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**State of Wisconsin
Governor Scott Walker**

**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: Rich Albertoni, Bureau Director
Bureau of Enrollment Policy & Systems
Division of Health Care Access and Accountability**

BEPS/DFS OPERATIONS MEMO					
No: 11-66 Amended					
DATE: 11/29/2011					
FS	<input checked="" type="checkbox"/>	MA	<input checked="" type="checkbox"/>	BC+	<input checked="" type="checkbox"/>
SC	<input type="checkbox"/>	CTS	<input type="checkbox"/>	FSET	<input type="checkbox"/>
BC+ Basic	<input type="checkbox"/>	BC+ CORE	<input 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: Request for Assistance (RFA) Telephonic Signature Policy and Process

CROSS REFERENCE: None

EFFECTIVE DATE: DECEMBER 17, 2011

PURPOSE:

The purpose of this memo is to announce the CWW enhancement supporting the gathering of a telephonic signature and the accompanying CNSL cover letter.

BACKGROUND:

Historically, Income Maintenance (IM) programs, with the exception of Milwaukee Enrollment Services (MilES) and the Enrollment Services Center (ESC) were administered through the local county or tribal agency. Each agency contracted with the Department of Health Services to provide this service for their residents.

Beginning in January 2012, the IM programs will be administered by individual tribal agencies, MilES and 10 consortia made up of groups of local county agencies. Each consortium will have a call/change center that will be responsible for updating cases for all agencies within the consortium.

CARES:

To support the Consortia Call/Change Centers, CWW has been enhanced to allow collection of a telephonic signature during the Client Registration process for Income Maintenance program requests. Caretaker Supplement (CTS) is excluded from the telephonic signature process.

The customer must agree to provide his/her signature over the telephone. If the customer agrees; the worker must provide a written summary of the application information that was provided during the RFA creation process.

A new RFA cover letter was created to attach to the RFA PDF. The cover letter is available as a CARES standard letter accessed through CNSL in the CARES mainframe (NCRR - RFA TELE SIG MILWAUK - For Milwaukee Cases, NCRS - RFA TELE SIG NONMILW - For Balance of State). The RFA cover letter contains language that is required by federal regulations. A sample of the RFA cover letter for MilES and the balance of state is attached.

After collecting the telephonic signature, the worker must print the PDF RFA and the RFA cover letter. Check the box on the cover letter that is appropriate to the RFA that is being mailed and send both to the applicant. The RFA cover letter will be saved to CARES notice history.

Child care may be requested in person at the local county office, by telephone, or through ACCESS. Child Care does not accept a telephonic signature, a written signature is required to establish the RFA filing date.

W-2 must be requested in person. W-2 does not accept a telephonic signature, a written signature is required to establish the RFA filing date. (See W-2 Manual 1.4) If a customer requests W-2 by telephone, please use the following link to refer them to the appropriate W-2 agency within their particular county. (<http://dcf.wisconsin.gov/w2/directories.htm>)

PRINT APPLICATION REGISTRATION PAGE

The Print Application Registration page has been enhanced to support the gathering and recording of a telephonic signature. The following step by step instructions explain how to gather a telephonic signature. These instructions are broken out by the page headers and called out in the screen shot that follows.

Print Options

1. To gather and record a telephonic signature, the IM worker must ask the applicant if they would agree to provide the signature by phone. If yes, indicate within the "Print Options" section of the "Print Application Registration" page in CWW. Once the worker selects "yes" the legal language that **must** be read to the customer will display.
2. Click "View" to open the PDF RFA. You will be prompted to read the RFA information while you are recording the signature. You must read the information exactly as it is written to meet the legal requirements of gathering a telephonic signature.

Print Application Registration Cancel Reset

Print Options

Language: E - ENGLISH

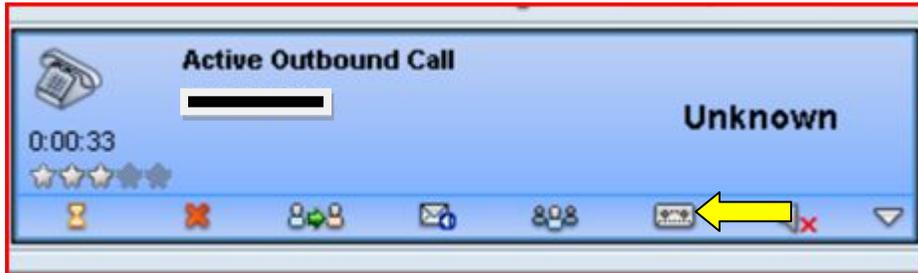
Would you like to Collect a Telephonic Signature for FoodShare, Health Care or Family Planning Waiver?: Yes

Select the "View" button to preview and/or print the CARES application registration

View

Phone Interaction ID

3. Click to begin recording in Call Center Anywhere (CCA).



4. Copy and paste the CCA interaction ID into the Interaction ID field.

INTID 335043464100935

Phone Interaction ID

* Call Center Anywhere Interaction ID: 335043464100935

Date: 11/08/2011 Worker: J MILLESON (XCTL08)

Signing Your Application

In order for you to set the date your application was received by phone, we must record the next portion of this call and keep it on file.

5. To complete the telephonic signature process, you must read the following sections (exactly as written) of the Print Application Registration page:

- Signing Your Application
- Summary of Your RFA
- Rights and Responsibilities
- Use of Social Security Number
- Telephonic Signature
- Completing the Signature

Signing Your Application ←

In order for you to set the date your application was received by phone, we must record the next portion of this call and keep it on file.

Summary of Your RFA ←

Your RFA number is: 1700523619. You have requested the following programs:

- Health Care
- FoodShare
- Family Planning Waiver

I will now read a summary of the information you have provided and record your verbal signature. This is done to confirm what you said and make sure you understand everything we have discussed. Please listen carefully and let me know if any of the information needs to be changed or corrected.

Rights and Responsibilities Notification ←

We will send you a summary of the information you provided. When you get the summary in the mail, you need to review it and contact us within ten days if you find anything that is not correct.

We will also send you an "Enrollment and Benefits" brochure with important information about your rights and responsibilities when receiving public benefits. Information will also be included about privacy rules and what to do if you disagree with the decision about your application.

Use of Social Security Number ←

Household members applying for benefits must provide their Social Security Number or proof that they have applied for one. Social Security Numbers will be verified and used to check information provided in the application with other federal and state agencies. Your SSN will also be matched with information from insurance carriers to determine if you have other health insurance.

Social Security Numbers will not be shared with U.S. Citizenship and Immigration Services.

You do not have to provide a Social Security Number for yourself or anyone in your household who:

- Does not have one because of religious beliefs,
- Is applying only for Emergency Services, or
- Is not applying for any benefits on this application.

Telephonic Signature ←

Now I am going to read a list of statements. Please indicate "yes" after I'm finished to indicate that you understand and agree with them:

- You will receive a written summary of the application and your rights and responsibilities. You are required to review it and notify us if you see anything that is not correct. If you do not contact us, we will assume that you agree with everything recorded on the application.
- You may need to provide proof of your answers. However, by signing this application we are authorized to contact any other person or organization, including any financial or educational institution, to obtain needed information or proof to determine if you can receive benefits and the level of those benefits.
- This agency cannot discriminate on the basis of race, color, national origin, sex, age, disability, or religious or political beliefs.
- If you have a disability, you may request information about your benefits in an alternate format.
- There are penalties for giving false information or breaking the rules. You will have to repay any benefits that are issued incorrectly due to a failure to report changes or provide complete and correct information.
- You assign and give up rights to any payments from a liable third party to the Wisconsin Department of Health Services up to the payment amount that was made for my medical care. These payments may include payments from hospital and health insurance policies or payments received as a settlement from an accident.
- According to the information you have provided, your household may qualify for expedited issuance of FoodShare benefits. That means you may be able to get FoodShare benefits for 1 or 2 months. However, in order to continue receiving FoodShare, you will need to send proof of certain information. FoodShare requires an interview. You will get a letter in the mail with the date and time of your interview. After the interview you will get a verification request letter that tells you what you need to send in.
- You are not required to report a reduction or loss of income, but you may be able to get a higher FoodShare benefit if you do. If you do not report a reduction or loss of income, your FoodShare benefit may not increase.
- If you do not report or verify any listed expenses, you may not receive a deduction for the unreported or unverified expenses.
- By signing this application, you are meeting the FoodShare Program work registration requirement.
- Any member of the household who violates FoodShare rules, such as hiding or giving false information or misusing benefits, may lose benefits for a certain period of time or even permanently. Other criminal penalties may be imposed.
- Wisconsin JobNet is available to you. JobNet is the largest source of job openings in Wisconsin. You can visit the JobNet website at <https://jobcenterofwisconsin.com/>. Or, you can use touch-screen computers at your local Job Center. To find a Job Center near you, call 1-888-258-9966.

Completing the Signature ←

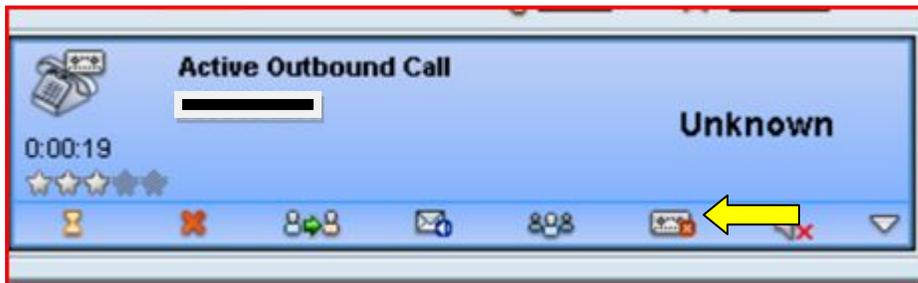
A signature over the phone has the same legal effect and can be enforced in the same way as a written signature. Would you like to sign this application over the phone?

Do you certify, under penalty of law and perjury, that you understand the questions and statements read to you, and your answers are correct and complete to the best of your knowledge?

Please state your full legal name, today's date and the current time.

Cancel **Previous** **Next**

6. Click to end recording within CCA.



7. The page is saved when the "Next" button is clicked.

ATTACHMENT:

- RFA Cover Letter (MILES)
- RFA Cover Letter (Balance of State)

CONTACTS:

BEPS 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, BC+ Core – BadgerCare Plus Core, 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.

DHS/DHCAA/BEPS/JM