

WISCONSIN DEPARTMENT OF HEALTH SERVICES
Division of Medicaid Services
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Madison WI 53703

To: Caretaker Supplement (CTS) Handbook Users

From: Rebecca McAtee, Bureau Director
Bureau of Enrollment Policy and Systems

Re: **Caretaker Supplement (CTS) Release 20-01**

Release Date: 11/23/2020

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POLICY UPDATES	The following policy additions or changes are effective 11/23/2020 unless otherwise noted.
1.1 Introduction	Minor updates.
2.1 - 2.8 Applications	Retitled chapter 2 and deleted section previously titled "About this Handbook" and repurposed to cover CTS application policy. Added the following new sections: 2.1 Application Introduction 2.2 Where to Apply 2.3 Valid Application 2.4 Valid Signature 2.5 Filing Date 2.6 Time Frames 2.7 Begin Dates 2.8 Denials and Terminations
3.1.1 Application	Deleted section and updated numbering throughout 3.1 Nonfinancial.
3.1.6 Living Arrangement	Added clarification about people who are incarcerated and Huber Law prisoners
3.1.11 SSN Requirement	Effective 3/2/2019: Added clarification about when the CTS eligibility determination must not be delayed even if the SSN is not yet verified.
3.1.12 Cooperation with Child Support (CS) Agency	Added clarifying information and new subsections 3.1.12.1 Exemption from Cooperation, 3.1.12.2 Failure to Cooperate, and 3.1.12.3 Claiming Good Cause.
3.1.14 Verification	Effective 3/2/2019: Added note about exemptions to the requirement to provide proof of citizenship. Removed child support from list of required verification items. Updated property verification to property transferred in the last 24 (rather than 36) months. Other minor updates to section.
3.2.1.3 American Recovery and Reinvestment Act of 2009	Deleted section about disregarding as income the one-time payments from the American Recovery and Reinvestment Act of 2009.
3.2.2.1 American Recovery and Reinvestment Act of 2009	Deleted section about disregarding as an asset the one-time payments from the American Recovery and Reinvestment Act of 2009.
4.1 Benefit Issuance	Minor updates
4.2 Reserved	Moved Backdating Eligibility content to 2.7.2 and 2.8.1 and marked section 4.2 Reserved.
4.4 Eligibility Renewal	Renamed section previously titled Eligibility Review. Added information and example about the grace month of eligibility for SSI parents.
4.7 Fair Hearing	Updated link to DHA's website.
4.8 Authorized Representative	New section.

5.3	Forms and Publications	Removed obsolete form and updated form numbers.
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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 ~~September 2008~~July 2020, approximately ~~6,000~~5,400 SSI families were receiving Caretaker Supplement benefits for ~~their~~10,300 children.

Benefit Funding

In 2003, CTS benefits totaled approximately \$29.5million. 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 ~~and Family Services~~ (~~DHFS~~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 ~~DHFS~~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 ~~Workforce Development~~ (~~DWD~~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 ~~and Family Services~~ ~~and local county~~, IM Consortia and tribal economic support agencies. -The local agencies are the point of application and eligibility determination for CTS. -~~DHFS~~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 ~~Workforce Development~~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 ~~DW~~DCF regarding CTS related TANF expenditures.

2.1 PURPOSE OF THE HANDBOOK

General Purpose

The purpose of this handbook is to provide county and tribal agency economic support workers and other interested parties with a narrative description of program history, administration, eligibility and resource materials. This handbook is complimentary to the electronic eligibility determination made using the CARES system and is not intended to provide step-by-step instruction to determine eligibility. However, application of the policies and procedures in Section III, Program Eligibility of this handbook to any family configuration should result in an accurate assessment of whether CTS eligibility criteria are met for the group.

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Consistency With AFDC-Medicaid Policy and Procedure

Eligibility determination processing for CTS using the CARES system was built on the program that existed in CARES for AFDC-Medicaid, because the requirements for program eligibility are almost identical. For this reason, any county or tribal agency economic support worker with experience handling eligibility determinations for AFDC-Medicaid will find that the policy and procedures described in this handbook are familiar. Policy for Medicaid described in the Wisconsin Medicaid Handbook (MEH) is applicable to CTS and is, therefore, not reiterated in this CTS handbook.

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Administrative procedures related to managing applications, reviews, verifications, notices to recipients, etc. are detailed for local agency workers in the DHS Income Maintenance Manual (IMM). Information and requirements specified in the IMM also generally apply to Caretaker Supplement.

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.

They may be assisted by any person he or she chooses in completing an application.

Encourage anyone who expresses interest in applying to file an application as soon as possible. When an application is requested:

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1. Suggest the applicant mail in their application using the Caretaker Supplement Application Form F-22571; or
2. Complete or schedule a telephone or face-to-face interview.

Provide the application form, along with any other information, instruction, and/or materials needed to complete the application process. Provide a Notice of Assignment: Child Support, Family Support, Maintenance and Medical Support form (DWSP2477) and Good Cause Notice (DWSP 2018) to each applicant applying for CTS and to anyone that requests either of these.

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.

2.2 WHERE TO APPLY

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

2.3 VALID APPLICATION

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

1. Name,
2. Address, and
- 4-3. Signature in the signature section of the CTS application (F-22571).

2.4 VALID SIGNATURE

2.4.1 VALID SIGNATURE INTRODUCTION

The applicant or his or her representative (see 2.4.1.1) must sign the paper application form.

2.4.1.1 Signatures from Representatives

An applicant's representative can be one of the following:

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- 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 his or her behalf. Only the person designated as one of the following may sign the application:
 - guardian of the estate
 - guardian of the person and the estate
 - guardian in general

- When someone has been designated as the guardian of the estate, guardian of the person and the estate, or guardian in general, only the guardian, not the applicant, may sign the application or appoint another representative.

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If the applicant only has a legal guardian of the person, the applicant must sign the application unless the applicant has appointed his or her guardian of the person to be the authorized representative.

- Authorized Representative: The applicant may authorize someone to represent him or her. An authorized representative can be an individual or an organization. See Section 4.8 Authorized Representatives for more information.

If the applicant needs to appoint an authorized representative when applying by telephone or in person, instruct the applicant to complete the Appoint, Change, or Remove an Authorized Representative form (Person F-10126A or Organization F-10126B).

An authorized representative is responsible for submitting a completed, signed application and any required documents.

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.

When a submitted application is signed by someone claiming to be the applicant's durable power of attorney:

- a. Obtain a copy of the document the applicant used to designate the signer of the application as the durable power of attorney.
- b. Review the document for a reference that indicates the power of attorney authority continues notwithstanding any subsequent disability or incapacity of the applicant.

- Do not consider the application properly signed unless both of these conditions are met. An individual'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 his or her own CTS application nor does it prevent the applicant from granting authority to someone else to apply for public assistance on his or her behalf.

- Someone acting responsibly for an incompetent or incapacitated person.

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Example: Carla is hospitalized and temporarily incapacitated. Sherry, a hospital social worker, can apply for CTS on Carla's behalf.

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

2.5 FILING DATE

2.5.1 IN PERSON/MAIL/FAX

The filing date is the day a signed, valid application form (F-22571) is received by the 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 the signed application/registration form is received by the agency.

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 30 calendar days from when the agency receives the application. This includes issuing a Notice of Decision.

The 30-day processing time frame must be extended to allow the applicant at least 10 days to provide requested verification.

Workers may also extend the 30-day processing time up to 10 days to allow the applicant additional time to provide the information.

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 17, 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 17 to allow at least 10 days to provide verification.

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.

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 that occur after the confirmation date, follow the adequate and timely notice requirements outlined in Income Maintenance Manual Section 3.2 Adverse Action and Appeal Rights.

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.

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.

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.

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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.

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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 Application

~~Application for CTS is made at county or tribal economic support agencies. These agencies are generally located within the county or tribal human services or social services department. Application for CTS may be made by phone, mail, or in person. Face-to-face contact between the applicant and agency personnel is not required. CTS application forms and instructions are available in the DHS Form Library under Caretaker Supplement Application form, F-22571.~~

~~3.1.1=~~

~~Anyone may apply for Caretaker Supplement. Once an individual has filed an application for CTS, the local agency has 30 days to process the application. The local agency may extend the application processing period when there are no longer ten days remaining in a month after the date on which an applicant was asked to provide verification of information.~~

~~Generally, an applicant for CTS is an SSI parent or the head of a family requesting assistance. Most often, application for CTS is processed simultaneously with applications for Medicaid, FoodShare, or Child Care assistance. The local agency will use the CARES system to enter the application and determine eligibility. The CARES system is programmed to test all cases for CTS, unless the applicant has specifically told the local agency worker that he or she is not applying for CTS.~~

~~Local agency workers can use the CARES system to determine eligibility for CTS back to January 1998, as long as the parent had requested public assistance and had an open assistance case in the CARES system for each month of CTS retroactivity. It is also very important that CTS payments made to parents before CTS became a program of assistance in CARES are not duplicated.~~

3.1.76 LIVING ARRANGEMENT

Recipients of CTS, both parents and children, must reside 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

Note: People who are incarcerated in jail or prison are not in a CTS qualified living arrangement and not eligible 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.

3.1.1211 SSN REQUIREMENT

Each member of any CTS household must provide his or her Social Security Number (SSN) as a condition of eligibility. ~~When an infant is added to the household, either by birth or adoption, the SSN of the infant must be provided to the local agency prior to the date the infant reaches 6 months of age.~~

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

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- ~~• 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 he or she has 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.~~

3.1.1312 COOPERATION WITH CHILD SUPPORT (CS) AGENCY

~~Whenever a potentially eligible child in a CTS household has an absent parent, the parent that is caring for the child must cooperate with the conditions of the local agency (see Section 3.1.12.1 Exemption from Cooperation and 3.1.12.3 Claiming Good Cause), he or she 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 agency 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 ~~application or~~ 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.

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3.1.143.1.12.1 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 his or her 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. He or she 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

The IM agency must provide a Good Cause Notice (DWSP 2018) to parents whenever a child with an absent parent is part of the CTS application or case. The notice describes the right to refuse to cooperate for good cause in establishing paternity and securing child support.

Note: IM agencies must mail a Good Cause Notice to CTS applicants who apply by mail or by phone unless they have already been provided the notice for another program.

The IM worker and the parent or caretaker must sign and date the notice (except for when the notice is completed for another program in ACCESS and automatically filed in the ECF). The IM worker must then file the original notice in the case record and give the parent a copy. 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 Clause Claim

The Good Cause Claim form (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 claim. The parent's signature initiates the claim.

The original copy is filed in the case record, a copy is given to the parent, and a copy is attached to the referral document when a claim is made at application.

A copy of claims must be sent to the CSA within two days after a claim is signed. 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 Income Maintenance 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 his or her 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 him or her to a mental health professional for a report relating to the claim.

When a claim is based on his or her 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 he or she 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 he or she has 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 his or her 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.

3.1.1514 VERIFICATION

CTS applicants and ~~recipients~~members must provide verification ~~of required information when requested~~ in order for ~~a local~~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 ~~required~~such verification will result in ~~denial or~~ termination of CTS benefits. The following information must be ~~satisfactorily~~ verified by members or applicants or through data exchanges when CTS eligibility is being determined:

- Social Security Number
- ~~• Citizenship or alien status~~
- Citizenship or alien status

Note: To be eligible for Caretaker Supplement, an individual declaring U.S. citizenship must provide proof of citizenship with two exceptions to this requirement:

- Citizenship verified by the SSA data exchange is considered sufficient verification for Caretaker Supplement applicants and members.
- SSI recipients have already verified their citizenship to SSA and do not need to verify citizenship status for Caretaker Supplement.

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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 (i.e., Social Security)

• ~~Child support (received or paid)~~

- Pregnancy of minor child
- Property ~~(land, stocks, etc.,~~ transferred in past ~~36~~24 months) (land, stocks, etc.)

-

4.1 BENEFIT ISSUANCE

4.1.1 Electronic Eligibility Interface

4.1.2 Manual Benefits

4.1.1 Electronic Eligibility Interface

Once **CTS** eligibility is determined by ~~a local agency~~ **an income maintenance** worker using the CARES system, the names, payment months and SSNs of CTS eligible parents and children are transmitted by the CARES system to the DHS SSI program. -Data processing for the SSI program is performed by ~~a firm~~ **the fiscal agent** under contract to DHS. ~~The current provider is EDS, a firm that also manages the data for eligibility and provider certification for Wisconsin's Medicaid program.~~

The transmission of CTS eligibility data from CARES to the SSI program is referred to as an interface. - Data is interfaced twice per month from CARES to the SSI program. - The initial interface occurs immediately after CARES processes eligibility for all programs of assistance for the following month (CARES adverse action date). - A second interface occurs on the last date possible in order to have CTS benefits included in the first of the month SSI payment received by the SSI eligible parent (CARES benefit issuance pull-down date).

Although the CTS data interface occurs twice per month, local agency workers can determine and confirm CTS eligibility on any day of the month. The CARES system holds the information on file until the next scheduled interface date. An example of a typical monthly interface schedule may be seen in Illustration 3 of 5.4 Illustrations, CTS Interface Timeline.

CTS payments are made on the first of the month for that month. When a local agency worker confirms eligibility for CTS for the following month prior to the second monthly interface date, the CTS payment will appear on the SSI parent's SSI payment on the first of the next month. However, if a local agency worker confirms eligibility for any month after the second interface date, the CTS benefits will remain on file in the CARES system, awaiting the first interface in the following month.

4.1.2 Manual Benefits

With two exceptions, the SSI program will always accept the interfaced information and add any CTS benefits to an SSI recipient's payment. - These two exceptions are:

1. When there is no record of the parent's eligibility for SSI in Wisconsin at the State SSI Program.
2. When the CTS parent's state SSI payment has been suspended due to lack of current address or when the representative payee for the SSI payment is changing.

When the first exception occurs, the SSI program will contact the local agency worker regarding the discrepancy. These instances should be very rare, since the local agency worker has several tools available to verify SSI eligibility in Wisconsin and the CARES system regularly receives automatic updates of SSI eligibility information. When the second exception occurs, the payment will remain on file and will be dispersed to the parent when the suspension is cleared.

Due to a limited set of circumstances, an electronic interface of CTS eligibility and payment information is not possible. One such situation arises when, after benefits have been interfaced for a given month, the parent is found to be eligible for payment for an additional child; usually this child is a newborn or has returned to the home from another living arrangement, typically foster care. Another instance occurs when an SSI parent who has been receiving CTS is found to be eligible for SSI for a previous time period. CTS benefits for this previous time period must be manually authorized by the local agency worker.

When manual benefit authorization is required, local agency workers complete and fax form [F-22564](#) "Authorization For Retroactive *Caretaker Supplement* (CTS)" to the SSI program. The SSI program insures that the benefit is included with the SSI parent's next scheduled SSI payment.

Detailed instructions are available to guide ~~local~~*IM* agency workers in identifying situations where manual authorization for CTS benefits is required. ~~See the CTS: Running With Dates Desk Aid See Process Help 9.9.7.2 Running CTS Eligibility with Dates~~ for ~~more~~ information.

4.2 ~~BACKDATING ELIGIBILITY~~RESERVED

~~In limited circumstances, local agency workers may use CARES to determine eligibility and electronically interface CTS benefits for previous time periods.~~

~~-~~

~~The most common instance of backdating occurs when, even after a grace month, the parent has not complied with review requirements and the CTS assistance in a CARES case has closed. The worker may reopen the CTS assistance in this case if the parent requests CTS and complies with requirements within the first month the CTS assistance is closed in CARES.~~

~~-~~

~~Another common instance of backdating occurs when a parent with an open CARES case is unexpectedly awarded *Supplemental Security Income (SSI)* eligibility to a month earlier than the present month. In this case, the local agency worker may adjust dates in CARES to allow the initial CTS eligibility begin with the first month of SSI eligibility (assuming all CTS criteria were also met by the assistance group). However, backdating to the SSI start date is allowed only when the assistance group has been an open assistance case in CARES for the entire period of backdating. 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.~~

~~=~~

~~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.~~

4.2.1 ~~BACKDATING ELIGIBILITY FOR A PERSON ADD~~

~~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.

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 only \$150 for November.~~

4.4 ELIGIBILITY ~~REVIEW~~RENEWAL

Eligibility for *CTS* must be ~~reviewed and reconfirmed~~renewed every 12 months. The ~~local/M~~ agency worker is responsible for this process. ~~The CARES system will~~ automatically ~~identify~~identifies when a CTS case needs ~~review~~a renewal and will ~~trigger~~send a renewal notice ~~of~~to the ~~impending review for the worker and~~ SSI parent. ~~Reviews~~Renewals may be face-to-face, by phone, or by mail, and the signature of the SSI parent on any ~~review~~renewal documents does not need to be witnessed.

A 12-month certification period ~~will be~~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.

4.7 FAIR HEARING

CTS applicants who are denied CTS eligibility and ongoing CTS recipients who are given notice of **adverse action** (benefit reduction, termination or overpayment and recoupment) have a right to a fair hearing regarding the agency action. The right to a fair hearing and hearing procedures are specified in ss. Ch. 227, Administrative Procedure and Review. -Customers have up to 45 days after the effective date of an adverse action to appeal a decision.

Requests for hearings should be addressed to:
Department of Administration
Division of Hearings and Appeals
P.O. Box 7875
Madison, Wisconsin 53707-7875.

~~The Division of Hearings and Appeals (DHA)~~The Division of Hearings and Appeals (DHA) will arrange for a hearing examiner to hear the appeal at the ~~local~~local agency office or by phone. - Notice of the place and time for the hearing and the hearing decision will be sent to the SSI parent, his or her representative, the ~~local~~local agency, and the SSI program. In some instances, when the recipient requests a hearing before the effective date of the adverse action, -the DHA will order continuation of CTS benefits pending the outcome of a hearing. When this occurs, the ~~local~~local agency worker is responsible for assuring that benefits continue. -When benefits have continued and the decision of the hearing examiner is not in the SSI parent's favor, the parent is responsible for repaying any benefits for which he or she was not entitled.

4.8 AUTHORIZED REPRESENTATIVES

Applicants or members can appoint either an individual 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 his or her 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 cannot take action on behalf of the applicant or member.
- The agency cannot disclose information about the case to the invalid authorized representative.

There can be only one authorized representative at a time on a case. 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 individual 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's or member's circumstances or demographic information
- Receive copies of the applicant's 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's 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 his or her 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 a written and signed request is received for removal.

5.3 FORMS AND PUBLICATIONS

- [Information about Caretaker Supplement](#) (PDF, 7 KB) (P-23110)
- [Caretaker Supplement Instructions for Application](#) (PDF, 25 KB) (~~DDE-2571AF-22571A~~)
- [Caretaker Supplement Application](#) (PDF, 20 KB) (~~DDE-2574F-22571~~)
- ~~[Addendum to Applicant/Registration for Wisconsin Works \(W-2\) Services, Caretaker Supplement \(CTS\), Child Care Assistance, Medicaid/Healthy Start, and Food Stamps](#) (DWSP-2378-1)~~
- [Authorization for Retroactive Caretaker Supplement \(CTS\)](#) (PDF, 24 KB) (~~DDE-2564F-22564~~)
- [Authorization for Recoupment Caretaker Supplement \(CTS\)](#) (PDF, 19 KB) (~~DDE-2565F-22565~~)
- ~~[CTS: Running with Dates Desk Aid](#) (PDF, 53 KB)~~