and its contractees may disclose a person's information from the agency record to other programs routinely and without the person's consent for a purpose compatible with the data's collection.

Income Maintenance (IM) agencies may disclose a person's information from the agency record to the following agencies:

1. County child support agencies.
2. County departments of social or human services.
3. DHS-contracted county, tribal, and private W-2 agencies.
4. Weatherization agencies under contract with the Wisconsin Department of Administration (DOA) providing weatherization services to low-income persons.
5. Tribal agencies administering DHS programs.
6. General relief/assistance agencies.
7. State of Wisconsin DCF staff for administering W-2.
8. FoodShare Employment and Training (FSET) agencies administering the FSET program.
9. Any fiscal agent of the state administering benefit payments under the CTS program (currently Gainwell Technologies).
10. The Social Security Administration for administering the Supplemental Security Income (SSI) benefits.
11. Local public housing authorities where the member applies for public housing or for federal rent assistance.
12. DWD, Division of Unemployment Insurance (DUI) for computer matching to Unemployment Insurance Benefit payments.
13. Job Training Partnership Act (JTPA) agencies to the extent that the information is necessary to determine JTPA program eligibility.
14. Any other federally assisted program providing cash or in-kind assistance or services directly to people on the basis of need. Federally-assisted school food service programs are included in this category. Families may apply for free or reduced meals in that program. Do not provide a school or school district with a list of students receiving FoodShare. However, if the school requests you to confirm the recipient status of a child or a list of children who have applied for free or reduced meals, provide the confirmation.
15. US Comptroller General's Office.
16. Any official conducting an investigation, prosecution, or civil proceeding in connection with the administration of an Income Maintenance (IM) program. The official must submit to the agency a written request to obtain information. The request must include the identity of the person requesting the information, their authority to request, the violation being investigated, and identify the person being investigated. Do not apply this restriction to the agency's District Attorney or fraud investigator.
17. Persons directly connected with the administration or enforcement of the programs which are required to participate in the state income and eligibility verification system (IEVS), to the extent that the information is used to establish or verify eligibility or benefit amounts under those programs.

18. Staff of any public or private agency for the administration of the Federal Title IV-E Foster Care program or Adoption Assistance program.

No other routine disclosure from client records is approved. The member or guardian must authorize all other disclosures.

4.9.2 Disclosure with Consent

A member may authorize the disclosure of information of record about their self to a third party. Require the member or guardian's written authorization. The Confidential Information Release Authorization and Confidential Information Release Authorization to Agency may be used for this purpose. A copy of the authorization should be provided to the agency that collected the information. The authorization must specify the information to be disclosed, to whom it is to be disclosed, and for what period of time.

4.9.3 Emergencies

Other circumstances may arise when disclosure must be given without consent because a person's health or safety is in imminent danger. When there is reason to believe a health or safety emergency exists, the agency director (or designee) may authorize disclosure. Notify the person in writing within 72 hours of this disclosure.

4.9.4 Special Circumstances

4.9.4.1 Legislative Committees

Don't disclose information for the broad investigatory purposes of legislative committees. Federal legislation prohibits disclosure to any committee or committee's legislative body (federal, state, or local) of any information that identifies an applicant or recipient by address or name.

4.9.4.2 Crime Victim's Compensation Program

The Crime Victim's Compensation (CVC) Program is administered by the Wisconsin Department of Justice (DOJ), Crime Victims Services. Its intent is to provide financial support to victims of crime within Wisconsin.

DOJ is required to determine a person's W-2, CTS, FoodShare, and/or Medicaid eligibility status and benefit amount before it may dispose of someone's application for CVC. As part of the application process for CVC, the applicant must sign an authorization of release of confidential information.

Information should only be released to CVC program staff about CVC applicants and recipients when the CVC applicants and recipients have signed a release of confidential information for the CVC program. Eligibility information and the amount of benefits in the W-2, CTS, FoodShare, and Medicaid eligibility programs are the only information that can be released to CVC staff.

4.9.4.3 Law Enforcement

45 CFR §205.50(a)(1)(v) permits agencies to provide the current address of a CTS recipient to a law enforcement officer when the officer does all of the following:

1. Provides the agency, in writing, the name of the recipient or participant.
2. Demonstrates, in writing, to the agency's satisfaction, that the recipient or participant is a fugitive felon under 42 USC 608(a)(9) and at least one of the following applies:

- a. The recipient or participant violated a condition of probation or parole imposed under state or federal law.
 - b. The recipient or participant has information that is necessary for the officer to conduct the official duties of that officer.
3. Has within their official duties the location or apprehension of the felon, AND
4. Is making the request in the proper exercise of their duties.

Seek the advice of legal counsel if there is a question about the appropriateness of a request for this information.

4.9.4.4 Subpoenas and Records Requests

In the event of the issuance of a subpoena for the case record or for any agency representative to testify concerning an applicant or recipient, the IM Agency is to only provide the court with the statutory provisions and the policies or rules and regulations against disclosure of information.

4.9.5 Prohibited Disclosure

Examples in which disclosure is prohibited are:

1. Requests from an official not connected with the agency for privileged information.
2. Requests from private citizens for case information frequently related to business or personal matters, such as the collection of bills from the recipient.
3. IM agencies are not authorized to provide information about the receipt of benefits or the dollar amount of those benefits to the U.S. Citizenship and Immigration Services (USCIS), the U.S. State Department, or immigration judges unless that information will assist Wisconsin in collecting outstanding debts. Even if the request is for documentation of the amount of benefits received, this information is not to be released as the disclosure is not directly connected to the administration of the program about which information is requested.

4.9.6 Data Exchanges

4.9.6.1 Introduction

CWW Data Exchanges provide query access to databases that store employment information, unemployment income, and Social Security and SSI income (including social security number, citizenship/identification, and Medicare verification) information.

The rules of confidentiality apply to all data obtained from these queries. In addition, because of the sensitive nature of the data available, rules have been established for accessing the data as well as release of data obtained from these queries.

4.9.6.2 Use of Data

Data exchanges can only be accessed for official program purposes. No one is permitted to browse the records of any query, even if there are no intentions to share the data.

4.9.6.3 Query Access

Take all precautions necessary to ensure that only authorized agency staff have access to the online queries.

4.9.6.4 Release of Data

Only release data received from a query to:

- The person who is the subject of the data.
- The person's attorney or other duly authorized representative who needs the data in connection with that person's fair hearing.
- Another county, state, or federal agency administering the FoodShare, child support, SSI, or Medicaid programs.
- A criminal or civil authority that agrees in writing to protect the confidentiality of the data provided.

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4.10 Applicant and Member Access Rights

4.10.1 Introduction

An applicant or member has the right to see their entire case record to verify that its content is accurate with respect to their statements and that documentation of facts about them from other sources is correct.

When an applicant or member requests access to the record for reasons not related to preparation for a fair hearing, the agency does not have to show them the entire record. Ask the applicant or member what part they want to review, and, if practical, show them only that portion of the record.

4.10.2 Fair Hearings

Don't withhold any part of the record from the client when, they are preparing for a fair hearing.

4.10.3 Sensitive Medical Information

Confidential information release authorization forms do not promise the medical reporting source that information won't be revealed to the applicant or member if they request to see it. In most cases, the applicant or member has direct access to the information.

In some cases, IM agencies may determine that the requested medical information is of a "sensitive" nature and that its release directly to the applicant or member may not be in their best interest. When this occurs, request the applicant or member to name, in writing, a representative. This representative may be a physician or other responsible person (for example, a clergyman or attorney). Release the requested information to the representative with the instruction that they review it and inform the applicant or member of the content at the representative's discretion.

Retain the applicant or member's authorization to release this information to their representative in the case record.

4.10.4 Access by Someone Else

An applicant or member may authorize the IM agency to grant access to their case record to another person or organization. This authorized entity has the same right of access to the case record as that of the applicant or member, or to the extent that the applicant or member indicates on the release of information form, if applicable.

This authorized entity can be an attorney but does not need to be an attorney. The applicant or member does not need to complete a release of information form to authorize their attorney to access their case record. The agency can request proof of the attorney's licensure if the person's statement that they are an attorney is questionable. If the entity is not an attorney, the applicant or member must complete a release of information form, such as [F-02340](#).

A person or entity who is already known on the case as a legal guardian, conservator, power of attorney, or
Note: *authorized representative can access the case record without additional authorization (see [SECTION 4.8 REPRESENTATIVES](#)).*

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4.11 Documents

4.11.1 Date Stamping Documents

All paper documents received by an agency must have the received date on the cover page or first page of each document. Prior to scanning, IM workers should date stamp or write the date the document was received on the front of the document.

4.11.2 Photocopying Vital Records

§69.30 Wis. Stats. permits DHS, county, W-2, and tribal social and human service agencies to photocopy vital records for administrative use.

Vital records include:

- Birth certificates
- Death certificates
- Marriage documents
- Divorce and annulment certificates
- Data related to any of the above documents

This statute exempts agencies from its restrictions if there is an administrative need for the copy and it's marked "For Administrative Use." Penalties for improperly photocopying vital records include fines and imprisonment.

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5.1 State Statutes and Administrative Code

[State Statutes:](#)

- See 49.77 State Supplemental Payments and
- 49.775 Payments for the support of children of supplemental security income recipients

[DHS Administrative Rule](#)

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5.2 Income Tables

5.2.1 CTS Gross Income Limits

Group Size	Area I	Area II
1	\$576	\$557
2	\$1,018	\$987
3	\$1,197	\$1,159
4	\$1,429	\$1,386
5	\$1,640	\$1,593
6	\$1,773	\$1,719
7	\$1,919	\$1,863
8	\$2,034	\$1,976
9	\$2,130	\$2,067
10	\$2,182	\$2,115
11	\$2,228	\$2,161
12	\$2,274	\$2,208

Add \$25 per person for groups larger than 12.

5.2.2 CTS Gross Income and Pregnancy Allowance

Group Size	Area I	Area II
1	\$707	\$689
2	\$1,149	\$1,118
3	\$1,329	\$1,290

4	\$1,560	\$1,517
5	\$1,771	\$1,725
6	\$1,904	\$1,850
7	\$2,050	\$1,995
8	\$2,165	\$2,108
9	\$2,261	\$2,198
10	\$2,313	\$2,246
11	\$2,359	\$2,293
12	\$2,405	\$2,339

Add \$71 for each additional pregnant woman in the group.

Add \$25 per person for groups larger than 12

5.2.3 Counties by Area

Area I Counties (all other counties are Area II)			
Brown	La Crosse	Racine	Winnebago Tribe (if residing on tax-free land in La Crosse or Marathon Counties.)
Dane	Marathon	Rock	
Dodge	Manitowoc	St. Croix	
Dunn	Milwaukee	Sheboygan	
Eau Claire	Oneida Tribe	Washington	
Fond du Lac	Outagamie	Waukesha	
Kenosha	Ozaukee	Winnebago	

5.2.4 CTS Assistance Standard (Net Income Limits)

Group Size	Area I	Area II
1	\$311	\$301
2	\$550	\$533
3	\$647	\$626
4	\$772	\$749
5	\$886	\$861
6	\$958	\$929
7	\$1,037	\$1,007
8	\$1,099	\$1,068
9	\$1,151	\$1,117
10	\$1,179	\$1,143
11	\$1,204	\$1,168
12	\$1,229	\$1,193

5.2.5 CTS Assistance Standard and Pregnancy Allowance

Group Size	Area I	Area II
1	\$382	\$372
2	\$621	\$604
3	\$718	\$697
4	\$843	\$820
5	\$957	\$932
6	\$1,029	\$1,000

7	\$1,108	\$1,078
8	\$1,170	\$1,139
9	\$1,222	\$1,188
10	\$1,250	\$1,214
11	\$1,275	\$1,239
12	\$1,300	\$1,264

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5.3 Forms and Publications

- [Information about Caretaker Supplement](#) (PDF, 7 KB) (P-23110)
- [Caretaker Supplement Instructions for Application](#) (PDF, 25 KB) (F-22571A)
- [Caretaker Supplement Application](#) (PDF, 20 KB) (F-22571)

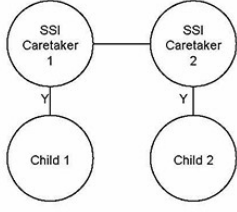
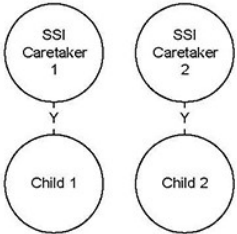
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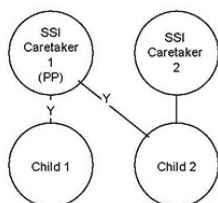
Effective Date: 8/30/2021

5.4 Illustrations

5.4.1 Scenarios

Scenario 1	
	<p>Mom and Dad are married but do not have any children in common.</p> <p>Explanation</p> <p>Without a child in common, CARES cannot create a "link" to pull Child 1 and Child 2 into the same SFU. Because the parents are married, CARES can process this situation in one case.</p> <p>CARES Processing</p> <p>CARES will create two CTS AGs in one case.</p> <p>CTS Benefits</p> <p>There will be two CTS supplements in the amount of \$250 each.</p>
Scenario 2	
	<p>Two SSI caretakers are living together in one household. They are not married and do not have any children in common.</p> <p>Explanation</p> <p>Without a child in common, CARES cannot create a "link" to pull Child 1 and Child 2 into the same SFU. Because the parents are not married, CARES cannot process this situation in one case.</p> <p>CARES Processing</p> <p>This household must be processed in two cases.</p> <p>CTS Benefits</p> <p>There will be two CTS supplements in the amount of \$250 each.</p>

Scenario 3



The parents in this household are not married. They have at least one child in common. One of the parents has their own child(ren).

Explanation

The oldest child in common is the target child. The child in common provides a link for their siblings to be pulled into the SFU.

CARES Processing

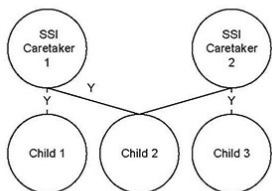
Parents should be coded on ANHR as caring for all of their children. Because Caretaker 1 is the parent for both Child 1 and Child 2, that parent is coded as caring for both children on ANHR.

This will produce one AG in CARES.

CTS Benefits

The CTS supplement will be \$400, paid to Caretaker 1.

Scenario 4



The parents in this household are not married. They have at least one child in common and each has their own child(ren).

Explanation

The child in common provides a link to their siblings to be pulled into the SFU.

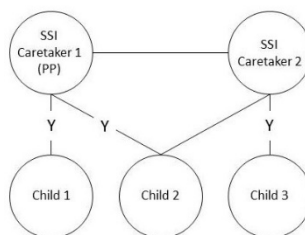
CARES Processing

Because everyone is pulled into one SFU, this scenario will be processed in one AG. Because Caretaker 1 has no qualifying relationship to care for Child 3, Child 3 cannot be included in their CTS supplemental payment.

CTS Benefits

A CTS Supplement will be added to each parent's state SSI payment. Caretaker 1 will receive a \$400 payment; Caretaker 2 will receive a \$250 supplement.

Scenario 5



Mom and Dad are married. They have at least one child in common and each has their own child(ren).

Explanation

The child in common provides a link to their siblings to be pulled into the SFU.

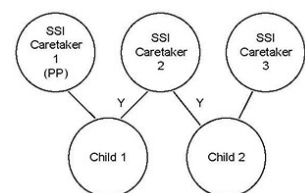
CARES Processing

Because each SSI caretaker is caring for their own child, there will be two AGs for this case, just like Scenario 4.

CTS Benefits

A CTS supplement will be added to each parent's SSI payment. Caretaker 1 will receive a \$400 payment; Caretaker 2 will receive a \$250 supplement.

Scenario 6



There are more than two parents in the household, all of which have children, and more than one in common with another parent.

Explanation

In this scenario, the target child will be the oldest child in common and will pull all of their siblings. Pulling in those siblings will also pull in their parents.

CARES Processing

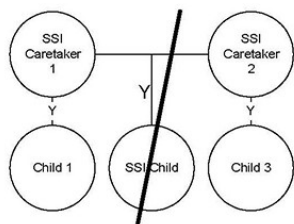
This particular scenario will be one SFU and one AG (everyone is pulled into the group).

In this scenario, it is important to analyze which parent has the most children in the household; who is the primary caretaker of the majority of the children. That parent (in this diagram, Caretaker 2) should be coded as caring for all their children on ANHR.

CTS Benefits

This case will be paid one CTS supplement to Caretaker 2 in the amount of \$400.

Scenario 7



Mom and Dad are married. They have a child in common and a child(ren) of their own. The only child in common is an SSI recipient.

Explanation

The SSI child breaks the link between Child 1 and Child 3. No relationship exists between Child 1 and Child 3 (they are not full or half siblings) to pull the children into one SFU.

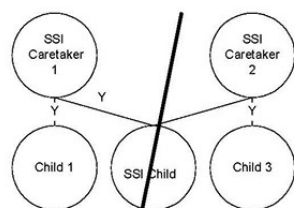
CARES Processing

Because the parents are married, this scenario can be processed in one case, two AGs.

CTS Benefits

This case will receive two CTS payments of \$250 each.

Scenario 8



Mom and Dad are not married. They have a child in common and a child(ren) of their own. The only child in common is an SSI recipient.

Explanation

The SSI child breaks the link between Child 1 and Child 3. No relationship exists between Child 1 and Child 3 (they are not full or half siblings) to pull the children into one SFU.

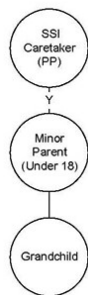
CARES Processing

Because the parents are not married, this scenario cannot be process in one case. It must be processed in two separate cases.

CTS Benefits

Each case will receive one CTS payment of \$250.

Scenario 9



Three-generation case. Grandma is receiving SSI; the minor parent is not. Grandma is requesting CTS.

Explanation

The minor parent is the target child, the grandchild is not pulled into the SFU.

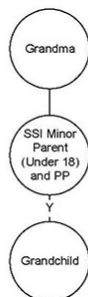
CARES Processing

Grandma should be coded as caring for the minor parent. Even if she's coded as caring for the grandchild, the grandchild will not be pulled into the CTS SFU. Grandma cannot receive CTS for her grandchild.

CTS Benefits

The CTS benefit will be added to Grandma's SSI state check in the amount of \$250.

Scenario 10



Three-generation case. Grandma is not receiving SSI; the minor parent is. The minor parent is requesting CTS.

Explanation

The grandchild is the target child. The minor parent and grandchild will comprise the SFU.

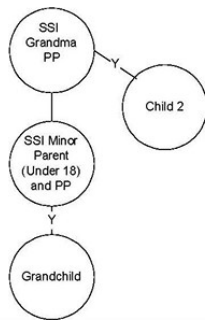
CARES Processing

The minor parent must be coded as caring for the grandchild.

CTS Benefits

The CTS benefit will be added to the minor parent's SSI state check in the amount of \$250.

Scenario 11



Three-generation case. Both Grandma and the SSI child are receiving SSI.

Explanation

The SSI minor parent cannot be pulled into Grandma's SFU. The household cannot be processed in one case. It must be two separate cases.

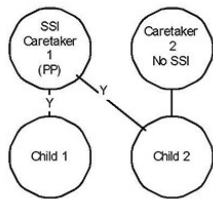
CARES Processing

Grandma should be coded as caring for her non-SSI child in her case. The minor parent should be coded as caring for their child in their case.

CTS Benefits

Each case will be paid a CTS benefit of \$250.

Scenario 12



The parents in this household are not married. They have at least one child in common. One of the parents has their own child(ren).

Explanation

The oldest child in common is the target child. The child in common provides a link for their siblings to be pulled into the SFU.

CARES Processing

Parents should be coded on ANHR as caring for all of their children. Because Caretaker 1 is the parent for both Child 1 and Child 2, that parent is coded as caring for both children on ANHR. This will produce one AG in CARES.

CTS Benefits

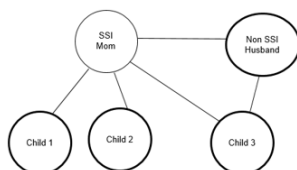
The CTS supplement will be \$250, paid to Caretaker 1. (Child 2 is ineligible because only one of their parents is an SSI recipient.)

Buening Implications

This case has the potential of becoming a Buening case. If the group fails the CTS eligibility test for financial reasons, the worker must determine whether Child 2 is "needy." If Child 2 is needy, the group should be confirmed as ineligible for CTS.

If Child 2 is not needy, the worker must change the request on ACPA to "N" for both Child 2 and SSI Caretaker 2 and retest the group for CTS eligibility.

Scenario 13



The parents in this household are married. They have one child in common. The mom has two of her own children under age 18. None of the children have any income of their own.

Explanation

All three dependent children of the SSI Mom and non-SSI Dad of Child 3 are initially included in the Standard Filing Unit (SFU). The income and assets of all four members of the SFU are used to determine financial eligibility for CTS.

Buening Implications

This household may also end up as a Buening case. If the assets are over the limit of the income for the SFU exceeds the gross or net income limit for the group of four, the worker must determine whether Dad and Child 3 are "needy." If the dad and Child 3's income exceeds the gross or net income limit for Dad and Child 3, Child 3 is not needy and should be excluded along with their dad from the SFU.

CTS Benefits

If it is determined to be a Buening case and Child 3 is not considered needy, Child 3 and Dad should be excluded from the SFU. If the income and assets of Child 1 and 2 are at or below the limits for an SFU group of two, they will be eligible for a CTS supplement of \$400, paid to the SSI Mom. Child 3 is ineligible because only one of their parents is an SSI recipient.

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Glossary

1619(b)

A provision of the federal Social Security Act, section 1619(b) allows continued Medicaid coverage for recipients of SSI who have earnings from work. Generally, a person whose income is not high enough to replace the SSI, Medicaid coverage and any publicly funded attendant care that he or she is receiving will be allowed to keep his or her Medicaid.

1619a

Provisions of the Social Security Act which allow certain employed people who would otherwise be ineligible to retain SSI status. The Social Security Administration certifies people for 1619(a) and 1619(b) eligibility. People with 1619(a) or 1619(b) status retain their MA eligibility under the SSI related category if they received MA the month before certification for 1619(a) or 1619(b).¹

ADRC

Aging and Disability Resource Center .

Adult

An adult is anyone age 18 or older.

Adverse Action

Adverse Action is another name for Cutoff. Adverse Action is a batch job that is run in CARES approximately 13 calendar days prior to the end of the month. It is run at this time to allow 10 days for negative notices to be sent as a result of any benefit reduction, denial, or closure.

AFDC

Aid to Families with Dependent Children

Authorized Representative

A person authorized to act on a client's behalf. An authorized representative may be designated by the client and may exercise all the rights and responsibilities of a client.

BEPS

The Bureau of Enrollment Policy and Systems in the Department of Health Services, Division of Health Care Access and Accountability.

CAPO

Central Application Processing Operation

Caretaker Supplement

(CTS) An additional amount of monthly cash benefit provided to certain SSI recipients in Wisconsin who reside with their dependent children. Wisconsin funds this benefit with a combination of state dollars and its federal Temporary Assistance for Needy Families (TANF) grant.

Cash Surrender Value

The cash amount payable to a life insurance policy owner in the event of termination or cancellation of the policy before its maturity or the insured event.

CBRF

Community Based Residential Facility

CFAS

Citizens of the Compact of Free Association States

CMO

Care Management Organizations

CMS

Centers for Medicare and Medicaid Services- It administers the Medicare program and works in partnership with the States to administer Medicaid and other programs. Formerly known as HCFA.

COLA

Cost of Living Adjustment. An increase in income to compensate for inflation.

Continuing Disability Review (CDR)

The process of obtaining, reviewing and re-establishing a finding of disability, based on medical evidence and work activity, to determine whether SSI benefits should continue. In Wisconsin, all initial and continuing disability determinations for federal and state SSI are performed by the Disability Determination Bureau (DDB) within the Department of Health Services (DHS).

CSA

Child Support Agency

CTS

Caretaker Supplement - An additional amount of monthly cash benefit provided to certain SSI recipients in Wisconsin who reside with their dependent children. Wisconsin funds this benefit with a combination of state dollars and its federal Temporary Assistance for Needy Families (TANF) grant.

Direct Deposit

Payment of SSI or Social Security cash benefits by automatic deposit into a recipient's savings, checking or check cashing account. In Wisconsin, recipients of federal SSI who elect direct deposit must have their state SSI supplemental payments directed to the same account.

EFT

Payment of SSI or Social Security cash benefits by automatic deposit into a recipient's savings, checking or check cashing account. In Wisconsin, recipients of federal SSI who elect direct deposit must have their state SSI supplemental payments directed to the same account.

Exceptional Expense Supplement

An additional amount of monthly cash benefit provided to certain SSI state supplement recipients. Eligibility is based on assessment and certification by county human or social services agencies. Eligible persons need ongoing supportive services or care. Also known as Exceptional Expense Supplement.

FoodShare Wisconsin

A program that helps people who have limited money buy the food they need for good health. The Wisconsin Department of Health Services administers the State's FoodShare Wisconsin program. Eligibility for the program is determined and benefits issued by county/tribal human or social service agencies (local agency). The US Department of Agriculture is responsible for setting the basic program rules so they are the same everywhere in the country. As of Oct. 1, 2008, Supplemental Nutrition Assistance Program (SNAP) is the new name for the federal Food Stamp Program. Each state can change the program name. In Wisconsin, the SNAP program is known as FoodShare Wisconsin, or just "FoodShare."

Grandfathered State-Only SSI Recipient

An individual who, in November 1995, was not receiving federal SSI cash benefits, but was receiving SSI supplementary payments in Wisconsin. Approximately 17,500 individuals were granted continued eligibility for state cash benefits and Medicaid. In 2006, approximately 7,500 "grandfathered" state-only SSI recipients remain. Since January 1, 1996, non-grandfathered persons must be eligible for federal SSI cash benefits in order to receive state SSI cash benefits.

IM

Income Maintenance

Medicaid (Title XIX, T-19, Medical Assistance):

Health care coverage authorized by Title XIX of the federal Social Security Act and provided to all recipients of SSI in Wisconsin.

Medicare

Health care coverage available to disabled, blind, or retired beneficiaries of Social Security and their qualified dependents.

Plan for Achieving Self-Support (PASS)

Under an approved PASS, recipients of federal SSI may set aside income and/or resources over a period of time to reach a goal to become financially self supporting. The income and resources set aside may later be used to obtain occupational training or education, purchase occupational equipment, establish a business, etc. The income and resources set aside under a PASS are not counted when determining federal SSI eligibility or payment amount.

Representative Payee:

Individual appointed by the Social Security Administration (SSA) to manage the cash benefits of a recipient of SSI or Social Security benefits, or both.

Resources

Anything an SSI recipient owns, such as a bank account, stocks, business assets, real property or personal property that can be used for support and maintenance. Certain resources are not counted when SSI eligibility is determined. Generally, a single individual is restricted to \$2,000 in resources; a married couple, \$3,000.

Social Security and Social Security Disability Insurance (SSDI)

Monthly cash benefit administered by the federal Social Security Administration (SSA) to retired or disabled workers and their qualified dependents. Beneficiaries must be 62 years of age or older, or disabled, and have enough work "credits" to be qualified. Recipients of SSI may be eligible for Social Security benefits, also, based on their own work records or because they are qualified as a dependent of another Social Security beneficiary.

SSI State Supplement

A cash benefit authorized by Ch. 49.77 and 49.775, Wis. Stats. This benefit is intended to supplement the federal SSI benefit payment. Eligibility is based on current receipt of federal SSI benefits or special "grandfathered" status as a recipient of the state supplement only.

SSI-E

An additional amount of monthly cash benefit provided to certain SSI state supplement recipients. Eligibility is based on assessment and certification by county human or social services agencies. Eligible persons need ongoing supportive services or care. Also known as SSI-E

State-Only 1619(b)

A procedural provision within Wisconsin's program of SSI state supplementation that permits grandfathered state-only recipients of SSI to retain Medicaid when they have earnings from work. Generally, a person whose income is not high enough to replace the SSI, Medicaid coverage and any publicly funded attendant care that he or she is receiving will be allowed to keep his or her Medicaid.

Supplemental Security Income (SSI)

A cash benefit authorized by Title 16 of the federal Social Security Act. Eligibility and benefits are administered by the federal Social Security Administration at field offices throughout each state. Eligibility is based on age (65+) or disability and financial need. Eligibility is not based on prior work history or a family member's prior work history.