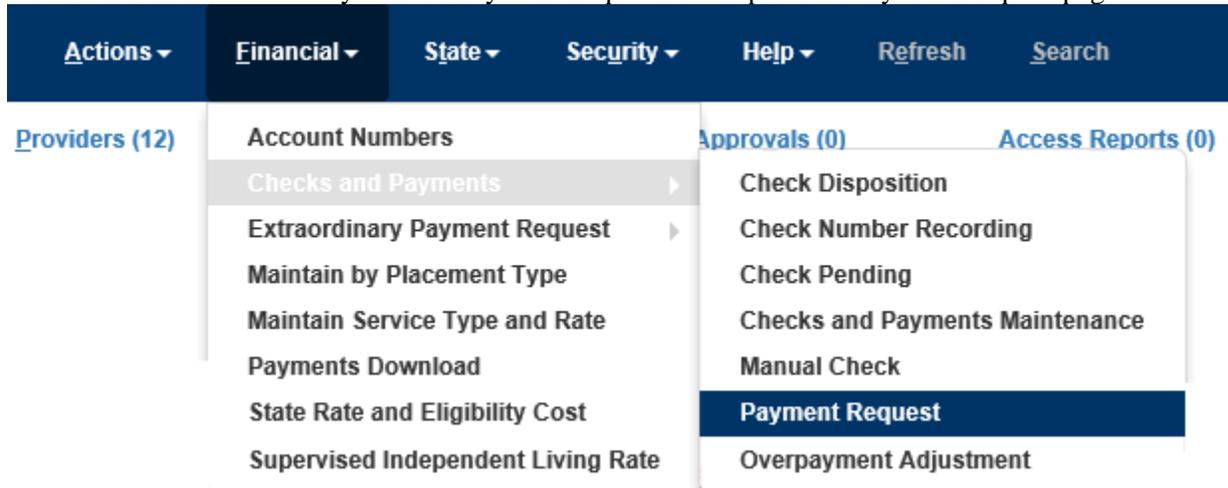


Creating a COVID-Youth Aging Out One-Time Payment

Note: In order to enter the COVID One Time Payment, the Reporting Category must first be documented for the Service Type on the Maintain Service Type and Rate page.

1. Select Financial > Checks and Payments > Payment Request. This opens the Payment Request page.



2. From the Payment Request page, search out both the Case Participant and the Provider using their associated [Search](#) hyperlink.

The screenshot shows the 'Payment Request' form in the eWiSACWIS system. The form is titled 'Payment Request - Internet Explorer' and contains several sections: 'Payment Request Information' (County: State, Request Date: 05/18/2020, Creator: Jonelle Brom), 'Case Participant Information' (Participant: [blank], Case: [blank], Search button), 'Provider Information' (Provider: [blank], Invoice Date: 00/00/0000, Invoice Number: [blank], Search button), 'Service Information' (Placement, Service Category, Service Type, Setting/Detail, Begin Date, End Date, Units, Basic Costs, Supplemental Costs, Exceptional Costs, Admin Costs, Costs > Spending Limit, Extraordinary Costs, Total Amount), and 'Repayment Information' (Options: [blank], Save, Close buttons). The 'Search' buttons for Case Participant and Provider are highlighted with red boxes.

- When searching out the case participant, you will begin by searching out the participant's name or the Person ID. Once returned, expand the participant icon  and then expand the Cases icon . You will want to select the radio button next to the case where you want the payment created (there may be more than one case - so it's important that the correct case is selected). Click Continue to return to the Payment Request page.

Person Search -- Webpage Dialog

eWiSACWIS Print Spell Check Help ?

Search Criteria

Last Name: First Name: **Person ID: 8485686**

SSN: DOB: Gender:

Street: City: ZIP Code:

Incl. AKA Search Precision: Sort By: **Search**

Record 1 to 1 of 1

Persons Returned

 [\(8485686\)](#) 3 N 6th St, Milwaukee Male 01/02/2003 African American/Black

 Basic Person Information

 Related People

 Cases

 [\(8113473\)](#) 

Adoptive Home opened Yes NoneDefault, StateAdoption Adoption Unit Supervisor 12/29/2005

Create Continue Close

- When searching out the provider, you will begin by searching out the provider's name or the Provider ID. Once returned, select the radio button next to the case where you want the payment created (there may be more than one provider - so it's important that the correct provider is selected). Click Continue to return to the Payment Request page.

Provider Search -- Webpage Dialog

eWiSACWIS Print Spell Check Help ?

Search Criteria

Provider Name: First Name: **Provider ID: 8005366**

Parent Agency ID: Provider Type: Search Providers of Parent Agency

Site #: County: ZIP Code:

Date Restricted View Not Approved/Cancelled Search Precision: **Search**

Record 1 to 1 of 1

Providers Returned

 [\(8005366\)](#)

Open Foster Home 07/08/2002 Default, Provider Waukesha Des: State License Status: Closed

Continue Close

5. Once the participant and provider are selected, document the specifics surrounding the service and the rate.
 - a. Choose the Out of Home Placement from the “Placement” drop-down.
 - b. Choose “One Time Payment - COVID-Youth Aging Out” from the “Service Category” drop-down.
 - c. Choose “One Time COVID - Youth Aging Out Payment” from the “Service Type” drop-down.
 - d. Choose the “Direct Service” option from the “Setting/Detail” drop-down.
 - e. Enter a date in the Begin Date field.
 - f. Enter the amount in the Costs > Spending Limit field (do not enter an amount in the Total Amount field).

Payment Request - Internet Explorer

eWiSACWIS Resource Print Spell Check Help

Payment Request Information

County: State Request Date: 05/18/2020 Overpayment Repaid
 Payment ID: Creator: Jonelle Brom

Case Participant Information

Participant: [\(8485686\)](#) Case: [\(8113473\)](#) [Search](#)

Provider Information

Provider: [\(8005366\)](#) [Search](#) Invoice Date: 00/00/0000
 Payee: Invoice Number:

Service Information

Placement: Basic Costs: \$0.00
 Service Category: One Time Payment - COVID-Youth Aging Ou Supplemental Costs: \$0.00
 Service Type: One Time COVID - Youth Aging Out Paymer Exceptional Costs: \$0.00
 Setting/Detail: Direct Service Admin Costs: \$0.00
 Begin Date: 05/01/2020 End Date: 05/01/2020 Units: Costs > Spending Limit: \$300.00
 Overpayment Source #: Extraordinary Costs: \$0.00
 Description: Total Amount: \$300.00

[Payment Type Definitions](#)

Repayment Information

Options:

100%

6. Click Save. Since counties do not have the ability to approve these payments, DCF staff will need to do so. You will need to notify Jonelle Brom (Jonelle.Brom@wi.gov or 608.422.6930) of the pending payment. If you try to approve the payment, you may receive an error message like this:

