

TO: Child Care Eligibility and Authorization Workers and Supervisors Income Maintenance Supervisors Income Maintenance Lead Workers Income Maintenance Staff Training Staff Child Care Coordinators

DECE/BCCSA OPERATIONS MEMO

No: 25-05

DATE: 2/28/2025

Child Care

FROM: David Timmerman, Director Bureau of Child Care Subsidy Administration Division of Early Care and Education Department of Children and Families

SUBJECT: New Overpayment Claim Creation and Processing – Benefit Recovery Investigation Tracking System (BRITS) Phase II Modernization

CROSS REFERENCE:

BWF Operations Memo 24-20 BRITS User Manual

EFFECTIVE DATE: December 9, 2024

PURPOSE: This memo provides an overview of new overpayment claim creation and processing functionality added to the benefit recovery investigation tracking system (BRITS) as of December 9, 2024.

BACKGROUND: BRITS Is the web-based system for the creation and tracking of public assistance overpayment and fraud investigation referrals and claims for Child Care, Badger Care plus, Medicaid, Food Share, and Wisconsin Works (W-2).

BRITS Phase II Replaces benefit recovery functionality in CARES Mainframe to improve overpayment claim creation and processing. Upon release of this new functionality, CARES Mainframe will no longer be used to create and process overpayment claims. All benefit recovery mainframe screens will become read only and will not update if changes are made to the corresponding claim in BRITS.

POLICY: The relevant policy manual sections are attached to this memo and will be incorporated into the Child Care manual. Policy that was removed is highlighted in grey, and policy that was added is highlighted in yellow.

BRITS UPDATES:

INITIATING AN OVERPAYMENT CLAIM

When an overpayment has been identified and entered into the BRITS referral, you can use the Create Claim button to begin establishing the claim.

The placement of the Create Claim button varies depending on the referral type. For Agency Error claims, the button can be found directly in the Referral Information section of the BRITS referral.

Referral Information			^
Referral Number	5300001315	Status	Assigned
Referral Type 🚱	Agency Error Claim	Created By	Lakesha Jackson TEST-CCINTDUAL
Referral Source 3	Agency Reports	Created On	11/26/2024
From Date 🕄		Referral Creation Office 🕢	5040 - MILWAUKEE ENROLLMENT SERVICES
To Date 🚱			
Investigation Reasons 🚱	Agency Error		
External Programs 🕢	Select External Programs		
Program Area	сс	Claim Created	Create Claim
Claims Specialist	Lakesha Jackson TEST-CCINTINV	Void	
Claim Information	Unassigned	Referral Information	^
Create Claim			
Claim Number	Unassigned	Referral Information	
Cium Humber	-	Referral Number	5300001315
Case Number	0233801203	Program	сс
Program/Subprogram	CC - CHILDCARE X V	Claim Specialist	Lakesha JacksonTEST-CCINTINV
*Overpayment Reason	RVI - Misrepresentation of or Failure to Report Unearned &	Claim Creation Office 🕢	5040 - MILWAUKEE ENROLLMENT SERVIC
		Created By	Lakesha Jackson TEST-CCINTINV
*AG Sequence Number	1 •	Creation Date	11/26/2024
Overpayment Period 🕄	*From 4/1/2024	Void	
	•To 4/30/2024	*Worksheet	typicad Worksheet
*Claim Office 🕢	5040 - MILWAUKEE ENROLLM 🗙 🛛 🔻	DCF Forms	https://dcf.wisconsin.gov/forms
County of Residence	40 - MILWAUKEE COUNTY		
*Error Type	ADMINISTRATIVE ERROR × (▼		
[●] Claim Amount	\$200.00		

For all other referral types, navigate to the CC tab of the Post Investigation section of the referral page. There you can indicate that a claim is needed, choose the appropriate assignment type (either internal, External, PACU, or DHS-OIG), and assign it to the proper person. Once you filled out this information, saving the screen will enable the Create a CC Claim button.

P	ost Investigation							
	CC FS MA							
	Claim Determination							
	Claim Needed?	Yes	×	Assignment Type	Internal	×	•	
	Assigned Date	11/22/2024	2024		Lakesha Jackson TEST-CCINTI	×	•	
	Claim Created	□ ⊕ Create CC Claim						

Note: When creating any type of claim (agency error or otherwise), if the related information has been filled out and you do not see the Create Claim button, save the page, and return to the section.

OVERPAYMENT CLAIM CREATION

Clicking the Create Claim button will open the Create Claim page. This page is where you can record claim-specific details and must attach DCF-F-452-E Child Care Overpayment Worksheet.

Fill in all fields in the Claim Information section. Required fields are indicated with a red dot. All other fields will be automatically filled in based on known referral information. Fields should be entered in the order they listed as BRITS validations may cause them to be cleared if you go back to change information.

Create Claim		
aim Information		
Claim Number	Unassigned	
Case Number	0233861203	
Program/Subprogram	CC - CHILDCARE	×(•
Overpayment Reason	FAI - Misrepresentation of or	
	Information For Benefits	×
	1	
*AG Sequence Number		•
Overpayment Period 🤪	•From 6/1/2023	
Claim Office 🕢	5040 - MILWAUKEE ENROLLM	x (•
County of Residence	40 - MILWAUKEE COUNTY	
*Error Type	CLIENT ERROR	x (•
Claim Amount	\$500.00	

When inputting the dates for the Overpayment Period, this information will be validated against the case enrollment dates. The overpayment can only be during a time the case was open and passing for the chosen Program/Subprogram.

Calculate the Claim Amount using the DCF-F-452-E Child Care Overpayment Worksheet from DCF Forms repository. Please ensure the most up-to-date version of DCF-F-452-E Child Care Overpayment Worksheet is utilized.

Once the final overpayment amount has been calculated, enter the total in the Claim Amount field and then select Upload Worksheet to attach DCF-F-452-E Child Care Overpayment Worksheet as a PDF. The worksheet must be printed at 95% scaling to attach correctly to the overpayment notice generated by BRITS. To do this, open DCF-F-452-E Child Care Overpayment Worksheet and select the CC Overpayment Worksheet-Print tab. Select Page Layout and change Scale to 95%.

Auto	Save 💿 🗊	89	- (2 - F	pay	ment cal	c scenar	io_aux from i	F decision	uxlax - Exce	<u>م</u> ۱	Search						
File	Home	Insert	Page Layout	Fo	rmulas	Data	Review	View	Help	ACROBAT							
Aa	Colors -		1 12	P	DA	븜	网	田	Width:	Automatic	* Gridi	nes Headin	» –	C		B	(Fi
Theme	Aa Foots *	Marg	ins Orientation	Size	Print	Breaks	Background	Print	Height	Automatic	- • v	iew 🗹 View	w Bring	Send	Selection	Align	Group
	C Effects		۷	*	Area ~	۷		Titles	Scale	95% -		rint. Prin	t Forward	Backward	Pane	٣	
	Themes			Pa	ige Setup			54	Scale	to Fit	5 S	eet Options	Fa		Arrange		

l Worksheet			□ ×
Worksheet	Select files	✓ Done	
	Sample Worksheet.pdf File(s) uploaded successfully.	×	
			Attrack Workshart O Connect

Save DCF-F-452-E Child Care Overpayment Worksheet in PDF format. If a different document is uploaded or the document is not saved as a PDF, there will be issues with the Overpayment Notice being sent to the participant.

Add Worksheet				□ ×
Worksheet	Select files ✓ Done payment calc scenario_aux from FF decision.pdf 155.79 KB	×		
			O Attach Worksheet	⊘ Cancel

Once the Claim Information section is complete and the DCF-F-452-E Child Care Overpayment Worksheet has been attached, add the relevant Liable Individuals to the claim, A Liable Individual is anyone in the CC Assistance Group who is liable for the overpayment claim. Each Liable Individual will receive their own Overpayment Notice.

A Liable Individual can be added to the claim in two ways. Selecting the Select Liable Individuals button will allow you to choose from adult PINs associated with the CC Assistance Group.

Select Liable	e Individuals							×		
	Case Number	0233861203								
	Program/Subprogram	CC-CHILDCARE								
	Overpayment Period	06/01/2023-12/31/2023								
PIN	Full Name	SSN	Date of Birth	Rel. Code	Part. Code		Select			
0682111848	ARNETTE-MSK COMBS-MS	SK XXX-XX-6025	01/01/1989	PP	EA			_		
0682112976	GARY-MSK LARSEN-MSK	XXX-XX-1968	10/02/1986	HUS	EA			-		
						✓ Update	<mark>⊘</mark> Can	cel		

Selecting the Add Liable Individual button will allow you to add a PIN that is not associated with the case.

	als						
				Select	Liable Individual(s)	(1) Add Liabl	e Individu
PIN	Full Name 🕇	SSN	Date of Birth	Address	Confirm Adr.	Addtl. Adr.	
ommonte							
d Liable Ind	dividual						
			Q Ver	ify			
	PIN			ny -			
	Full Name						
	SSN						
	Data of Birth						

Once one or more Liable Individuals have been added to the claim, the individual detail for each PIN is shown in the table. You can change, review, or add additional addresses as needed. If the individual is no longer on an open case, you must check the Confirm Adr. box to ensure the Overpayment Notice is sent to the correct address. If the individual is still on open case, you do not need to confirm the address.

				Select Lial	ole Individual(s)	Add Liable Individual		
PIN	Full Name †	SSN	Date of Birth	Address	Confirm Adr.	Addtl. Adr.		
0682111848	ARNETTE-MSK COMBS-MSK	XXX-XX-6025	01/01/1989	i /		+	×	*
0682112976	GARY-MSK LARSEN-MSK	XXX-XX-1968	10/02/1986	(i) /		+	×	

You can also remove Liable Individuals by selecting the X in the last column on the right of the table.

To finish creating the claim, add a comment in the Comments section. You cannot successfully save the claim without adding a comment.

Comments			-
		+ Add Comment	Export to PDF
Comment Text	Created By	Created	On

COMPLETING AN OVERPAYMENT CLAIM

Saving the page brings you back to the Referral Detail screen. At the top of the screen, the newly created Claim Number is hyperlinked for short time.

You can edit all details of claim the day you create it. Once the day is over, an overnight process in BRITS generates an Overpayment Notice based on the claim information you

entered, and most of the claim details are no longer editable. Error type, overpayment begin and end date, claim amount, and liable individuals can be updated within 60 days of claim creation. To officially complete the overpayment referral, click the Claim Created check box next to the Create CC Claim button and save the page.

Post Investigation	
CC FS MA	
Claim Determination	
Claim Needed?	Yes X I T Assignment Type Internal
Assigned Date	11/22/2024 Assigned To Lakesha Jackson TEST-CCINTI 🗙 💌
Claim Created	Create CC Claim
Fraud Determination	
Pursue Frau	ud? No × V
Cost Savings & Completion	
CC Future Cost Savin	ngs 🕢 🖇 🖇 🖇
CC Post Investigation Compl	ilete 🗹

The Create CC Claim button is available for agency error claims for 60 days after you establish the claim. If you need to create another claim for the same referral. After 60 days, this button is no longer available.

NOTE: For client error claims or Intentional Program Violation claims, the Create CC Claim button is disabled upon saving after checking the Claim Created box and another claim cannot be create for that referral.

To see this claim, or all claims created for a given referral, click the bar graph icon at the top of them screen to access the Referral Summary.



REVIEWING AN OVERPAYMENT CLAIM

On the Referral Summary page, you can view Case Information, Referral Information, Dual State(s) Information, Cost Savings, IPV Sanctions, and Claim Information. Click downward arrow to expand each section and see the information available for each.

Case Detail	#023386120)3									;	3	≈	•
Case Information														~
Referral Information	L													^
All Referrals Open Referrals Closed Referrals														
Referral Number	Ļ			Status				Туре						
3300001313				Post Investigation In P	rogress			Clair	n Investigation	ı				
											*			
Claim Information														^
All Claims Ope	n Claims 🔿 Clos	sed Claims ()												
Collection Fee (CF)	claims are not di	splayed on Case	Detail pag	ge. Please see Individua	l Detail page.									
Claim Number	Case Number	Program Code	Туре	Status	Notice Date	† I	OP From	OP To	Adj. C	laim Amt.	Outstanding Bal.	Li	able #	
1100009551	0233861203	CC	CE	Pending			06/01/2023	12/31/2023	\$500.0	00	\$500.00			
														•

The Claim information section provides a list of all claims associated with the referral and includes the case number, program, type of overpayment, claim status, notice date, overpayment period, claim amount, and outstanding balance on the claim. Click the hyperlinked Claim Number to open the Claim Details page. This page shows more detailed information about the claim including the overpayment reason(s), claim source, notice date, claim office, and more.

The green box on the right of the screen shows the initial claim amount, adjust claim amount, any payment made on the claim, the total collected, and the outstanding balance, this box will update automatically throughout the life off the claim as it is paid off.

Home Advanced Search	Workload	Create Referral	Admin-	Create Non-Referral Claim -	Referral	•	Search				٩
Claim Detail #1000000751	1					(9 H	S		Θ	
Claim Information											
Claim Number	1000000	751		Initial Claim	Amount		\$200	.00			
Program/SubProgram	W-2 C - V	N-2 FOR OLDEST MINO	R CHILD WITH	CU Adjusted	Amount		\$0	.00			
Error Type	INTENTI	ONAL PROGRAM VIOLA	TION	Aujusted Claim	Amount		9200				
Claim Source	Asset Ver	rification System		Total Cash F Total Re	Payment acouped		\$0 \$0	.00			
Overpayment Reason(s)	REI - Mis	representation of or Failu	ire to Report Ea	me Total C	ollected		\$0	.00			
	TLB - Ex	ceeded Number of Allowa	able Time-Limit I	Aor Outstanding	Balanco		\$200	00			
	WFD - W	-2 Check Forgery Denial		Refunded	Amount		\$200	.00			
Creation Date	9/14/2023	3		Write-off Reque	est Form	https://	dcf.wisconsi	n.gov/forr	ns		
Original Notice Date	9/18/2023	3		Wo	orksheet	File Na	ime			Ĩ.	
Overpayment Period	8/1/2017	- 8/1/2017				Sampl	e Workshee	t.pdf			
Claim Office @	5611 - R	DSS IES W-2 PROGRAM	I.								
Case Number	31170318	139									
Referral Number	70002291	127									

MODIFYING AN OVERPAYMENT

To modify an overpayment claim, select the Modified Claim button on the Claim Detail page.

Claim Detail #1100009	551					©	H	S	≈	•	
Claim Information											^
Claim Number	1100009551			Initial Claim Amount		\$5	00.00				
Program/SubProgram	CC - CHILDCARE			Adjusted Amount			\$0.00				
Error Type	CLIENT ERROR			Adjusted Claim Amount		\$5	00.00				
Claim Source	Case Review			Total Cash Payment			\$0.00				
Overpayment Reason(s)	FAI - Misrepresentation of or Failure to Provide Accura			Total Recouped			\$0.00				
Creation Date	11/22/2024			Total Collected			\$0.00				
Original Notice Date	11/25/2024			Outstanding Balance		\$5	00.00				
Overpayment Period 🚱	6/1/2023 - 12/31/2023			Refunded Amount		:	\$0.00				
Claim Office 🚱	5040 - MILWAUKEE ENROLLMENT SERVICES			Write-off Request Form	https://dcf.wi	isconsin	gov/form	IS			
Case Number	0233861203			*Worksheet	Sample Works	sheet.pd	f				
Referral Number	3300001313										
		Modify	Claim								
Liable Individuals											^

This opens the Modify Claim window where you can adjust the claim amount, overpayment begin and end date, and the overpayment error type.

Modify Claim		□ ×
Initial Claim Amount	\$500.00	
Adjusted Claim Amount	\$500.00	
Outstanding Balance	\$500.00	
Error Type	CLIENT ERROR	× (•
Overpayment Begin Date	6/1/2023	
Overpayment End Date	12/31/2023	
New Adjusted Claim Amount 🚱	\$500.00	
		data Cancel
		vale

The Claim Detail page is automatically updated with the modified claim information. You can also add additional Liable Individuals on the Claim Detail page.

A claim can be modified up to 60 days from the date the claim is created. Past that time, if a claim needs to be modified, the Child Care Agency must contact the Public Assistance Collections Section (PACS) at <u>dwspacu@wisconsin.gov</u>.

The child care agency must also contact PACS if they need to add a new document to the claim or change anything in the CC Overpayment Worksheet they attached. Once PACS receives the new worksheet, they will send a new overpayment notice. All new claim documents must be uploaded to the document section with a corresponding comment detailing the action in the comment section.

If something in the new overpayment worksheet needs to be modified, the child care agency must indicate that PACS was contacted in BRITS comments.

NEW DETAILS PAGES

The Case Detail and Individual Detail pages are now available in BRITS. The Case Detail page is an overview of the case and includes the case number, primary person, address, case office, program codes, and individuals on the case with liable claims. This case page also includes sections with associated referrals and claims.

Case Detail #023386	1203							2		€		
Case Information										^		
Case Number	0233861203				Case Of	ffice 5	ce 5040 - Milwaukee Enrollment Services					
Primary Person	ARNETTE-MSK C	OMBS-MSK			Program Codes 🕢							
Case Address	123 Masking 8 Case Copied On 2 Madison WI 55555	023-07-14 5-5555			Individuals V Liable Cla	With Official Action of the second se	582112976 GARY-MSK 582111848 ARNETTE-	(LARSEN-MSK MSK COMBS-MSK (F)			
Referral Information										^		
All Referrals Open Referrals	Closed Referrals	0										
Referral Number ↓	Referral Number ↓ Status					Туре						
3300001313		Po	ost Investigation In Pr	rogress		Claim	Investigation			•		
Claim Information										~		
All Claims Open Claims Collection Fee (CF) claims are no Claim Number Case Number 1100009551 0222851203	Closed Claims O t displayed on Case I or Program Code	Detail page. Pli Type Statu	lease see Individual us	Detail page. Notice Date 11/25/2024	OP From	OP To	Adj. Claim Amt.	Outstanding Bal.	Liable	#		
0233001203		or ohe		1123/2024	00/01/2023	12/3 112/023	6000.00	0500.00	2			

The Individual Detail page is an overview of the PIN associated with the overpayment claim and the includes the individual's full name, PIN number, Social Security Number, date of birth, and language. This page also includes a list of known mailing addresses, a section with information on any representatives associated with the individual, and a summary of claims for which the individual is liable.

OM 25-05

Individual Detail #06821129	76						H	S	► 📀	
PIN Information										^
Full Name	GARY-MSK LARSEN-M	sк	Date of Birth 10/02/1986							
PIN Number	0682112976			Language	Arabic					
Social Security Number	XXX-XX-1968									
Mailing Address(es)										
Address Source Add	ress			Date Chang	ged	Case Source	Add/Edit	Address	Invalid	
Closed Case Address 🔀 123 555	MADISON, WI, 55555-	04/17/2024		0233861203				-		
BRITS Mailing Address										
BRITS Additional Notice Address										-
Representative Information										~
Claim Accounts										^
Claim Summary RPA Summary										
								Reco	very Action	
Account Claim Count	Orig. Claim Amt.	Adj. Claim Amt.	Outstanding Bal.	Delinquency	Stop Sta	tus Res	tart	Renot	ice	
CC 1	\$500.00	\$500.00	\$500.00							-
										-
Total 1	\$500.00	\$500.00	\$500.00							

OVERPAYMENT NOTICES

BRITS automatically generates and sends all overpayment notices for an established overpayment claim in an overnight batch. DCF-F-452-E Child Care Overpayment Worksheet is uploaded with the claim is automatically attached to the overpayment notice that BRITS generates.

To review any notices sent via BRITS, click the CCOR (client correspondence) button at the top right of the screen.

Benefit Recovery Investigation Tracking System (BRITS)	➔ Webl Reports & User Guide	CCOR	BRITS User Manual	O Logout		
Release Version: R1.22.03.04 Environment: UAT Version: 1.6.1.2	Logged in as Morgan Pi Last logged in on 10/10/2023 at 12:33 p					

This will open Client Correspondence History. Notices can be found by searching either the Case number or PIN.

Client Cor	respondence Histo	огу						4	3 🎮	•
Search Criteria										^
	Search By:	Case Number	0233861203							
									Search	
Notice Address H	istory									^
Last Notice Date	↓ Address		Address Source	Address Type	ı.	Updated Da	Updated Date Updated By			
11/25/2024	123 Masking Case Co 5555	123 Masking Case Copied On 2023-07-14 8, Madison, WI, 55555- 5555			CLOSED CAS	SE ADDRESS	04/17/2024	CARES Cas	e	-
11/25/2024	123 Masking Case Co 5555	opied On 2023-07-14 8, Mac	lison, WI, 55555	Case - 0233861203	CLOSED CAS	SE ADDRESS	04/17/2024	CARES Cas	е	
										Ŧ
Search Results										^
Notice Date 👃	Created By	Notice	Туре	Name		PIN	Claim Account	Notice Address	Returned	
11/25/2024	System-Updated	Origin	al Notice	ARNETTE-MSK COMBS-MS	к	0682111848	CC	(i)		
	System Undated	Origin	al Notice	GARY-MSK LARSEN-MSK		0682112976	CC	(i)		

TRAINING

AGENCY ACTION

Child Care agencies must become familiar with the new functionality and policies as described in this memo and update any relevant local agency procedures.

ATTACHMENTS

Appendix III Local Agency Program Integrity Management

CONTACT

For Child Care Policy Questions: <u>Childcare Policy Question SharePoint</u> For Child Care, CARES, BRITS and WWP Functionality Questions: Child Care Help Desk <u>childcare@wisconsin.gov</u>

For Wisconsin Shares policy questions outside of Milwaukee County contact your Bureau of Regional Operations (BRO), Child Care Coordinators at <u>BROCCPolicyHelpDesk@wisconsin.gov</u>.

For Program Integrity technical assistance, Child Care CARES/CWW and CSAW Processing Questions statewide, and policy questions in Milwaukee County, contact the Child Care Help Desk at: <u>childcare@wisconsin.gov</u>.

DCF/DECE/BCCSA/KDM