

**WISCONSIN DEPARTMENT OF HEALTH SERVICES**  
**Division of Medicaid Services**  
**1 W. Wilson St.**  
**Madison WI 53703**

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To: Caretaker Supplement Handbook Users

From: Jori Mundy, Bureau Director  
Bureau of Eligibility and Enrollment Policy

Re: **Caretaker Supplement Handbook Release 23-02**

Release Date: 08/14/2023

Effective Date: 08/14/2023

<b>EFFECTIVE DATE</b>	The following policy additions or changes are <b>effective 08/14/2023</b> unless otherwise noted. <b>Underlined text denotes new text. Text with a strike through it denotes deleted text.</b>
<b>POLICY UPDATES</b>	
<b>2.1 Application Introduction</b>	Clarified when to send the Notice of Assignment and Child Support Cooperation & Good Cause notice and added information on applying for CTS via ACCESS application.
<b>2.3 Valid Application</b>	Updated signature information for valid applications. Effective 06/24/2023.
<b>2.4.1 Valid Signature Introduction</b>	Updated with new ways applicants or their representatives can provide a valid signature over the phone or through ACCESS. Effective 06/24/2023.
<b>2.5 Filing Date</b>	Updated filing date policy for telephonic applications. Effective 06/24/2023.
<b>2.5.3 Through ACCESS</b>	New section for filing date policy for ACCESS applications. Effective 06/24/2023.
<b>2.6.1 Time Frames Introduction</b>	Updated application processing time frame policy and added new policy clarification for ACCESS applications. Effective 06/24/2023.
<b>3.1.12.3.2 Notice</b>	Clarified when to send the Notice of Assignment and Child Support Cooperation & Good Cause notice
<b>3.1.12.3.3 Good Cause Claim</b>	Clarified process to file a Good Cause Claim form.
<b>4.10.4 Access by Someone Else</b>	Updated section title and clarified how applicants or members can authorize others to view case information.

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## 2.1 Application Introduction

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

~~They~~ The applicant may be assisted by any person ~~he or she chooses~~ they choose in completing an application.

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

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

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

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

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

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

## 2.3 Valid Application

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

1. Name;
2. Address, ~~and~~
3. Signature (see SECTION 2.4.1 VALID SIGNATURES ~~in the signature section of the CTS application (-).~~)

## 2.4 Valid Signature

### 2.4.1 Valid Signature Introduction

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

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

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

## 2.5 Filing Date

### 2.5.1 In Person/Mail/Fax

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

### 2.5.2 By Telephone

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

### 2.5.3 Through ACCESS

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

## 2.6 Time Frames

### 2.6.1 Time Frames Introduction

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All applications received by an agency must be processed and eligibility approved or denied as soon as possible but no later than ~~30~~the 30th calendar ~~days from when day~~ after the agency receives date on which the application. ~~This includes issuing~~ is received by the agency (or the next business day if the 30th day falls on a ~~Notice of Decision weekend or holiday.~~

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

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

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

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

### 3.1.12 Cooperation ~~With~~with Child Support ~~(CS)~~ Agency (CSA)

#### 3.1.12.3 Claiming Good Cause

##### 3.1.12.3.2 Notice

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

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

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

##### 3.1.12.3.3 Good Cause Claim

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

The parent must sign and date the Good Cause Claim form in order to initiate the claim. The ~~parent's signature initiates the claim.~~

~~A~~ IM agency must send a copy of the ~~claim must be sent~~ submitted Good Cause Claim form to the ~~CSA within~~ parent upon request.

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



## 4.10 Applicant and Member Access Rights

### 4.10.4 Access by ~~Representative~~ Someone Else

An applicant or member may authorize ~~a representative, either an attorney or non-attorney, to act on their behalf in gaining~~ the IM agency to grant access to ~~the applicant or member's~~ their case record. ~~The~~ to another person or organization. This authorized entity has the same right of access ~~by~~ to the ~~representative is the same~~ case record as that of the applicant or ~~member's and is unrelated to any pending fair hearing.~~

~~When a non-attorney is to act for member, or to the applicant or member, require a signed authorization from~~ extent that the applicant or member.

~~When~~ indicates on the ~~person authorized by the member to access case~~ release of information ~~is the authorized representative who signed the application, the condition of a written authorization is already met, and no additional form needs to be signed~~ form, if applicable.

~~An~~ This authorized entity can be an attorney ~~representing the~~ but does not need to be an attorney. The applicant or member ~~doesn't need a separate written authorization. When there is a reason to doubt a representative's~~ does not need to complete a release of information form to authorize their attorney to access their case record. The agency can request proof of the attorney's licensure if the person's statement that they are an attorney is questionable. If the entity is not an attorney, the applicant or member must complete a release of information form, such as F-02340 ~~member's attorney, the agency may request proof of their licensure and/or that they are representing the person.~~

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