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TO: **Income Maintenance Supervisors**
Income Maintenance Lead Workers
Income Maintenance Staff
W-2 Agencies
Workforce Development Boards
Job Center Leads and Managers
Training Staff
Child Care Coordinators

FROM: Amy Mendel-Clemens, Chief
Technical Assistance and Training Section
Bureau of Enrollment Management
Division of Health Care Access and Accountability

BEM/DFS OPERATIONS MEMO					
No: 09-34					
DATE: 5/22/2009					
FS	<input checked="" type="checkbox"/>	MA	<input checked="" type="checkbox"/>	BC+	<input checked="" type="checkbox"/>
SC	<input type="checkbox"/>	CTS	<input checked="" type="checkbox"/>	FSET	<input checked="" type="checkbox"/>
			BC+ CORE		<input checked="" type="checkbox"/>
CC	<input type="checkbox"/>	W-2	<input type="checkbox"/>	EA	<input type="checkbox"/>
CF	<input type="checkbox"/>	JAL	<input type="checkbox"/>	JC	<input type="checkbox"/>
RAP	<input type="checkbox"/>	WIA	<input type="checkbox"/>	Other	<input type="checkbox"/> *
				EP	

SUBJECT: CARES Enhancements

Cross References: Operations Memo 09-30

EFFECTIVE DATE: June 15, 2009

PURPOSE:

The purpose of this memo is to communicate CARES enhancements scheduled for implementation on June 15, 2009. Scheduled changes include an enhancement to the Verification Due Dates page along with numerous changes related to the implementation of the BadgerCare Plus (BC+) Core Plan. System changes that will impact local agencies will be discussed in this memo.

BACKGROUND:

FoodShare (FS) Quality Assurance errors have been found in instances where customers were either provided with a verification checklist which included incorrect verification due dates or were never issued a proper request for verification. Advocates, local agencies, FS QC staff and the FS policy staff have requested changes to the CWW Verification Due Date page to eliminate these errors.

Additional CARES enhancements are being made for the implementation of the BC+ Core Plan. The changes are necessary for processing of the BC+ Core Plan by the Enrollment Services Center (ESC), for screening by both the ESC and local agencies to identify BC+ Core plan individuals and to allow the transfer of RFAs between county and tribal agencies and the ESC when appropriate.

CARES:**VERIFICATION DUE DATES**

The Verification Due Dates page will be modified to default the Mail Checklist response field to 'yes' to trigger verification checklist mailings. In addition, logic will be added to the system to prevent duplicate verification checklists from being mailed to the household. The logic will be similar to that of the true change logic for customer correspondence (Process Help, Section 58.1).

The verification due date calculation on this page is being fixed to correctly calculate verification due dates.

INBOX SEARCH CRITERIA

The Inbox Search Criteria function has been enhanced to allow workers to search for applications according to:

- 1) Health Care Programs Requested,
- 2) Applications with related unprocessed ACCESS items,
- 3) Applications with individuals already known to CARES, and
- 4) Data Collection Method / Item Type.

Navigation Menu

- Search
 - CARES Home
 - Search
 - Unsubmitted Requests
 - Inbox Search
 - RFA's / Applications**
 - Change Reports
- RFA / Case
 - Client Registration (0)
 - Case Summary
 - Case Comments
 - Application Entry (0)
 - Generate Summary
 - Initiate Eligibility Determination
 - Eligibility
 - Post Eligibility
 - Confirmation Access
 - Query
 - Benefit Issuance
- Worker Tools
 - SSI-MA Administration
 - Worker Tasks
 - Case Management
 - Client Correspondence
 - Reference Tools
 - System Tools
 - HMO Search
 - Record Multiple Fee Payments
 - Check My Benefits Worker

Inbox Search Criteria – RFA's / Applications Reset

Basic Search

What would you like to do?

- View and Select Inbox Items
 - Assignment Status:
- View and Select to Assign / Reassign Inbox Items
 - Assignment Status:
- Display Counts of Inbox Items
 - Assignment Status:

Advanced Search

Inbox Search Criteria Restore to Default Search Criteria Save Search Criteria

- County / Tribe:
- Assignment Status:
- Office:
- Worker ID:
- Programs Requested:
 - Health Care FoodShare Family Planning Waiver
 - Caretaker Supplement Child Care W-2
- #1** Health Care Programs:
 - BC+ for Families BC+ CLA
 - EBD Medicaid Institution
- Language:
- First Letter of Applicant's Last Name: to
- Priority Service Eligible:
- Filing / Submitted Date: Any Day / / Between / / and / /
- ZIP:
- #2** Has Related Unprocessed Items:
- #3** Any Matching Individuals:

CLA Criteria

- HNA Completed: Yes No
- Fee Requirement Met: Yes No Wait

Data Collection Method/Item Type #4

Customer	<input checked="" type="checkbox"/> RAA - ACCESS
	<input checked="" type="checkbox"/> RMA - Mail-in
Enrollment Services Center	<input checked="" type="checkbox"/> RPA - Phone
	<input checked="" type="checkbox"/> RWA - Walk-in
RFA	

What would you like to do?

- View and Select Inbox Items Meeting the Above Criteria
- View and Select to Assign / Reassign Inbox Items Meeting the Above Criteria
- Display Counts of Inbox Items Meeting the Above Criteria

Clicking the hyperlinks on the words will open each section for you to choose your search criteria.

Go

INBOX LISTING

The Inbox Listing enhancements will allow workers to identify:

- 1) Which HealthCare program(s) have been requested for each RFA/Application,
- 2) If there are unprocessed/related items for that application,
- 3) If there are partial or exact matches to any individual in CARES, and
- 4) The Data Collection Method/Item Type.

Inbox Listing – View RFAs / Applications
Cancel Reset

Inbox Search Criteria

County / Tribe: MILWAUKEE COUNTY	Office:
Worker:	Assignment Status: Unassigned
Filing Date: Any Day	Priority Service Eligible: All
Programs Requested: Any of the programs checked below (OR) - HC, FS, CTS	Health Care Programs: All of the programs checked below and only those programs (EXCLUSIVE AND) - FAM, EBD
First Letter of Applicant's Last Name: A - Z	ZIP:
Language: Any Language	Data Collection Method/Item Type: RWA - Walk-in , EPA - Phone - Application , EMA - Mail-in - Application , CAP - Application , RMA - Mail-in , EPP - Phone - Page One , EMP - Mail-in - Page One , RPA - Phone , RAA - ACCESS , CPO - Page One
Has Related Unprocessed Items: All	Any Matching Individuals: All

Inbox Listing

Select	Assigned Worker	Applicant Name	Filing Date	Priority Service Eligible	Programs Requested	HC Programs	Conf	Lang	Zip	Related Items	Individual Match	Item Type	HNA	Fee
						#1				#2	#3	#4		
<input type="radio"/>	Select Next Inbox Item Meeting the Above Criteria													
<input type="radio"/>	BCLAAGE, R		04/20/2009	No	HC	EBD	No	E	53597	No	No	RAA	N/A	N/A
<input type="radio"/>	RFATEST, M		04/15/2009	No	HC	FAM	No	E	53707	No	No	RMA	N/A	N/A
<input type="radio"/>	REFL-TEN, F		04/09/2009	Yes	FS		No	E	53701	No	No	RWA	N/A	N/A
<input type="radio"/>	RWFL-NINE, F		04/09/2009	Yes	FS		No	E	54141	No	No	RWA	N/A	N/A

Cancel Previous Next

APPLICATION SUMMARY

The Application Summary page will now display all individuals listed on an application at the top of the page in the Individuals on Application section.

Added functionality on this page will allow workers to:

- Click on the magnifying glass link to go to the Individual Summary for individuals known to CARES.
- View any related ACCESS Items (e.g. applications, change reports) that were in the Inbox at the time the application was submitted by the customer (Related Submissions). This section will display the status of those ACCESS Items and provide a link for you to view them in more detail.
- Change the Primary Person of the application at the time you "Initiate" the application.
- Add/edit comments about an application while it is in the Inbox. These comments are then carried forward to the RFA and case.

The first screen shot illustrates the individuals listed on the application as well as the magnifying glass to go to the Individual Summary Page:

Application Summary Reset

Individuals on Application										
Name	Birth Date	Gender	SSN	U.S. Citizen	Relationship	Programs Requested	HC Programs	Disabled	Language	Match
TEST CUSTOMER	01/01/1980	FEMALE		Yes	PP	HC_FS	FAM	No	ENGLISH	EXACT

Application Information

ACCESS Application Number: 1800069511 [View](#) Status: Unassigned [View](#)

Filing Date: 05/08/2009 Community Access Point Number:

Data Collection Method: Customer [View](#) Item Type: Application [View](#)

Office Information

County / Tribe: MILWAUKEE COUNTY [View](#) Office:

Assigned Worker:

Contact Information

County of Residence: MILWAUKEE COUNTY [View](#) Homeless: No [View](#)

Household Address: 133 W MAIN ST
MILWAUKEE, WI 53201

Phone: 576-576-7567

CWW Information

Resulting RFA: Resulting Case:

Special Attention

Description
Signature matches name

Programs	Filing Date
Health Care	05/08/2009

The second screen shot illustrates the lower section of the Application Summary page where workers will now be able to view Related Submissions and add or edit comments to an application:

Family Planning Waiver 04.09.2009

FoodShare (Priority Service eligible) 04.09.2009

Item Type	Number	Status	Filing Date/Received Date	Programs Requested
Application	0800071000	Unassigned	05/15/2009	HC ,FS ,FPW
Application	1800070616	Unassigned	05/14/2009	HC ,FS ,FPW
Application	8800070787	Unassigned	05/15/2009	HC ,FS ,FPW

What would you like to do?

Initiate ACCESS Application

Primary Person: LOADFIRST LOADLAST - 01/01/1970

RFA Will Be Assigned To:

Office: []

Worker: [] Reason for Insufficient Fee: []

Transfer ACCESS Application

County / Tribe: ENROLLMENT SERVICES CENTER

Make ACCESS Application Confidential

Extend Full Fee Due Date

Extension Date: [] / [] / []

Reason: []

Add/Edit Comment

Customer called because they had submitted multiple ACCESS applications.

Current Size = 73 characters (260 characters max.)

Cancel Previous Next

BASIC INFORMATION

The Basic Information page has been enhanced to allow workers to:

- Enter basic information and alias information for the primary person’s spouse in addition to all information for the primary person. Note that if you create an RFA using the entered Basic Information, the spouse’s information is not included as part of the RFA.
- Use Information from both of these individuals to conduct the potential individual matches search when the Next button is clicked.

Navigation Menu

- Search
- CARES Home
- Search
- Inbox Search
- RFA / Case
 - Client Registration (0)
 - Basic Information
 - Additional Data
 - Program Requests
 - Priority Service Determination
 - Print Application Registration
 - Complete Request
 - RFA Summary
- Case Summary
- Application Entry (0)
 - Initial Eligibility Determination
 - Eligibility
 - Post Eligibility
- Confirmation Access
- Query
- Benefit Issuance
- Worker Tools
 - TCLA Administration
 - SSI-MA Administration
 - Worker Tasks
 - Case Management
 - Client Correspondence
 - Reference Tools

Basic Information Cancel Reset

Primary Person Information

• First Name MI • Last Name Suffix Gender SSN Birth Date

Primary Person Alias Information

Delete	First Name	MI	Last Name	Suffix	Alias Name Type
<input type="checkbox"/>					OTHER

Reset Add

First Name	Middle Initial	Last Name	Suffix	Alias Name Type	Deleted

Primary Person Spouse Information

• First Name MI • Last Name Suffix Gender SSN Birth Date

Primary Person Spouse Alias Information

Delete	First Name	MI	Last Name	Suffix	Alias Name Type
<input type="checkbox"/>					OTHER

Reset Add

First Name	Middle Initial	Last Name	Suffix	Alias Name Type	Deleted

Cancel Next

POTENTIAL INDIVIDUAL MATCHES

The functionality on this page has been enhanced to facilitate worker processing:

- The potential matches search will run on either just the primary person or both the primary person and the primary person’s spouse (if entered on the Basic Information Page). The search includes:
 - CARES individuals in MCI,
 - individuals who are part of an ACCESS RFA and have not yet passed clearance,
 - individuals who are part of an ACCESS application in the Inbox, and
 - individuals who are part of unsubmitted requests owned by the Enrollment Services Center (these are incomplete applications that are being collected by the ESC workers through the Application Services Tool (AST)).
- Search listing includes a “Where?” column so the worker can identify the location of the potential match to the entered individual.
- Choosing “Perform ESC Screening” takes you to the ESC Screening page where workers can quickly determine if an applicant should be directed to the ESC or not.

Potential Individual Matches
Reset

The following events have occurred:

GL071: This page contains confidential information.

Primary Person Individual Matches

Match	SSN	First Name	MI	Last Name	Suffix	Birth Date	Gender	Alias/ Name Type	Cleared	Where?
		COCOA		TEST		06/18/1966	Female			
<input type="radio"/>	94 111111111	COCO		TEST		06/18/1966	Female	Primary	Yes	RFA/Case

Primary Person Spouse Individual Matches

Match	SSN	First Name	MI	Last Name	Suffix	Birth Date	Gender	Alias/ Name Type	Cleared	Where?
		PRIMARY		SPOUSE		05/01/1963	Male			

No data found.

If none of the above individuals are a potential match, please select an option below:

- Enter page one of FoodShare Mail-in application
- Enter page one of Family Medicaid Mail-in application
- Create new RFA using entered Basic Information
- Perform ESC Screening

◀ Previous
Next ▶

INDIVIDUAL SUMMARY

Enhancements to the Individual Summary page include a display of pending programs for the individual and the option to perform an ESC screening for the applicant. A worker can choose the option "Perform ESC Screening" and click next to proceed to the ESC Screening function.

Individual Summary				Reset
Individual				
Name:	SAMPLE	PIN:	SAMPLE	
Associated PIN(s):				
Alias(es):				
SSN:		MCI ID/MAID:	SAMPLE	
Gender:	FEMALE	Birth Date:	06/18/1966	
Language:	ENGLISH	Cleared:	YES	
Where?:	RFA/Case			
Query				
<input type="radio"/> View Individual Eligibility History				
<input type="radio"/> View Individual Participation History				
Send Information				
<input type="radio"/> Resend Eligibility Information to MMIS				
RFAs, Cases, Applications and Unsubmitted Requests				
<input type="radio"/> CASE: 8700464384(Primary Person)				
Filing Date:	04/21/2009	Status:	OPEN	
RFA Type:	ES - ECONOMIC SUPPORT (ES)	Overpayment:	NO	
Office:	ENROLLMENT SUPPORT CENTER (5074)	Case Closed Date:	N/A	
Agency:	74 - ENROLLMENT SERVICES CENTER	Worker:	SAMPLE	
Primary Person:	SAMPLE	Information Provider:	SAMPLE	
Household Address:	1600 W MAIN ST JUNEA , WI 52197	Phone:	920-745-4987	
Pending Programs:	BCLA			
<input type="radio"/> Perform ESC Screening				
		Previous	Next	

ESC SCREENING

The ESC Screening page will allow any worker to quickly identify if an applicant should be directed to the ESC or to their local agency for application processing. The page is dynamic and will display a message based on the selected responses to the questions on the page of either:

- The applicant meets the ESC criteria. Click Next to create a new RFA to be routed to the ESC using the entered Basic Information or
- The applicant does not meet the ESC criteria. Click Next to create a new RFA using the entered Basic Information.

If the individual meets the ESC criteria, the 'Next' button creates a new RFA which will be routed to the ESC. If individual does not meet ESC criteria, clicking the 'Next' button will create a new RFA for the local agency.

ESC Screening
Cancel **Reset**

The following event has occurred:

CR031 : The applicant meets the ESC criteria. Click Next to create a new RFA to be routed to the ESC using the entered Basic Information.

Questions

* Are you requesting Health Care?	Y - Yes ▼
* Are you requesting Family Planning Waiver?	Y - Yes ▼
* Are you requesting FoodShare?	N - No ▼
Are you married and living with your spouse?	N - No ▼
Are you caring for a child under 19 who lives with you at least 40% of the time and is related to you another way?	N - No ▼
Are you the parent of a child under 19 living with you at least 40% of the time?	N - No ▼
Are you pregnant?	N - No ▼
Has the Social Security Administration made an official decision that you are blind or disabled?	N - No ▼

Cancel
◀ Previous
Next ▶

ADDITIONAL DATA

If a new RFA is created to be routed to the ESC based on responses on the ESC Screening page, CWW will automatically assign the RFA to county 74 and office 5074 for the ESC on the Additional Data page. The Assigned Worker ID field should be left blank.

A new field, 'County/Tribe of Residence', has been added to the page to allow ESC workers to enter this information for a household. If a case is being processed by the local agency, the field will not be updatable, but will default to the assigned county or tribe.

A new field has been added in the Household Address section of the page to allow ESC workers to indicate that a customer has reported that s/he is homeless. Local agency workers will have access to the homeless checkbox whether the case will be processed at the local agency or the RFA is assigned or transferred to the ESC for processing. This field will be used by CWW to determine whether or not the individual applying for Core Plan must pay the non-refundable application fee.

The screenshot shows a web form titled "Additional Data" with a "Cancel" button and a "Reset" button. The form is organized into several sections:

- RFA Information:**
 - *RFA Type: ES - ECONOMIC SUPPORT (ES)
 - *Contact Date: 06 / 01 / 2009
 - *Contact Method: W - Walk-in
 - *Language: E - ENGLISH
 - *County / Tribe: 74 - ENROLLMENT SERVICES CENTER
 - *Office: 5074
 - Assigned Worker ID: (empty field)
 - Assigned Worker Name: (empty field)
 - *Application Source: LA - Local Agency Office
- Race:**
 - American Indian / Alaskan: No
 - Asian: No
 - Black / African American: No
 - Hawaiian / Other Pacific Islander: No
 - White: No
- Ethnicity:**
 - Hispanic: No
- Household Address:**
 - *County / Tribe of Residence: 40 - MILWAUKEE COUNTY (highlighted with a red box)
 - Homeless
 - Populate with office address (for homeless Primary Persons)

RFA SUMMARY

Workers will be able to view if an applicant has had an RFA created from a CORE plan application. If an RFA has been created for an applicant based on a CORE plan application, the page will display the 'Health Care Enrollment Application Section':

Health Care Enrollment Application Resume Application				
Individual	Request Date	HIA Completed	HIA Completion Date	Selected HMO
PP JDGHSA	06/01/2009	Waiting on HNA		
Fee Requirement Met:	Waived	Waived Reason:	Homeless	
Fee Due Date:	07/15/2009			
Extended Fee Due Date:		Extended Fee Due Date Reason:		
Application Fee Amount:	\$60.00	Amount Paid:	\$0.00	
Full Fee Paid Date:				

Workers will also be able to transfer an RFA to a different county/tribe or to the ESC when appropriate by using the option located at the bottom of the RFA Summary page:

What would you like to do?

- Begin Intake Interview
- Begin, continue, or view Data Entry of FoodShare Mail-in Application (With or without the Family Medicaid Addendum)
- Begin, continue, or view Data Entry of Family Medicaid Mail-in Application Form
- Transfer RFA

County / Tribe:

Office:

Enter Begin Month for New Data: MM / YYYY

Cancel

GENERAL CASE INFORMATION

An additional field was added to the General Case Information page in the Signature Details section which identifies whether a BC+ Core Plan signature has been provided for this case.

The "Household Address" section now includes a County/Tribe of Residence field that can be updated by an ESC worker. This field is disabled for County workers and will default to the County/Tribe to which the case is assigned:

Navigation Menu

- Search
- CARES Home
- Search
- Unsubmitted Requests
- Inbox Search
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 - Case Summary
 - Case Comments
 - Application Entry (0)
 - Case Information
 - Summary
 - Select Others
 - Household Members
 - Health Care Request
 - MFA Request
 - Backer Care Request
 - FPW Request
 - CTS Request
 - FoodShare Request
 - Priority Service
 - CC Request
 - W-2 Request
 - Application / Review Interview Details
 - FoodShare Hardship Reasons
 - HH Relationships
 - Relevance Results
 - General Case Info
 - Individual Demographics

General Case Information [Cancel] [Reset]

Case Information

Effective Period

Last Updated: 04/29/2009

Case File Location

*File Location: IN - INTAKE *File Location Date: 04 / 29 / 2009

Information Provider

*First Name: HOMER MI *Last Name: CHILDRESS Suffix: *IP in Household: Yes

Signature Details

* Health Care Signature: Y - Yes * CTS Signature: * Child Care Signature: * FoodShare Signature: * BC+ Core Plan Signature: N - No

Household Address

* County / Tribe of Residence: 40 - MILWAUKEE COUNTY (Populate with office address (for homeless Primary Persons))

Number: 123 Unit: Direction: *St / Rural Rt / Box Number: MAIN Suffix: ST - STREET Quadrant: Apt:

Additional Address Info

*City: MILWAUKEE *State: WI - WISCONSIN *ZIP: 53205 Phone:

Census Tract: Region Number: 01

CASE SUMMARY

An additional field was added to the Case Summary page to indicate if the primary person or primary person’s spouse meets ESC criteria. This indicator will be “Yes” if the primary person or the primary person’s spouse meets the ESC criteria. The system will update this indicator to “No” as changes are made to the case that change this determination such as pregnancy, age, relationships, and/or disability information.

A case that has both County and ESC members and/or programs within it will be assigned to the county of residence. This indicator will determine whether the ESC does or does not have update access to the case.

Navigation Menu

- Search
- CARES Home
- Search
- Unsubmitted Requests
- Inbox Search
- RFA / Case
 - Client Registration (0)
 - Case Summary
 - Case Comments
 - Application Entry (3)
 - Case Information
 - Individual Demographics
 - Benefits/School
 - Individual Non Financial
 - Other Health Care Programs

Case Summary [Reset]

Summary Information

Primary Person: JAN 39F PP

Contact Information

County / Tribe of Residence: 40 - MILWAUKEE COUNTY

Household Address: 1 W WILSON ST PO BOX 7850 MADISON WI 537033445 Alternate Address: Phone: Phone:

Office / Filing Information

Office: MILW CO DSS (5040) Meets ESC Criteria? Yes

Agency: 40 - MILWAUKEE COUNTY

Assigned Worker: WORKER (XCT000) Caseload: 4016

File Location: IN - INTAKE File Location Date: 11/19/2007

CURRENT DEMOGRAPHICS

A new section has been added to the Current Demographics page for information related to the Physical Exam requirements for the CORE program. This information will not be required or updatable for non CORE plan cases.

Current Demographics Cancel Reset

Individual Demographic Information

Effective Period

* Begin Month: **04/2009** Last Updated: **05/07/2009**

Individual Details

* Individual: **SAMPLE 42F PP**

* Identification Verification: **MV - DIVISION OF MOTOR VEHICLE DATA EXCHANGE**

Identification MA Verification: **MV - DIVISION OF MOTOR VEHICLE DATA EXCHANGE**

* SSN Cooperation: **Yes**

* Marital Status: **SI - SINGLE-NEVER MARRIED** * Verification: **NQ - NOT QUESTIONABLE**

Offender Working Without Pay: Verification:

* Intent To Reside In WI: **Yes**

* Resides In WI: **Yes**

* Migrant Farm Worker: **No** Verification:

Special Needs Child: Verification:

Physical Exam

Physical Exam Completed? Good Cause:

Physical Exam Date: Source:

OTHER HEALTHCARE PROGRAMS GATEPOST & SUMMARY

The Long Term Care Section on the Navigation Menu has been replaced by the Other Health Care Programs Section. A new question has been added to the Gatepost page of this section to ask if the primary person or the primary person’s spouse is requesting the Core Plan. If the answer is yes to this question, the Badger Care Plus Core Plan Potential Eligibility page is scheduled next in the driver flow. Only ESC workers should answer Yes to the question: “Are you or your spouse requesting BadgerCare Plus Core Plan for Childless Adults?” The answer field for this question will appear as “beige” and will not require an entry when a case is not assigned to the ESC county and office.

The Other Health Care Programs Summary page will include a summary of Family Care, Community Waivers, Institutions, Community Spouse, and BadgerCare Plus Core Plan for Childless Adults information for the case:

Other Health Care Programs Gatepost

Cancel Reset

Effective Period
Last Updated: 05/11/2009

Additional Information

- Is anyone in your household functionally eligible for Family Care OR requesting Family Care? **Yes**
- Is anyone in your household functionally eligible for or requesting PACE or Partnership or Community Waivers? **Yes**
- Is anyone in your household in a Medical Institution for Long Term Care? **No**
- If yes to any of the above questions, does the person requesting / receiving services have a spouse in the community? **Yes**
- Are you or your spouse requesting BadgerCare Plus Core Plan for Childless Adults?** **No**

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

Add Case Comment

Cancel

Other Health Care Programs Summary

Cancel Reset

Family Care

Individual	Begin Month	Last Updated	Delete Reason	Request	Functionally Eligible	CMO Capacity	Enrollment Date	Disenrollment Date
No data found.								

Community Waivers

Individual	Begin Month	End Month	Last Updated	Delete Reason	Request	Program Type	Start Date	Slot Available	PACE or Partnership Level of Care
No data found.									

Institutions

Row	Individual	Begin Month	End Month	Last Updated	Delete Reason	Type	Institutionalized Date
No data found.							

Community Spouse

Row	Individual	Begin Month	End Month	Last Updated	Delete Reason	Max Income Allocation?	Actual Allocated Amount
No data found.							

BadgerCare Plus Core Plan for Childless Adults

Individual	Begin Month	Last Updated	Request	Request Date	Request Type	Confirmation Date
SAMPLE 42F PP	07/2009	06/30/2009	Yes	06/22/2009	New Request	06/30/2009

Individual: Begin Month: / Updated on or before: / /

Add Case Comment

Cancel

MEDICAL GATEPOST

The first question on the Medical Gatepost Page has been changed to include three questions. Along with the 2 original questions, 'Did you or your spouse have health care coverage in the past 12 months?' has been added for the BC+ Core Plan. If the applicant answers 'Yes' to any of the three questions, the answer to 'Are any of the following true?' should be answered yes. This will take you to the Medical Coverage page to enter the details for the medical coverage:

Medical Gatepost Cancel Reset

Effective Period
Last Updated: 05/07/2009

Additional Information

* Are any of the following true? **N - No**

- Does anyone in the household have health care coverage now or in the past three months?
- **Did you or your spouse have health care coverage in the past 12 months?**
- Is there anyone in the household who will not cooperate with obtaining medical support coverage?

* Is anyone in the household entitled to Medicare part A or part B benefits? **N - No**

* Is there anyone in your household who has been involved in an accident within the last three months? OR Does anyone in the household have court ordered or pending insurance settlements? **N - No**

CHECK MY BENEFITS WORKER VIEW

A new link has been added to the Navigation Menu to the worker view of Check My Benefits. Using this link and the customer's social security number, you can see a customer's account once s/he has created a MyAccess account.

- **Note:** Beginning June 15, 2009, all customers applying online will be required to set up an ACCESS account as the first step of the process.

https://uat.access.wisconsin.gov - CARES Worker Web - Check My Benefits Worker View - Microsoft Internet Explorer provided

CARES Worker Web User ID: XCT124 User Name: J MILLESON Español 05/11/2009 Help

ACCESS Worker View

Welcome to ACCESS Check My Benefits tool. This page allows a worker with valid CARES Worker Web credentials to see a recipient's Check My Benefits pages if that recipient has created a secure MyACCESS account.

Check My Benefits is updated each night with information from CARES. This Worker View is designed to let workers see the same benefit information that recipients are seeing through Check My Benefits.

To view a recipient's Check My Benefits pages, please fill in the recipient's Social Security Number below without dashes or spaces. When you're done, click on the Next button at the bottom of the page.

Please keep in mind that you will only be able to see a recipient's Check My Benefit Information if they have already created a MyACCESS account.

Recipient Information

* Recipient's Social Security Number (no spaces or dashes) :

CONTACTS:

BEM CARES Information & Problem Resolution Center

*Program Categories – FS – FoodShare, MA – Medicaid, BC+ – BadgerCare Plus, SC – Senior Care, CTS – Caretaker Supplement, CC – Child Care, W-2 – Wisconsin Works, FSET – FoodShare Employment and Training, CF – Children First, EA – Emergency Assistance, JAL – Job Access Loan, JC - Job Center Programs, RAP – Refugee Assistance Program, WIA – Workforce Investment Act, Other EP – Other Employment Programs.

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