



Wisconsin Shares

EBT CSAW User Guide

Benefit Calculations

May 14, 2020

Division of Early Care and Education

The Department of Children and Families is an equal opportunity employer and service provider. If you have a disability and need to access services, receive information in an alternate format, or need information translated to another language, please call the Division of Early Care and Education at 608422-6002. Individuals who are deaf, hard of hearing, deaf-blind or speech disabled can use the free Wisconsin Relay Service (WRS) – 711 to contact the department.

Contents

Background Information on the CSAW Benefit Calculation 4

Benefit Calculations 4

 Calculate Benefits 5

 Confirm Benefits 6

Calculation Details 7

 Case Level Calculation Details 8

 Child Level Calculation Details 10

 Status Section 11

 Regular Subsidy Hours Section 12

 Provider Price Type 12

 Hourly Rate Used Section 13

 Capped Subsidy Section 13

 Hourly Copay Section 14

 Net Full Time Amount 15

 Above Full Time Subsidy Section 15

 Subtotal 16

 Youngstar Adjustment Section 16

 Total Subsidy Amount 17

 Net Subsidy Change Section 17

 Partial-Month Authorizations 17

 Monthly Authorized Hours 18

 Full Time Hours 18

 Override Prices 19

 Weekly 19

 Hourly 20

Case Benefit Quarterly Summary 22

Where to Go For Help 22

Background Information on the CSAW Benefit Calculation

This user guide provides a high level overview of the system functionality regarding benefit calculations in CSAW. This guide also provides specific guidance on how to calculate benefits, confirm benefits, and view benefits by calendar quarter. This guide is not intended to provide every detail of system functionality. For questions regarding the benefit calculation that are not explained in this user guide, please contact the Child Care Subsidy and Technical Assistance Line at childcare@wisconsin.gov. For information regarding authorizations before benefits are calculated, see the [CSAW Authorizations User Guide](#).

Benefit Calculations

After authorizations have been created for a case in CSAW and marked *Completed*, the monthly benefits must be calculated so the funds can be loaded onto the card. The worker should always check to see if benefits need to be calculated or re-calculated when writing or changing authorizations.

If the following changes are made in CSAW or CWW, the system **automatically** recalculates the amounts for future months starting the month after the change is entered into the corresponding system:

- School closed hours are added for future months
- Provider's price changes
- Accreditation details change for an out-of-state provider
- Change in regulation type. Most commonly, a certified provider becomes licensed. In this situation, the provider's private prices must be entered before the system will automatically calculate the future authorizations. If a licensed provider drops their license and becomes certified, the system will recalculate the authorizations based on the certified rate.
- Change in YoungStar rating to a 4 Star or 5 Star rating (a change to a 2 Star rating will not negatively impact the subsidy amount until renewal unless the parent changes providers)
- Change in income/AG size depending on the Copayment Period
- FPL, Copayment, and Maximum Rate mass changes
- Change in Copayment Type to a more favorable Copayment Type (Minimal or \$0 copayment)

For more information about changes to the subsidy amount during the eligibility period, please see the Wisconsin Shares Child Care Policy and Process Handbook, Section [2.5.5](#).

Calculate Benefits



To calculate benefits for the children in the case, click on the *Benefit Summary* link in the navigation menu to expand the sub values and then click *Calculate Benefits*.

The *Calculate Benefits* page lists authorizations for all children in the case that need to be calculated.

Calculate Benefits							
Case Details							
Case Number	1150989211			Admin Agency	Milwaukee County (40)		
Primary Person	Monique Test			RFA Date	07/01/2018		
Address	1220 W Vliet St Milwaukee, WI 53205-2117 Milwaukee County			Review Date	06/30/2019		
				CC AG Status	Open		
Benefits for the following months need to be calculated							
	Child's Name	Date of Birth	Provider Details	Provider Location Number	Authorized Period	Weekly Hours	School Closed Hours
November 2018							
	Genesis Test	03/15/2016	Sandy's Child Care 123 Happy Dr, Stoughton, WI	7800039417-001	07/01/2018 - 06/30/2019	08:00	0
	Genesis Test	03/15/2016	Watts Valley Day Care 2702 Monroe St, Milwaukee, WI	4800039704-001	07/01/2018 - 06/30/2019	28:00	0
	Jasmine Test	06/16/2010	Watts Valley Day Care 2702 Monroe St, Milwaukee, WI	4800039704-001	07/01/2018 - 06/30/2019	28:00	10
December 2018							
	Genesis Test	03/15/2016	Sandy's Child Care 123 Happy Dr, Stoughton, WI	7800039417-001	07/01/2018 - 06/30/2019	08:00	0

1 2 3 4

- Calendar Month and Year:** The authorizations for each child display under the calendar month that requires a calculation in order to issue benefits.
- Weekly Hours:** Each authorization row displays the Average Weekly Authorized Hours for the authorization.
- School Closed Hours:** Each authorization row also displays the School Closed Hours entered for that month.

4. **Calculate:** This button is used after the worker has verified that the information listed is correct and no changes need to be made to the authorization. Clicking on the *Calculate* button at the bottom of the screen will cause CSAW to calculate the monthly amounts. CSAW calculates benefits three months into the future. After that, if the authorization extends past three months, CSAW automatically calculates the future monthly amounts on a monthly basis.

Note: If the *Calculate* button is available, the worker must click the button in order for CSAW to calculate benefits. For information on the “Recalculate” button, see the Case Benefit Quarterly Summary section.

Confirm Benefits

After clicking the *Calculate* button on the previous screen, the *Confirmed Benefits* page will show the calculated monthly amounts for past months, the current month, and three months into the future. The page will also update to show that there are no unconfirmed benefits for the case.

Confirmed Benefits								
Case Details								
Case Number	1150989211			Admin Agency	Milwaukee County (40)			
Primary Person	Monique Test			RFA Date	07/01/2018			
Address	1220 W Vliet St Milwaukee, WI 53205-2117 Milwaukee County			Review Date	06/30/2019			
				CC AG Status	Open			
Unconfirmed Post Load Benefit Changes								
There are no unconfirmed benefits for this case								
Confirmed Benefits								
	Child's Name	Provider Details	Provider Location Number	1 Monthly Authorized Hours	School Closed Hours	Subsidy Amount	2 YoungStar Adjustment To Provider	3 Details
▼	October 2018							
	Genesis Test	Watts Valley Day Care 2702 Monroe St, Milwaukee, WI	4800039704-001	122	0	\$773.45	\$0.00	Details
	Genesis Test	Sandy's Child Care 123 Happy Dr, Stoughton, WI	7800039417-001	35	0	\$177.20	\$0.00	Details
	Jasmine Test	Watts Valley Day Care 2702 Monroe St, Milwaukee, WI	4800039704-001	122	0	\$592.28	\$0.00	Details
▼	November 2018							
	Genesis Test	Watts Valley Day Care 2702 Monroe St, Milwaukee, WI	4800039704-001	122	0	\$773.43	\$0.00	Details

1. **Monthly Authorized Hours:** See the Calculation Details section to learn how the Monthly Authorized Hours are calculated. The average weekly authorized hours from the *Calculate Benefits* page are converted to a monthly amount. If the authorization spans the entire month (i.e. October 1 to October 31), then the weekly amount is multiplied by 4.348125 to determine the monthly amount. If the authorization only spans part of a month, the weekly amount is prorated based on the number of authorized days in the month (see the Partial Month Authorizations section).
2. **YoungStar Adjustment to Provider:** For 4 and 5 Star programs, the *YoungStar Adjustment to Provider* column shows the amount that will be paid directly to the provider by the Department. Providers can view these amounts using the *Child Care Provider Portal*.
3. **Calculation Details:** To view calculation details for a month, click on the *Details* link.

Calculation Details

The *Calculation Details* page in CSAW shows all details of how the benefits were calculated for the case for the specific month. The entire Benefit Calculations page looks like the example below. Following are explanations for each section on this screen.

Calculation Details									
Month	December 2019					Eligible Members	3		
Copayment Period	Stabilization					Actual Income	\$1,376.00		
Capped FPL	75					Actual FPL	75		
	229	*	\$0.23	=	\$52.67	+	N/A	=	\$52.67
(Total Hours for Copay)	(Copay Per Hour For FPL)		(Initial Copay)		(Exit Copay)		(Total Regular Family Copay)		
Collapse all Expand all <input type="checkbox"/> Show Deleted									
Case Subsidy Calculation Details									
Child's Name	Genesis Test		Genesis Test		Jasmine Test				
Date of Birth	02/12/16		02/12/16		02/12/10				
Provider-Location	0800039740-001		7800039407-002		7800039407-002				
Type	Initial Benefit		Initial Benefit		Initial Benefit				
Is Deleted?	No		No		No				
Is History Record?	No		No		No				
Updated Timestamp	04/14/20 10:22 PM		04/14/20 10:22 PM		04/14/20 10:22 PM				
Update User ID	W00000		W00000		W00000				
Status	Processed		Processed		Processed				
Authorized Hours	66		142		77				
Full Time Hours	66		142		77				
Inclement Weather	0		0		0				
Regular School Closed	0		0		0				
Regular Subsidy Hours	66		142		77				
Provider Price Type	Part-time		Full-time		Part-time				
Calculation Category	Licensed Family		Licensed Family		Licensed Family				
County	Milwaukee County (40)		Milwaukee County (40)		Milwaukee County (40)				
Agency Rate	\$5.71		\$5.71		\$4.86				
Hourly Rate Used	\$5.71		\$5.71		\$4.86				
Initial Hourly Amount	\$376.86		\$810.82		\$374.22				
Provider Price	\$1,087.04		\$980.51		\$456.56				
Agency Ceiling	\$868.98		\$868.98		\$739.62				
Capped Subsidy	\$376.86		\$810.82		\$374.22				
Copay Type	Regular		Regular		Regular				
Hours For Copay	66		142		77				
Share of Family Copay	(\$12.20) (23.16%)		(\$26.24) (49.82%)		(\$14.23) (27.02%)				
Hourly Copay	(\$12.20)		(\$26.24)		(\$14.23)				
Net Full Time Amount	\$364.66		\$784.58		\$359.99				
Agency Rate	\$5.71		\$5.71		\$4.86				
Hours Above Full Time	0		0		0				
Above Full Time Subsidy	\$0.00		\$0.00		\$0.00				
Subtotal	\$364.66		\$784.58		\$359.99				
Provider Amount	\$0.00		\$0.00		\$0.00				
YoungStar Level	2 Stars		2 Stars		2 Stars				
YoungStar Adjustment	(\$3.64)		(\$7.84)		(\$3.59)				
Total Subsidy Amount	\$361.02		\$776.74		\$356.40				
Previous Applied Amount	\$0.00		\$0.00		\$0.00				
Subsidy Change	\$361.02		\$776.74		\$356.40				
OffSet Amount	\$0.00		\$0.00		\$0.00				
Subsidy Applied Mode	Apply to family		Apply to family		Apply to family				
Net Subsidy Change	\$361.02		\$776.74		\$356.40				

Case Level Calculation Details

The **Case Details** section shows details for the case.

Calculation Details			
Case Details			
Case Number	115	Admin Agency	Milwaukee County (40)
Primary Person	Monique Test	RFA Date	07/01/2018
Address	1220 W Vliet St Milwaukee, WI 53205-2117 Milwaukee County	Review Date	06/30/2020
		CC AG Status	Open

The **Calculation Details** section displays the FPL and family-level copayment information.

Calculation Details									
Month	December 2019			Eligible Members	3				
Copayment Period	Stabilization			Actual Income	\$1,322.25				
Capped FPL	70			Actual FPL	70				
	290	*	\$0.19	=	\$55.10	+	N/A	=	\$55.10
(Total Hours for Copay)	(Copay Per Hour For FPL)		(Initial Copay)		(Exit Copay)		(Total Regular Family Copay)		

Month: Calendar month and year of the benefit.

Eligible Members: The number of eligible individuals in the Assistance Group (AG).

Copayment Period: The copayment period that the AG is assigned to for that benefit month. For more information about Copayment Periods, see the Wisconsin Shares Child Care Policy and Process Handbook, Section [2.5.3](#).

Actual Income: The income according to CWW’s most recent confirmed Child Care Budget page for the benefit month.

Capped FPL: The FPL used for the benefit calculation. The AG’s actual FPL may be capped at a lower FPL according to their Copayment Period.

Actual FPL: The rounded FPL percentage based on the *Actual Income* of the AG. If the AG’s income is between two FPL 5% brackets, and the AG is below 200% FPL, CSAW will round to the lower FPL. Above 200% FPL, this field will display as “N/A” because the actual dollar amount is used to determine the copayment amount rather than the FPL percentage.

- Rounded FPLs:** In the screenshot above, the AG’s income is \$1,322.25. The AG’s FPL that displays on the CWW Child Care Budget page is 74.38% FPL. CSAW rounds this down to 70% FPL to determine the copayment per hour. “70%” is displayed in the Actual FPL field in CSAW.

Child Care Budget

Gross Income		
Assistance Group Overview		
Assistance Group:	CC - CHILD CARE	Sequence:
Eligibility Begin:	12/01/2019	Eligibility End:
Determination Date:	04/03/2020	
Result		
Assistance Group Status:	O - OPEN	Eligibility Stat:
Child Care Gross Income Test:	PASS	
Gross Income Test		
Gross Self Employment Income:	\$ —	
Self-Employment Allowable Expenses:	—	
Adjusted Self Employment Income:	\$ —	
Gross Earned Income:	+ 1,322.25	
Unearned Income:	+ —	
Assigned Child Support:	+ —	
Countable Gross Income:	\$ 1,322.25	
FPL:	74.38%	
Assistance Group Size:	3	
Gross Income Limit:	\$ 5,241.00	(Tested Against 294.85% FPL)
Individual Income		
▶ MONIQUE TEST 32F PP (EA - ELIGIBLE ADULT)		
Gross Income:	\$ 1,322.25	

Calculation Details	
Actual Income	\$1,322.25
Actual FPL	70

Note: The *Actual FPL* can be used to confirm that CSAW has received the most current income information from CWW, but is not necessarily the FPL that is being used in the calculation (unless the *Capped FPL* and *Actual FPL* are the same number).

Total Hours for Copay: The total hours for the AG to which a copayment is being applied. This may be less than the authorized hours for the case. Only hours for children with a Regular Copayment Type will be included in this total. *Total Hours for Copay* will not exceed 152 hours per child (even if they are authorized to multiple providers), and 760 hours per AG. For more information about the *Total Hours for Copay*, see the following *Calculation Details* section of this guide. For more information about copayment types, see the Wisconsin Shares Child Care Policy and Process Handbook, Section [2.5.2](#).

Copay Per Hour: The copayment per hour that is being used for the benefit month. This amount is determined based on the AG’s *Capped FPL* and number of children with child care authorizations with a Regular Copayment Type in accordance with the [Wisconsin Shares Copayment Schedule](#).

Initial Copay: The sum of the *Total Hours for Copay* multiplied by the *Copay Per Hour*. If the family is below 200% FPL, this amount will be the same as the *Total Regular Family Copay*.

Exit Copay: For families above 200% FPL, the additional copayment that is applied after the hourly total has been determined. This amount is the *Actual Income* minus 200% FPL for that AG size then divided by 3 [(*Actual Income*-200% FPL)/3]. This creates a \$1 increase in copayment for every \$3 by which the AG exceeds 200% FPL. The *Exit Copay* is added to the *Initial Copay* to determine the *Total Regular Family Copay*. For families below 200% FPL, this field will display “N/A”.

Total Regular Family Copay: The final amount of copayment that is distributed among authorizations with a Regular Copayment Type.

Child Level Calculation Details

This table shows subsidy calculation details by child for each provider location to which they are authorized.

Note: If the case has more than five children with authorizations, the last columns do not display without scrolling. Google Chrome web browser works better than Internet Explorer or Firefox when viewing cases with more than five children because the browser keeps the row heading visible while scrolling horizontally. Another option is to copy the table and paste it into an Excel document.

The green fields indicate a header. To expand a section, click on the green area. Click on *Expand All* to open all fields for the children in the case.

Collapse all Expand all			
Case Subsidy Calculation Details			
Child's Name	Genesis Test	Genesis Test	Jasmine Test
Date of Birth	02/12/16	02/12/16	02/12/10
Provider-Location	0800039740-001	7800039407-002	7800039407-002
Status	Processed	Processed	Processed
Authorized Hours	66	142	77
Regular Subsidy Hours	66	142	77
Provider Price Type	Part-time	Full-time	Part-time
Hourly Rate Used	\$5.71	\$5.71	\$4.86
Capped Subsidy	\$376.86	\$810.82	\$374.22
Hourly Copay	(\$12.20)	(\$26.24)	(\$14.23)
Net Full Time Amount	\$364.66	\$784.58	\$359.99
Above Full Time Subsidy	\$0.00	\$0.00	\$0.00
Subtotal	\$364.66	\$784.58	\$359.99
Provider Amount	\$0.00	\$0.00	\$0.00
YoungStar Adjustment	(\$3.64)	(\$7.84)	(\$3.59)
Total Subsidy Amount	\$361.02	\$776.74	\$356.40
Net Subsidy Change	\$361.02	\$776.74	\$356.40
Collapse all Expand all			

The top three rows display the child’s name, Date of Birth, and the provider location:

Child's Name	Genesis Test	Genesis Test	Jasmine Test
Date of Birth	02/12/16	02/12/16	02/12/10
Provider-Location	0800039740-001	7800039407-002	7800039407-002

Status Section

The **Status** row expands to display the following:

Type	Initial Benefit	Initial Benefit	Initial Benefit
Is Deleted?	No	No	No
Is History Record?	No	No	No
Updated Timestamp	04/14/20 10:22 PM	04/14/20 10:22 PM	04/14/20 10:22 PM
Update User ID	W00000	W00000	W00000
 Status	Processed	Processed	Processed

Type Values are:

Type	Description
Initial Benefit	Initial benefit for the month for child at the provider location
Post Load Benefit Correction	Benefit change after processing due to a correction in PLBC
Post Load Change	Benefit change after processing due to additional authorization
Special Adjustment	Benefit correction due to system limitations

Is Deleted?: ‘Yes’ is displayed if the benefit has been deleted by a later calculation. When viewing the most recent calculation information, the ‘Yes’ value is rare.

Is History Record?: ‘Yes’ is displayed if the subsidy was later modified by another calculation (usually by PLBC).

Update Timestamp: The date and time when the calculation was changed for the specific month.

Update User ID: Click on the link to view the user who most recently triggered the calculation.

Status values are:

Type	Description
Batch Error	Very rare, but will prevent calculations until errors are resolved
Confirmed by system	Calculation confirmation automatically completed by the system (usually ongoing authorizations)
Confirmed by worker	Calculation confirmation completed by worker (usually retro authorizations)
Pending	Used to indicate that a Post Load Benefit Correction (PLBC) for this month has not been confirmed
Processed	Benefit load has been sent to Fidelity National Information Services (FIS) and CSAW has received a response from FIS that the benefit load amount was received successfully
Processing	Temporary status while waiting for response from FIS on benefit load

Regular Subsidy Hours Section

The **Regular Subsidy Hours** row expands to display the following:

Authorized Hours	207	109	79
Full Time Hours	153	109	79
Inclement Weather	0	0	0
Regular School Closed	0	0	66
Regular Subsidy Hours	153	109	145

Authorized Hours: The total monthly authorized hours for each child (Average Weekly Authorized Hours x 4.348125). For partial-month authorizations, see the *Partial-Month Calculation* section of this guide.

Full Time Hours: The maximum hours (up to 153 hours per month) that will be considered for payment. For partial-month authorizations, see the *Partial-Month Calculation* section of this guide.

Inclement Weather: These hours were combined with Regular School Closed hours effective September 2019. This row is obsolete but is displayed for audit purposes.

Regular School Closed: Additional authorization hours for school closures. For more information on School Closed hours, see the [CSAW Authorizations User Guide](#).

Regular Subsidy Hours: The sum of *Full Time Hours* and *Regular School Closed* hours.

Note: The *Regular Subsidy Hours* may exceed 153 hours per month as this amount includes *Regular School Closed* hours. However, parents will not receive additional subsidy funds for *Regular Subsidy Hours* above 153 hours due to the Agency Ceiling. See the *Capped Subsidy* section of this guide.

Provider Price Type

The **Provider Price Type** shows whether the Part-time price or the Full-time price was used in the calculation. If an override price was entered, this field displays Override (Special Need), Override (Discount), or Override (In-Home) as applicable. For more information about override prices, see the *Override Prices* section of this guide.

Regular Subsidy Hours	66	142	77
Provider Price Type	Part-time	Full-time	Part-time
Hourly Rate Used	\$5.71	\$5.71	\$4.86

Hourly Rate Used Section

The **Hourly Rate Used** row expands to display the following:

Calculation Category	Licensed Family	Licensed Family	Licensed Family
County	Milwaukee County (40)	Milwaukee County (40)	Milwaukee County (40)
Agency Rate	\$5.71	\$5.71	\$4.86
 Hourly Rate Used	\$5.71	\$5.71	\$4.86

Calculation Category: The provider category used to calculate the benefit

- **Public School/School-Age Programs:** The calculation for authorizations for public school and certified school-age programs will show Licensed Group as the value.

County: The county or tribe whose rates are being used for calculating the benefits. This will be the location of the child care provider for all Wisconsin providers. For out-of-state providers, the *County* will be the AG's county or tribe of residence.

Out of State Accredited: 'Yes' will display if the authorization is for a provider located outside Wisconsin and the provider is accredited by a qualified accreditation agency. If the program is accredited, the *Agency Rate* and *Agency Ceiling* is increased by 10%.

Note: The *Out of State Accredited* row does not display if the provider is not an out-of-state provider. This is to simplify the calculation display.

Agency Rate: The hourly maximum rate used to calculate the benefit. It is determined by the *County* or tribe, the provider's *Calculation Category*, and the child's age as of the first of the month of the last application, regardless of whether the child's birthday is before or after the application date. For renewal, CSAW will use the child's age as of the first of the renewal month, regardless of whether the renewal is completed early or late, for the remainder of the eligibility period. The rates are published in the [Wisconsin Shares Maximum Rates Chart](#).

Hourly Rate Used: The hourly rate used to calculate the benefit. This is usually the *Agency Rate* (also known as the "hourly maximum rate"). To learn about how override prices affect the *Hourly Rate Used*, see the *Override Prices* section of this guide.

Capped Subsidy Section

The **Capped Subsidy** row expands to display the following:

Initial Hourly Amount	\$376.86	\$810.82	\$374.22
Provider Price	\$1,087.04	\$980.51	\$456.56
Agency Ceiling	\$868.98	\$868.98	\$739.62
 Capped Subsidy	\$376.86	\$810.82	\$374.22

Initial Hourly Amount: The number of hours in the *Regular Subsidy Hours* field above multiplied by the value in the *Hourly Rate Used*. The calculation for the example above (Genesis Test, far left column):
 $\$5.71 \times 66 = \376.86 .

Provider Price: The monthly provider price. To learn about how override prices affect the *Provider Price*, see the *Override Prices* section of this guide.

- For full time authorizations, the amount is calculated by multiplying the provider’s full time weekly price by 4.348125. In the example above (Genesis, middle column), the provider’s weekly price for the child is \$225.50 per week: $\$225.50 \times 4.348125 = \980.51 .
- For part time authorizations, the provider’s part-time weekly price is multiplied by 4.348125. In the example above (Jasmine, far right column), the provider’s weekly part-time price for the child is \$105.00 per week: $\$105.00 \times 4.348125 = \456.56 .
 - If there are *School Closed* hours, those hours are multiplied by the agency hourly rate; this amount is then added to the provider’s part-time monthly price.

Note: If the sum of *School Closed* hours multiplied by the agency rate and added to the provider’s part time price is higher than the provider’s full-time price, the provider’s full-time price will be used.

- For certified providers, this amount may display as \$0.00. Certified providers are not required to submit prices. The maximum hourly rate for regularly certified providers and provisionally certified providers is set at 90% of the licensed family hourly rate. **Maximum hourly rates for certified providers are published in the [Wisconsin Shares Maximum Rates Chart](#).**

Agency Ceiling: The monthly maximum rate determined by the *County* or tribe, the provider’s *Calculation Category*, and the child’s age as of the first of the month as of the last application month or renewal month. Maximum Rates are published in the [Wisconsin Shares Maximum Rates Chart](#). Monthly ceilings are not set for certified providers; however, CSAW will consider the licensed family monthly ceiling and compare this amount to the **Initial Amount**; the **Capped Subsidy** cannot exceed the licensed family monthly ceiling.

Capped Subsidy: This field shows the lowest of the *Initial Amount*, *Provider Price*, and *Agency Ceiling*. **This is also referred to as the three-way comparison. The *Capped Subsidy* is the preliminary subsidy amount before any copayment is deducted.**

Hourly Copay Section

The **Hourly Copay** row expands to display the following:

Copay Type	Non Court Ordered Kinship Regular	
Hours For Copay	152	153
Minimal Copay Type Amount	(\$22.80)	\$0.00
Share of Family Copay	N/A	(\$185.44) (100%)
Hourly Copay	(\$22.80)	(\$185.44)

Copay Type: The value chosen on the *Child Copay/Special Needs* page is displayed for each child.

Hours For Copay: The number of hours used to distribute the *Total Regular Family Copay* to the child. This number does not display the capped copay hours used in the AG-level *Total Hours for Copay*. The *Total Hours for Copay* is capped at 152 per child. The *Hours For Copay* displays the **Regular Subsidy Hours** for the child in order to determine the correct percentage of copay to distribute to the child at

that location. This field may display more than 152 hours, even though the child’s number of hours used for the *Total Hours for Copay* is capped at 152 hours (even if the child is authorized to multiple providers).

- The *Hours For Copay* will always be the sum of the *Capped Subsidy* divided by the *Hourly Rate Used*, rounded down the nearest whole hour. *Hours For Copay* may be less than *Regular Subsidy Hours*. This happens most frequently when the provider’s price is low, or the parent is receiving a discount.

Minimal Copay Type Amount: The copay for children with a Minimal Copayment Type. The *Hours For Copay* for children with a Minimal Copayment Type do not count towards the *Total Hours for Copay* at the case level. The Minimal Copay Type Amount is the sum of the child’s individual *Hours For Copay* multiplied by the copay per hour at 65% FPL for one (1) child. For more information about Copayment Types, see the Wisconsin Shares Child Care Policy and Process Handbook, Section [2.5.2](#).

Note: The *Minimal Copay Type Amount* row does not display if there are no children with Minimal Copayment Types on the case. This is to simplify the calculation display.

Share of Family Copay: This field displays both the dollar amount and the percentage of the *Total Regular Family Copayment* assigned to the child for that authorized location. The percentage is determined by dividing the *Hours For Copay* for that child and location by the sum of the *Hours For Copay* of all children with a Regular copay type. **If the child has a \$0 copay, this field will display N/A.**

Hourly Copay: The final dollar amount of copayment that is deducted from the subsidy for that child and location.

Net Full Time Amount

The **Net Full Time Amount** displays the final subsidy amount before any *Hours Above Full Time* are added.

↗	Hourly Copay	(\$12.20)	(\$26.24)	(\$14.23)
	Net Full Time Amount	\$364.66	\$784.58	\$359.99
↗	Above Full Time Subsidy	\$0.00	\$0.00	\$0.00

Above Full Time Subsidy Section

The **Above Full Time Subsidy** row expands to display the following:

	Agency Rate	\$6.29	\$5.46
	Hours Above Full Time	0	98
↗	Above Full Time Subsidy	\$0.00	\$535.08

Agency Rate: The hourly maximum rate used to calculate the benefit. It is determined by the *County* or *tribe*, the provider’s *Calculation Category*, and the child’s age as of the first of the month of the last application, regardless of whether the child’s birthday is before or after the application date. For renewal, CSAW will use the child’s age as of the first of the renewal month, regardless of whether the

renewal is completed early or late, for the remainder of the eligibility period. The rates are published in the [Wisconsin Shares Maximum Rates Chart](#). **Above Full Time Subsidy will always use the Agency Rate, even if a discount or other Override Hourly price was entered.**

Hours Above Full Time: The monthly amount of any hours above 50 hours per week up to 75 hours per week (218 – 327 hours per month).

Above Full Time Subsidy: The sum of the *Agency Rate* multiplied by the *Hours Above Full Time*. This amount is added to the final subsidy after the copayment has been deducted.

Subtotal

The **Subtotal** row displays the sum of the *Net Full Time Amount* added to any *Above Full Time Subsidy*. If the child does not have any *Above Full Time Subsidy*, this field will be the same as the *Net Full Time Amount* field.

↗	Capped Subsidy	\$376.86	\$810.82	\$374.22
↗	Hourly Copay	(\$12.20)	(\$26.24)	(\$14.23)
	Net Full Time Amount	\$364.66	\$784.58	\$359.99
↗	Above Full Time Subsidy	\$0.00	\$0.00	\$0.00
↗	Subtotal	\$364.66	\$784.58	\$359.99

YoungStar Adjustment Section

The **YoungStar Adjustment** row expands to display the following:

	Provider Amount	\$0.00	\$0.00	\$0.00
	YoungStar Level	2 Stars	2 Stars	2 Stars
↗	YoungStar Adjustment	(\$3.64)	(\$7.84)	(\$3.59)

Provider Amount: The amount that will be paid directly to 4 and 5 Star providers. For other star ratings, this value will be \$0.

- 5 Star: 30% of the Subtotal
- 4 Star: 15% of the Subtotal

YoungStar Level: The child care provider's YoungStar level for the benefit month.

YoungStar Adjustment: The YoungStar Adjustment reduced from the subsidy for 2 Star providers

- 3 Star: No adjustment
- 2 Star: -1% of the Subtotal
- Not Rated: -1% of the Subtotal. (If the provider is not yet rated by YoungStar, the system uses the 2 Star rating until the provider is rated.)

Total Subsidy Amount

The **Total Subsidy Amount** row displays the final subsidy that will be loaded onto the EBT card.

↗	Subtotal	\$364.66	\$784.58	\$359.99
	Provider Amount	\$0.00	\$0.00	\$0.00
↗	YoungStar Adjustment	(\$3.64)	(\$7.84)	(\$3.59)
	Total Subsidy Amount	\$361.02	\$776.74	\$356.40

Net Subsidy Change Section

Subsidy changes can happen as the result of a retro-authorization or a Post Load Benefit Correction (PLBC) adjustment. The **Net Subsidy Change** row expands to display the following:

	Previous Applied Amount	\$0.00	\$0.00	\$0.00
	Subsidy Change	\$361.02	\$776.74	\$356.40
	Offset Amount	\$0.00	\$0.00	\$0.00
	Subsidy Applied Mode	Apply to family	Apply to family	Apply to family
↗	Net Subsidy Change	\$361.02	\$776.74	\$356.40

Previous Applied Amount: If a **PLBC or retro-authorization is completed**, the previously applied amount is displayed.

Subsidy Change: If a change has **been processed**, the difference between the *Previously Applied Amount* and the new amount is displayed. If this is the initial calculation, the row simply displays the *Total Subsidy Amount* again.

Subsidy Applied Mode values are:

- Apply to both
- Apply to family
- Apply to provider
- Do not apply (change is minimal)
- Do not apply (worker)
- Do not apply (unchanged child)
- Do not apply (negative benefit for added need)

Net Subsidy Change: Positive or negative amount resulting from the subsidy change.

Partial-Month Authorizations

If an authorization does not cover an entire benefit month, the *Monthly Authorized Hours* and the *Full Time Hours* are affected.

Monthly Authorized Hours

If the authorization does not cover the entire month, the weekly hours are converted to monthly hours using the following formula:

$$\text{Weekly Hours} \times 4.348125 \times \text{Percentage of Days Authorized}$$

The Percentage of Days Authorized is the number of days the authorization covers divided by the total number of days in the month.

Example: Jennifer has a partial-month authorization for May (5/24-5/31). Her Average Weekly Authorized Hours are 46:15.

Jennifer Riley	02/12/2012	05/24/2020 - 06/13/2020	46:15	2800039412-001 Anna's Kid Care, 4-Star, Dually Reg 111 New Address, Annapolis, WI 12345-6789	Completed	School Hours	Child Schedule	  
----------------	------------	-------------------------	-------	--	-----------	------------------------------	--------------------------------	---

If Jennifer's authorization was for an entire month, her Monthly Authorized Hours would be 202 (46:15 x 4.348125), but Jennifer's authorization only covers part of May. The Confirmed Benefits screen shows 52 Monthly Authorized Hours:

May 2020								
Jennifer Riley	Anna's Kid Care, 4-Star, Dually Reg 111 New Address, Annapolis, WI	2800039412-001	52	0	\$155.20	\$46.56	Details	
Julie Riley	Randy's Group Care 205 Corporate Dr, Madison, WI	3800036563-001	207	0	\$1,051.78	\$315.54	Details	

Jennifer's Monthly Authorized Hours for May are calculated as follows:

$$4.348125 \times [8 \text{ (number of authorized days in May)} / 31 \text{ (number of days in May)}] = 1.122$$

$$46:15 \text{ (Average Weekly Authorized Hours)} \times 1.122 = 51.89$$

51.89 is rounded up to 52 monthly hours

Full Time Hours

Full Time Hours are capped at 153 hours for an entire month. For partial-month authorizations, the full-time cap is reduced.

For Jennifer's May authorization, the subsidy calculation uses a reduced full-time cap of 35 weekly hours, which caps her Regular Subsidy Hours at 40. The Subsidy Calculation Details shows the following:

Case Subsidy Calculation Details		
Child's Name	Julie Riley	Jennifer Riley
Date of Birth	02/12/19	02/12/12
Provider-Location	3800036563-001	2800039412-001
Status	Confirmed by system Confirmed by system	
Authorized Hours	207	52
Regular Subsidy Hours	153	40
Provider Price Type	Full-time	Full-time
Hourly Rate Used	\$7.89	\$4.86
Capped Subsidy	\$1,200.74	\$194.40
Hourly Copay	(\$148.96)	(\$39.20)
Net Full Time Amount	\$1,051.78	\$155.20
Above Full Time Subsidy	\$0.00	\$0.00
Subtotal	\$1,051.78	\$155.20
Provider Amount	\$315.54	\$46.56
YoungStar Adjustment	\$0.00	\$0.00
Total Subsidy Amount	\$1,051.78	\$155.20
Net Subsidy Change	\$1,051.78	\$155.20

The capped full-time hours used to calculate Jennifer’s subsidy amount is calculated as follows:
 $4.348125 \times [8 \text{ (number of authorized days in May)} / 31 \text{ (number of days in May)}] = 1.122$
 35 weekly hours (full-time cap) x 1.122 = 39.27
 39.27 is rounded up to 40 monthly hours

Override Prices

Weekly

When a weekly override price is entered, the system multiplies the weekly override price by 4.348125 to determine the monthly Provider Price.

Provider Price Type * Override (Discount) ▼

Override Price 100.00

Weekly Hourly

However, if the discount Provider Price is still higher than the Initial Amount or Agency Ceiling, the lowest of three-way comparison will still be selected.

Authorized Hours	87	
Regular Subsidy Hours	87	
Provider Price Type	Override (discount)	Initial Hourly Amount: \$4.86 x 87 hours = \$422.82
Hourly Rate Used	\$4.86	
Initial Hourly Amount	\$422.82	
Provider Price	\$434.82	Provider Price: \$100/week x 4.348125 = \$434.82
Agency Ceiling	\$739.62	
Capped Subsidy	\$422.82	Capped Subsidy: Lowest of 3-way comparison is Initial Hourly Amount

Hourly

When an hourly override price is entered, the *Hourly Rate Used* displays the override price entered, and the *Initial Hourly Amount* displays the *Hourly Rate Used* multiplied by the *Regular Subsidy Hours*. For an *Override (Discount)*, the *Provider Price* and *Agency Ceiling* are considered in three-way comparison. However, when an *Override (Special Needs)* rate is entered, the *Provider Price* and *Agency Ceiling* display \$0.00. This allows CSAW to only consider the higher rate needed for the child with special needs.

	Authorized Hours 229	240
Regular Subsidy Hours	153	153
Provider Price Type	Override (discount)	Override (special need)
Hourly Rate Used	\$4.00	\$10.00
Initial Hourly Amount	\$612.00	\$1,530.00
Provider Price	\$1,021.81	\$0.00
Agency Ceiling	\$957.24	\$0.00
Capped Subsidy	\$612.00	\$1,530.00

Displays Provider Price and Agency Ceiling for Override (discount)

Does not display Provider Price or Agency Ceiling for Override (special need)

The following example shows how the system calculates the benefit amount for an authorization with an *Override (special need)* hourly price that is over 50 hours.

Weekly Hours		Hours Used for Benefit Calculation	
	Week		Week
Hours Based on Schedule	70:00	Full Time	35:00
Travel Time	02:30	Above Full Time (50)	22:30
Total	72:30	Average Weekly Hours (Full Time): 35:00	
Approved	<input type="text" value="72:30"/>	Average Weekly Hours (Above Full Time): 22:30	
Prior Authorization Total	18:00	<input type="button" value="Copy From Prior Authorization"/>	

Average Weekly Authorized Hours: 72:30

Override Hours Related Comments

0 of 500 characters.

Location Category: Licensed Family

Provider Price Type *:

Override Price:

Weekly Hourly

The system uses the *Override (Special Needs)* price of \$10 per hour up to 35 hours, and then uses the *Agency Rate* of \$5.46 per hour for hours above 50, up to 75. In this example, the *Agency Rate* would be used for the 22:30 weekly hours above full time.

Authorized Hours	316	
Full Time Hours	153	
Inclement Weather	0	
Regular School Closed	0	
Regular Subsidy Hours	153	
Provider Price Type	Override (special need)	
Calculation Category	Licensed Group	
County	Milwaukee County (40)	
Agency Rate	\$5.46	
Hourly Rate Used	\$10.00	
Initial Hourly Amount	\$1,530.00	153 Regular Hours Multiplied by \$10 Override (special need) = \$1,530
Provider Price	\$0.00	
Agency Ceiling	\$0.00	
Capped Subsidy	\$1,530.00	
Copay Type	Regular	
Hours For Copay	153	
Share of Family Copay	(\$185.44) (100%)	
Hourly Copay	(\$185.44)	98 Hours Above Full Time Multiplied by Agency Rate of \$5.46 = \$535.08
Net Full Time Amount	\$1,344.56	
Agency Rate	\$5.46	
Hours Above Full Time	98	
Above Full Time Subsidy	\$535.08	\$1,530 - \$185.44 (copay) = \$1,344.56. \$1,344.56 + \$535.08 = \$1,879.64
Subtotal	\$1,879.64	

Note: When an override price is entered, the *Hours for Copay* may decrease. For more information about the *Hours for Copay*, see the *Child Level Calculation Details – Hourly Copay* section of this document.

Case Benefit Quarterly Summary

After the benefits have been calculated, the *Case Benefit Quarterly Summary* displays the calculated benefits by month within the current quarter. Past and future benefits can be viewed by either changing the Month/Year or by using the *Previous* or *Next* links.

Case Benefit Quarterly Summary					
Case Details					
Case Number	1150989211	Admin Agency	Milwaukee County (40)		
Primary Person	Monique Test	RFA Date	07/01/2018		
Address	1220 W Vliet St Milwaukee, WI 53205-2117 Milwaukee County	Review Date	06/30/2019		
		CC AG Status	Open		
<< Previous		4th Quarter 2018		Next >>	
		October 2018			
 Click the Excel icon above to download the data in Excel format.					
October 2018					
					Recalculate
Child's Name	Provider Details	Provider Location Number	Authorized Hours	Benefit	
Genesis Test	Watts Valley Day Care 2702 Monroe St, Milwaukee, WI	4800039704-001	122	\$773.45	
Genesis Test	Sandy's Child Care 123 Happy Dr, Stoughton, WI	7800039417-001	35	\$177.20	
Jasmine Test	Watts Valley Day Care 2702 Monroe St, Milwaukee, WI	4800039704-001	122	\$592.28	
November 2018					
					Recalculate
Child's Name	Provider Details	Provider Location Number	Authorized Hours	Benefit	
Genesis Test	Watts Valley Day Care 2702 Monroe St, Milwaukee, WI	4800039704-001	122	\$773.43	
Genesis Test	Sandy's Child Care 123 Happy Dr, Stoughton, WI	7800039417-001	35	\$177.20	
Jasmine Test	Watts Valley Day Care 2702 Monroe St, Milwaukee, WI	4800039704-001	132	\$640.81	

The *Recalculate* button is available for workers to update the benefit calculation when changes are entered into CWW after adverse action, or if authorizations have been changed for that month. The *Recalculate* button allows workers to see what the next month's benefit will be after the changes have been entered into CWW and confirmed, or the authorizations have been changed for that month. Clicking the *Recalculate* button will also trigger the updated Parent Notices sooner.

If workers choose not to use the *Recalculate* button, EBT CSAW will make the calculation automatically and send an updated parent notice on the last business day of the month.

Where to Go For Help

Questions regarding policy in Wisconsin Shares Child Care Policy and Process Handbook Chapters 1 and 2 can be directed to the Child Care Subsidy and Technical Assistance Line at childcare@wisconsin.gov or 608-422-7200.

Questions regarding policy in Wisconsin Shares Child Care Policy and Process Handbook Chapters 3 and 4 can be directed to DCF BPI TA Request Line at DCFBPITArequest@wisconsin.gov.

Questions regarding the parent portal, provider portal, or CSAW can be directed to the Child Care Subsidy and Technical Assistance Line at childcare@wisconsin.gov or 608-422-7200.

Questions regarding security should be directed via your security liaison to the DCF Security Help Desk at: DCFSecurityDesk@wisconsin.gov.

Wisconsin Shares Child Care Policy and Process Handbook can be viewed online at: <https://dcf.wisconsin.gov/manuals/wishares-cc-manual/>.

For questions regarding other DHS/DCF systems, please see <https://dcf.wisconsin.gov/files/publications/pdf/5267.pdf> for contact information.