



Health and Employment Counseling (HEC) Program

IMAC Presentation

February 2025

Overview

HEC is a nine-month, pre-employment program for people with disabilities who are not employed but want to enroll or stay enrolled in Medicaid Purchase Plan (MAPP).

MAPP requires members to meet a work requirement as part of eligibility criteria. Members who would otherwise qualify for MAPP but don't yet meet the work requirement can apply for HEC to meet the work requirement while looking for a job.

On February 22, 2025, management of the HEC program will be integrated into CWW.

Changes in CWW

Changes to CWW

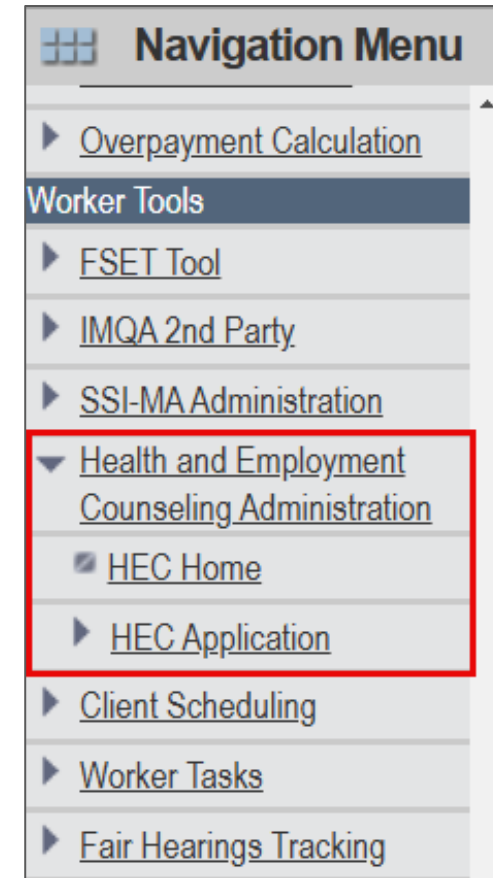
The following pages will be added to CWW to allow the HEC Coordinator to enter all necessary information:

- HEC Home
- HEC Application Search Results
- HEC Applicant Information
- HEC Decision
- HEC Extension
- End HEC Enrollment
- HEC Summary
- HEC Enrollment History

Worker Tools

These pages will be listed in the Worker Tools section of CWW.

Income Maintenance (IM) workers will have read-only access.



IM Worker Alerts

Alerts will be set for IM workers in the following situations:

- HEC enrollment is approved for a member who has requested MAPP or is currently enrolled in MAPP.
- HEC enrollment is denied for a member who has requested MAPP or is currently enrolled in MAPP.
- HEC enrollment is extended for a MAPP member.
- HEC enrollment is ending for a MAPP member.

Changes in ACCESS and MyACCESS

ACCESS – Needed Proof

When a MAPP case pends for HEC participation, ACCESS will display a message in the Needed Proof section.


The text will instruct the applicant to submit the completed HEC Application form.

ACCESS

Your case number: [REDACTED]

Submit Your Documents

You need to give us the documents listed here as soon as possible to prove the information you gave us.

Who?	Needed Proof	Examples of Documents That May Serve as Proof
	Completed application for Health and Employment Counseling (HEC) Program Overdue for Medicaid Purchase Plan	Completed HEC application form

[View and Print Notice of Proof Needed](#)

Click on "View and Print Notice of Proof Needed" and review the 'Proof Needed' section. There may be notes from a worker that tell you more about which documents you need to give us. There is also an FYI section that you will need to review.

Would you like to submit any other documents? Yes No



Submitted Documents

To view documents you already submitted, [click here](#).

Next Steps

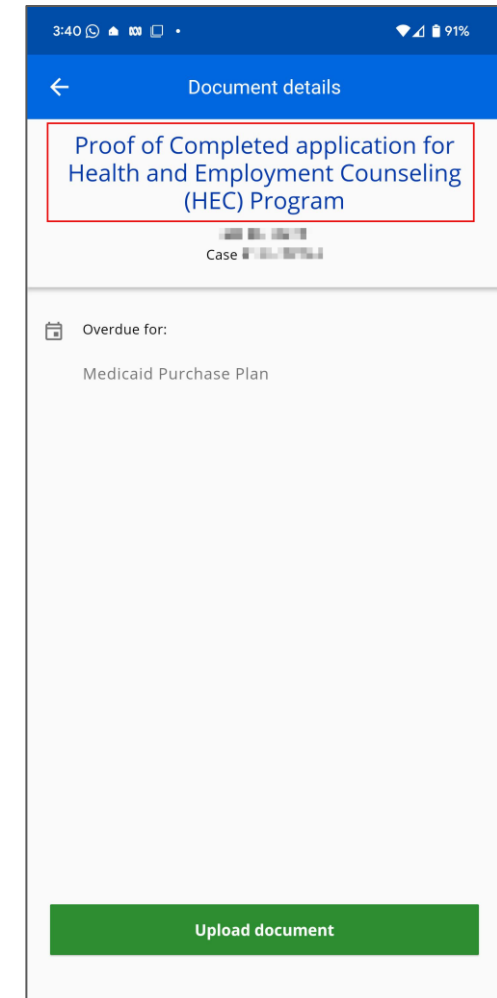
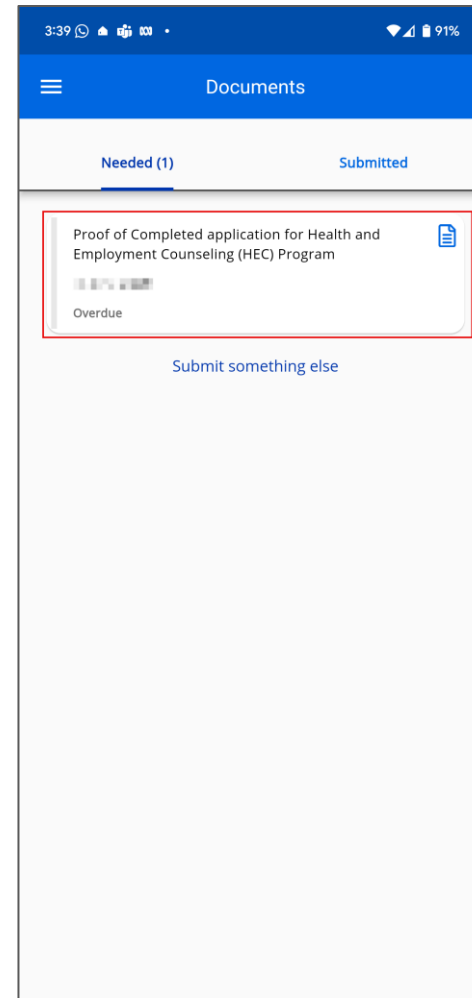
Please choose one of the options below to send us your documents.

- Fax in your documents.
- Mail in your documents.
- Drop off your documents in person.
- Scan your documents using the ACCESS website.
- Upload your documents using the ACCESS website.
- Take a photo of and submit your documents using the MyACCESS mobile app.
- Skip this step for right now. You may log into the ACCESS website later and revisit this step.

[Go to Account Home](#)  [Next](#) 

MyACCESS - Proof Needed

A similar message will also display in MyACCESS.



Changes in Correspondence

Verification Checklist

The Verification Checklist (VCL) will be enhanced to include the HEC Application form when the member is pending for HEC participation.

Note: If there are multiple HEC applicants in a household, each individual will have a new form included as part of the VCL.

SECTION 5: APPLICANT RESPONSIBILITIES

Barriers Resources—Who are the people or agencies that can help you overcome your employment barriers?

SECTION 3: EMPLOYMENT PLANNING

<p>DEPARTMENT OF HEALTH SERVICES Division of Medicaid Services F-00004 (11/2023)</p>	<p>STATE OF WISCONSIN Administrative Code § DHS 103.03(1g)1.b</p>
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HEALTH AND EMPLOYMENT COUNSELING (HEC) APPLICATION

You must complete this form to enroll in the Health and Employment Counseling (HEC) program. Any personal information collected here will be used to establish your enrollment in HEC. This application also serves as your employment plan. Keep a completed copy of this application for your records so you can follow your employment plan.

Note: If you already have a recent employment plan from an agency such as the Division of Vocational Rehabilitation or a community service provider, you do not need to complete the entire employment plan. Only fill in the sections of the application that your other employment document does not cover, then attach a copy of your other plan.

For help completing this application, refer to the Health and Employment Counseling Consumer Guide, available at dhs.wi.gov/employment-skills/hec.htm.

SECTION 1: APPLICANT INFORMATION (Please print)

Name – Applicant	Date of Birth	Case Number (if any)	Date of Application
Address		City	ZIP Code
County of Residence		Telephone Number	

Contact information of the person helping you fill out this application (if any)

Agency, if applicable	Name	Job Title, if applicable	Telephone Number
Address		City	ZIP Code

SECTION 2: BENEFITS

Check the benefits you get below (SSI, SSDI, Social Security Retirement, FoodShare, etc.).

<input type="checkbox"/> Supplemental Security Income (SSI)	<input type="checkbox"/> FoodShare
<input type="checkbox"/> Social Security Retirement	<input type="checkbox"/> Social Security Disability Insurance (SSDI)
If you get Social Security Retirement, did you previously get SSDI? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Veteran's Disability benefits

Check the appropriate box for the status of your disability determination

Yes, I have a disability determination. Decision or start date:
 I have a pending disability determination. Start date:
 I do not have a disability determination, but I have applied for one. Date applied:
 No, I do not have a disability determination and have not applied for one. If you check this box, you do not need to continue your application as you are not eligible for HEC.

Are you currently participating in the Medicaid Purchase Plan (MAPP)? Yes No
 If yes, what date does coverage end?
 Why are your MAPP benefits ending?

Benefits Counseling—Have you gotten benefits counseling services in the past? Yes No
 If yes, when did you get benefits counseling?

Name – Benefit Specialist	Name – Agency
Address	
City	Zip Code
Email Address	Telephone Number

In the last 12 months, have you gotten a summary of the benefits you're eligible for? Yes No

HEC Correspondence

The following correspondence will be sent systematically for HEC:

- Approval Letter
- Denial Letter
- Enrollment Ending Letter
- Extension Approval Letter

If there is more than one member participating in HEC, each individual will receive a separate letter.

These letters have the HEC coordinator phone number and email address in the upper right box. The return address will be the CDPU or MDPU. The letter also includes a link to find the agency's contact information if the applicant or member have questions about MAPP.

Questions?