

**AGENT Reminders April 13, 2023**

**FoodShare**

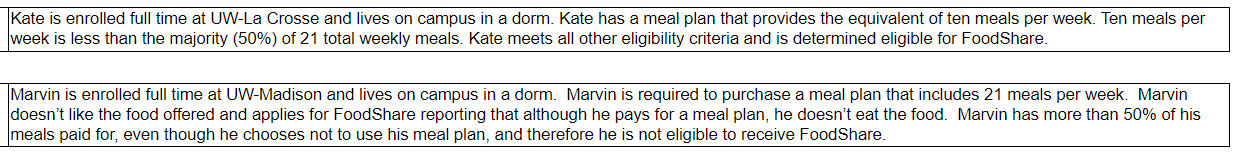
* Reminder on student eligibility for students with a meal plan.

FSHB 3.15.1.3

A student is an ineligible household member (and considered a resident of an institution) if they live in the dorms or other college housing and purchase a meal plan that provides more than 50% of their daily meals.

Determine meal plan coverage by calculating the percentage of daily meals available to the student. A meal plan offering 21 meals per week (breakfast, lunch, and dinner, seven days a week) offers 100% of daily meals. A student with access to 11 meals per week (52%) is ineligible; a student with access to 10 weekly meals (48%) is entitled to receive benefits if otherwise eligible.

Meal plan structures vary and can be counted by the number of meals, points, or dollars. IM workers must ask the applicant or member for clarification if it is unclear how many meals they receive from their plan. This information can be provided by the FoodShare applicant or member or from their school and/or meal plan provider. Meal plan participation can be defined as purchasing and enrolling in a meal plan at an institute of higher learning, either voluntarily or required. If a student chooses to not eat the meals, this does not lower the percentage, as the meals are paid for and made available to the student.



* Reminder on when supplements can be issued:

*FSH  6.1.3.3-* *Changes That Cause an Increase in Benefits, Including Person Adds and Loss of Income*

All reported changes that cause an increase in the FoodShare benefit including person additions, increases in expenses, etc., **will be effective the first of the month following the report month** if required verifications are received within 10 days of the request for verification.

If verifications are not received within 10 days, and the FoodShare case is not closed for at least one day, make the change effective the first of the month following the month verifications are received.

**General**

* The SCC greeting has been changed back to the following:

*“Hello, Southern Consortium Call Center, this is (your first name). May I please have your case number or social security number?”*

After verifying the legal name of the customer, if a customer expresses a desire to be called something other than their legal name, please be respectful of this.

* When you receive a PPRF, for a healthcare renewal, and FS is also due for a renewal, it counts for both programs.  Make the two attempts to contact the customer and process the renewal to pend for interview if you are unable to reach them.
* If someone sends in an individual authorized representative form and that individual is from an organization, the individual can still be added to the case but the organization cannot be.  No other individual from that organization can have access to or receive information related to the case because the organization was not appointed as an authorized representative.
* Please be sure to review ECF when someone has a guardian to check for paperwork.  There are many cases we’re coming across where the paperwork isn’t correct.  Examples include:

1. Guardian of Person Only (No legal language for finances) – Cannot be added to the case if there is any medical programs open or applied for.
2. Temporary Guardianship Orders – Not valid past the expiration date.  Permanent orders and letters of guardianship are needed.
3. No orders on file – The order for the guardianship fees were used to add the guardian.

Please reference the training done on Representatives with questions.

* When doing an application or renewal please remember to follow the driver flow in CWW and ask ALL questions that come up with a red \*. These are required to be asked as part of the interview process.
* If a customer requests a due date extension, the due date should be extended for 10 days only.
* Please remember to review cases to determine if a CSI referral needs to be made.

Cases that have one or more of the criteria below meet Southern’ s error prone profile and require further investigation. This could be as simple as asking the customer about the situation (how are they meeting expenses with no income) or initiating a referral to CSI (in BRITS) for a home visit to check things out. The criteria below will be used as an indication that the case is appropriate for referral for further investigation at application, renewal or reported change.

* Front end-verification (FEV) is the referral type used at intake, renewal or new program add.Anyone who, with knowledge and purpose makes false statements, suppresses facts, or gives information which misrepresents true circumstances in order to become eligible or remain eligible for benefits under Chapter 49, Wis. Stats., commits fraud. These actions are the basis for intentional program violations (IPV). A misrepresentation with intent to defraud may exist when an individual reports being unemployed during a period of time an employer reported earnings for that individual. A misstatement due to an individual's misunderstanding on what constitutes income may not be considered fraud. Negotiation of a check received in payment of benefits by a recipient after a change of facts that causes ineligibility is prima facie evidence of fraud. When a case is referred by a case worker to the contracted Investigator, s/he performs a more in-depth verification than the routine verification gathered for eligibility determination
* Use FRAUD for investigations needed on ongoing cases.

**CRITERIA FOR CASE SELECTION**

**Southern Consortium Error-prone profile:**

### Residence

* Recent arrivals
* Highly mobile
* Conflicting documentation
* Out of state FS usage report

### Household Composition

* Employed or employable member moves out
* Landlord address is the same as the client
* Landlord is absent parent

### Earned Income

* Zero income but expenses being met
* Client reports others are paying bills
* Self-employed but zero income
* Employment discrepancies—use wage queries

### Unearned Income

* Household with retired person but no retirement income
* Household member claims disability but has no income

### Other

* Worker suspicion (document in detail the reason why)
* Contradictory information
* Case previously referred to FEV which resulted in either denial or reduction in benefits
* Assets for programs with asset tests

**EBD/LTC**

* Payments being paid to a person to care for an LTC participant through IRIS or Family Care, must be verified by the fiscal agent paying the payments.  We cannot accept an EVFE signed by the LTC participant verifying the hours and pay.  The caregivers have access to a portal for GT Independence, Lori Knapp (LKI Choice), iLife, etc. that people log their hours in and can access their paystubs.  Please refer individuals to the fiscal agent to obtain this information.
* If someone has an annuity, regardless of the status (paying out or not), we must contact a company that buys annuities such as JG Wentworth, to determine if the annuity is purchasable as an asset and can be sold for cash.  Please reference the date on the annuity and MEH 16.7.4.4 to determine if we are required to complete this.

**Health Care**

* Make sure to review each household member on the expected annual income page.

