

Clerk Training Webinar

May 31, 2018
2:00 – 4:00 CST



NE WIC 5.31.18

AGENDA

May 31, 2018
2:00 – 4:00 CST



- Adjunct Eligibility
- Income Assessment - Overtime and bonuses
- Presumptive eligibility
- Certification guide

NE WIC 5.31.18



Adjunct Eligibility

MAY 31ST WEBINAR

NE WIC 5.31.18

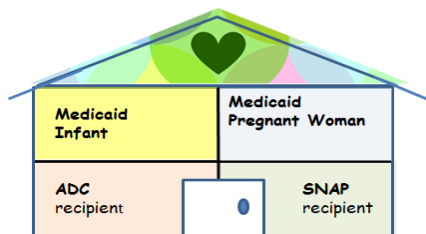
USDA requirement to assess adjunct eligibility

4 adjunct eligibility programs

MEDICAID, SNAP, ADC, 599 CHIP

WIC applicants verified as participating in:
Medicaid, SNAP, or ADC, are income eligible for WIC

ALL household members are income eligible for WIC if the household includes...



The presence of 1 of the above people in the household, makes ALL members of the household adjunct income eligible for WIC.

Only the CHILD is income eligible for WIC if child is receiving ...



- Medicaid
- Is a Foster Child under age 5

Conferring Adjunct Income Eligibility

Newborn infants waiting on Medicaid Cards

Babies applying for WIC within the first 60 days after birth, who do not have a Medicaid Card yet, and did not bring proof of income:



If you can verify
mom's Medicaid



Then infant is adjunct income eligible
until 1st Birthday

599 Chip – pregnant woman

DEFINE...

Adjunct Income Eligibility – 599 CHIP

WIC applicants verified as participating in 599 Chip are automatically income eligible for WIC.

A Pregnant Woman
(receiving 599 CHIP) for
unborn baby



.....is adjunct income
eligible for WIC (during her
pregnancy)

599 CHIP:

- is **not** Medicaid
- is **only** for pregnant teens and women.
- **does not confer** adjunct income eligibility to anyone else in the family while she is pregnant like Medicaid does.
- **ends** for mom at delivery

599 Chip - babies

DEFINE

Adjunct Income Eligibility

WIC applicants verified as participating in 599 Chip may be automatically income eligible for WIC.

[The 599 Chip baby](#) becomes adjunct income eligible for WIC, if the baby is enrolled in WIC [during the month they were born](#).



Ex: Infant born March 1st would have until March 31st to enroll as adjunct income eligible under 599 CHIP.

An Infant born on March 25th would only have 6 days (until the end of the month) to enroll as adjunct income eligible under 599 CHIP.

HOWEVER,

If you are seeing a 599 CHIP Infant for WIC **AFTER the month they were born** They are NOT adjunct income eligible under 599 CHIP



These babies must have their own Medicaid to be adjunct income eligible or you must see proof of income

Ways to assess adjunct eligibility

If documents are
older than 30 days:



Call NMES Phone Line – to try to verify active enrollment for Medicaid, 599 CHIP

Check Medicaid Online Verification to verify enrollment in Medicaid, 599 CHIP

Try reprinting Notice of Action Form for ADC & SNAP and recheck if eligible or not

Medicaid Web Verification

[https://cicsppr1.ecs.nebraska.gov
v:3113/RFS6](https://cicsppr1.ecs.nebraska.gov:3113/RFS6)

NMES Line

- 1-800-642-6092
- 402-471-9580

SNAP Website and Phone Number

- www.ucard.chase.com
- Phone Number: 877-247-6328

ReliaCard Website and Phone Number

- www.reliacard.com
- Phone Number: 866-276-5114

NMES LINE

Nebraska Medicaid Eligibility Line



- DIAL**
 - 402-471-9580 or
 - 1-800-642-6092
- Listen**
 - Welcome to Health and Human Services line
 - Press 2
- Enter**
 - Provider number: 7000000600#
- Press**
 - 1 – to enter Medicaid Number or
 - 2 – to enter SS Number
- Enter**
 - Medicaid number followed by # or
 - SS number followed by #
- Enter**
 - Today's date, followed by # sign (e.g. 012013#)
- Listen**
 - It will tell you who you are calling for
- Press**
 - 1 – if the name is correct
- Listen**
 - To see if they are eligible for that month

MEDICAID ONLINE VERIFICATION - STEPS

Medicaid Web Link: <https://cicsppr1.ecs.nebraska.gov:3113/RFS6>

RFS6
PROD

NEBRASKA MEDICAID ELIGIBILITY SYSTEM

A TYPICAL PROVIDER NUMBER:

RECIPIENT NUMBER:

RECIPIENT'S SN:

ELIGIBILITY DATE (MM/CCYY):

RECIPIENT LASTNAME:

RECIPIENT FIRSTNAME:

RECIPIENT MIDDLE INITIAL:

RECIPIENT DOB (MM/DD/CCYY): / /

RECIPIENT GENDER:

MEDICAID ONLINE VERIFICATION - STEPS

Medicaid Web Link: <https://cicsppr1.ecs.nebraska.gov:3113/RFS6>

The screenshot shows the 'NEBRASKA MEDICAID ELIGIBILITY SYSTEM' login page. The form includes fields for:

- RECIPENT NUMBER (highlighted with a green box and arrow pointing to the instruction: 'Enter the client's Medicaid Number, Name or Social Security Number')
- RECIPENT SSN (highlighted with a green box)
- ELIGIBILITY DATE (MM/CCYY) (highlighted with a blue box and arrow pointing to the instruction: 'Enter current month as mmyyyy')
- RECIPENT LAST NAME, FIRST NAME, and MIDDLE INITIAL (highlighted with a green box)
- RECIPENT DOB (MM/DD/CCYY) and RECIPENT GENDER (highlighted with a green box and arrow pointing to the instruction: 'Enter WIC's Provider Number in the "Atypical Provider Number" field')
- ATYPICAL PROVIDER NUMBER (highlighted with a green box and arrow pointing to the instruction: 'Enter WIC's Provider Number in the "Atypical Provider Number" field')

MEDICAID ONLINE VERIFICATION - STEPS

The screenshot shows the search results page for the 'NEBRASKA MEDICAID ELIGIBILITY SYSTEM'. The page displays the following information:

- System Name: NEBRASKA MEDICAID ELIGIBILITY SYSTEM
- Time: 9:51 AM, Date: 11/28/2014
- ELIGIBILITY DATE: 11/2014
- RECIPENT NUMBER: 00000000000000000000000000000000
- RECIPENT NAME: 00000000000000000000000000000000
- RECIPENT SSN: 00000000000000000000000000000000
- DOB: 11-09-1968, GENDER: M, COPAY STATUS: 00
- AGENCY: ACCESS NEBRASKA
- MCMED SURG: 00
- PCP: 00
- PCP ADDR: 00
- MCMED SA: Magneta Behavioral, 804-04-010
- MEDICARE: MA MB MD, HCC: 00, PLAN: 00
- PART D CONTR: 00
- RESTRICT: 00
- PRIVATE COVERAGE: 00
- PSYHELPER: 00
- COB: 00 OF 00
- PROTR ADDR: 00000000000000000000000000000000

 At the bottom of the page are buttons for HELP, SEARCH, PRT SCR, BKWD, and FRWD.

MEDICAID ONLINE VERIFICATION - STEPS

We are looking for a 1, 4, 5 or 6 in the status box on the Medicaid Eligibility System screen to indicate the client is eligible for Medicaid for the current month.

State of Nebraska
NEBRASKA MEDICAID ELIGIBILITY SYSTEM

RF27
PROD

ELIGIBILITY DATE: 12:02PM 10/25/2016 10/2016

RECIPIENT NUMB: NPI: "ATYPICAL PROVIDER NUMB." 70000000600
 STATUS: 1 ELIG BEG: 10/01/2016 ELIG END: 10/31/2016

RECIPIENT NAME:
 RECIPIENT SSN: DOB: 11/02/2011 GENDER: M COPAY STATUS: 0

AGENCY: ACCESS NEBRASKA PHONE: 1-888-632-7633

2.4559

BEG:
 END:

COB: OF

ASSIST Web Help
 ASSIST/TS Web Help

1 = Medicaid Eligible
 2 = Not Eligible
 3 = Business number has changed - Season Close Code 370
 4 = Presumptive
 5 = Medicaid Eligible for part of the month requested
 6 = Coverage is limited to prenatal and pregnancy-related services connected to the health of the unborn child
 7 = Business eligibility pending

MEDICAID ONLINE VERIFICATION - STEPS

WHEN: The "STATUS" is 5, check the ELIG BEG and ELIG END dates to see what days of the month the client is eligible. (See the example below)

State of Nebraska
NEBRASKA MEDICAID ELIGIBILITY SYSTEM

RF27
PROD

ELIGIBILITY DATE: 12:02PM 10/25/2016 10/2016

RECIPIENT NUMB: NPI: "ATYPICAL PROVIDER NUMB." 70000000600
 STATUS: 5 ELIG BEG: 10/01/2016 ELIG END: 10/31/2016

RECIPIENT NAME:
 RECIPIENT SSN: DOB: 11/02/2011 GENDER: M COPAY STATUS: 0

AGENCY: ACCESS NEBRASKA PHONE: 1-888-632-7633

WHEN: The "STATUS" is 6 this designates a 599 CHIP mom or baby.

WHEN: The "STATUS" is 2 or 7 the client is NOT Medicaid eligible for the month checked. They would not be adjunct income eligible for WIC because of Medicaid.

If adjunct eligibility can be verified then client is marked as adjunct eligible in Journey and a verbal income declaration amount is documented.

Simply ask client how much money is coming into the household and enter the amount in Journey.

In contrast,

Those who are not adjunct eligible will have to undergo a full income assessment by showing proof of all income for all household members in the past 30 days.

The income path questions are asked to ensure all income is considered when not adjunct income eligible

For example, this includes:


- Situations where you could not verify current participation in one of the Adjunct Eligibility programs
- Clients who have applied and are listed as pending
- Clients who forget to bring documentation of Adjunct Eligibility and you do not have enough information to verify

Income Path

INCOME ASSESSMENT QUESTIONS

Explaining WIC Income Assessment to Clients:


"In order to qualify for WIC, you must meet WIC income guidelines. USDA requires that we see documentation for ALL sources of income or proof of Medicaid, Kiosk Connection, SNAP or ADC. This is needed for all people living in your household who receive income."



- Are **you** working for someone or are **you** self-employed?
 - **if working for someone:** How often do you work? Review pay stubs for **gross** income
 - **if self-employed:** farmer, rancher, babysitter, Avon, Tupperware, Tastefully Simple, Home De'cor, Pampered Chef, Candies, Paper route or other similar job
 - o if self-employed, review tax forms or bookkeeping records for **net income**.
If unsteady or sporadic, average several months
- Does anyone **living with you** work for someone or are **they** self-employed? (clarify using same bullets above)
- Do you or anyone living with you receive money from any of the following:
 - Social Security or disability / including military disability
 - Pensions or retirement check
 - Unemployment check
 - Workers compensation check
 - Child Support or Alimony Support
 - Inheritance - last 30 days
 - Lottery winnings over \$1000 - last 30 days

} if yes, ask how often and to see documentation
- Do you or anyone living with you:
 - Receive **money or financial support** from parents, relatives, friends, or any other source on a regular basis
 - **Use withdrawals** from savings or trust accounts to live. Routine substantial withdrawals from a saving's account should be counted as income. Call the State if you are unsure
- Do you or anyone living with you:
 - Receive **money** from **any other source** we have not already discussed?
if **yes**, refer to procedure manual to determine if it counts as income

If no to all of the above questions, use the Circle Chart



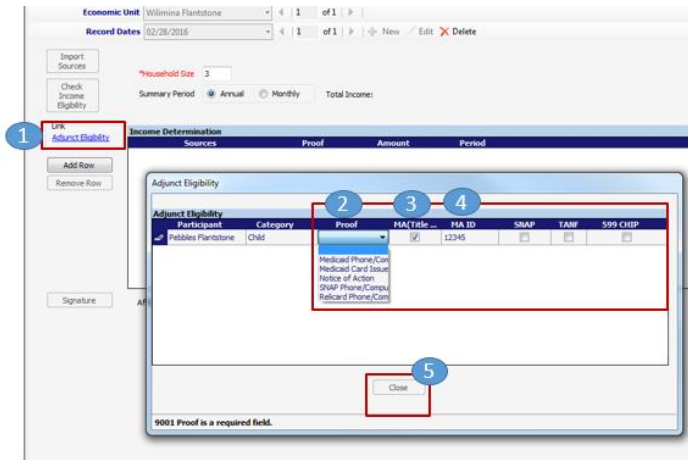
Is zero income logical??

- Lost job (last 30 days)
- Just moved here
- Living arrangements just changed
- Living on student loans
- Between jobs
- Started new job, but have not been paid yet
- On Family Medical Leave without pay

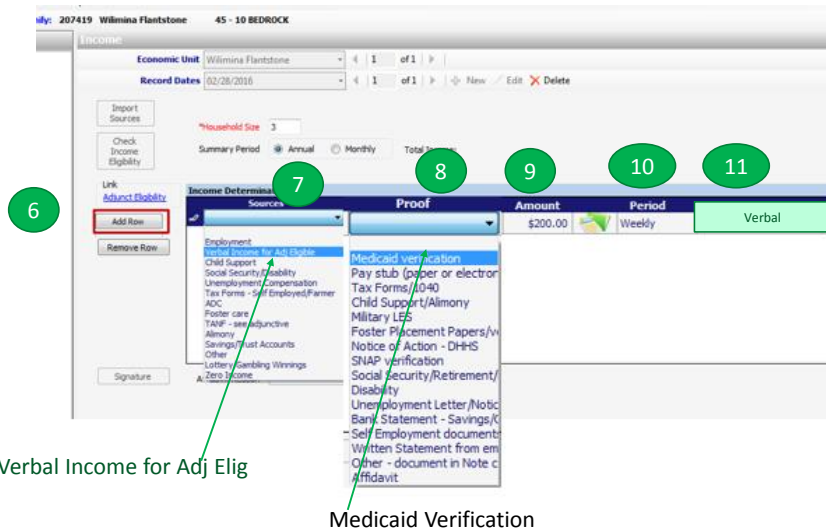
168 WIC 4.2018

How to document adjunct eligibility in Journey

To document Adjunct Income Eligibility in Journey:




To document Adjunct Income Eligibility in Journey - continued:



Verbal Income for Adj Elig

Medicaid Verification

Correctly Documented: Adjunct Panel

Adjunct Eligibility							
Participant	Category	Proof	MA(Title ...	MA ID	SNAP	TANF	599 CHIP
Ginger Giraffe	Breastfeeding	Medicaid Phone/...	<input checked="" type="checkbox"/>	0338948	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Minnie Giraffe	Child	Medicaid Phone/...	<input checked="" type="checkbox"/>	0338949	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
 Long Legs Giraffe	Infant	Medicaid Card I...	<input checked="" type="checkbox"/>	0338950	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Correctly Documented: Income Panel

Income Determination						
Sources	Proof	Amount	Period	Note		
 Verbal Income for Adj Eligible	Medicaid verification	\$1,756.00	 Monthly	verbal		



Common errors in documenting

Family #1:

Family Member	Cert. Date	Cert End	Income Assessed
Child	6/20/2017	1/1/2018 (5yrs)	6/20/2017 12/29/2017
Infant	8/31/2017	8/31/2018	3/8/2018

Can you find the error?



Adjunct Eligibility							
Participant	Category	Proof	MA(Title ...)	MA ID	SNAP	TANF	599 CHIP
▶	Child	Medicaid Card I...	<input checked="" type="checkbox"/>	0526847101	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Infant		<input type="checkbox"/>	03800932603	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Family #2:

Family Member	Cert. Date	Cert End	Income Assessed
Breastfeeding Mom	1/11/2018	1/31/2019	1/11/2018
Child	1/1/2018	6/30/2018	12/11/2017
Infant	1/11/2018	1/31/2019	1/11/2018

Can you find the error?



Adjunct Eligibility							
Participant	Category	Proof	MA(Title ...)	MA ID	SNAP	TANF	599 CHIP
▶	Breastfeeding	Medicaid Phone/...	<input checked="" type="checkbox"/>	62143786907	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Child		<input type="checkbox"/>	62143786907	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Infant		<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Family #3:

Can you find the error?



Income Determination			
Sources	Proof	Amount	Period
Verbal Income for Adj Eligible	Medicaid verification	\$1,800.00	Monthly

Household Size:	7	Eligibility Income Guideline:	\$5,726.00
Calculation Period:	Monthly	Calculated Income:	\$1,800.00

Adjunct Eligibility							
Participant	Category	Proof	MA(Title ...)	MA ID	SNAP	TANF	599 CHIP
▶	Not Breastfeeding		<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Child		<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Child		<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Child		<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Child		<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Child		<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Family #4:

Can you find the error?



Family Member	Cert. Date		Income Assessed
Not Breastfeeding Mom	2/27/2018		2/27/2018
Child	2/27/2018		2/27/2018
Infant	2/27/2018		2/27/2018

Adjunct Eligibility							
Participant	Category	Proof	MA(Title ...)	MA ID	SNAP	TANF	599 CHIP
▶	Not Breastfeeding		<input type="checkbox"/>	08900433805	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Child		<input type="checkbox"/>	99	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Infant		<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Family #5:

Can you find
the error?

Adjunct Eligibility						
Participant	Category	Proof	MA(Title ...	MA ID	SNAP	
	Not Breastfeeding		<input type="checkbox"/>		<input type="checkbox"/>	
	Child	Medicaid Card Issued Within 30 days	<input checked="" type="checkbox"/>	99	<input checked="" type="checkbox"/>	
	Child		<input type="checkbox"/>	99	<input type="checkbox"/>	

Child A: Participated in WIC since he was a baby in July 2016

Proof every certification has been the same

Family #5:

Can you find
the error?

Household Size:	4	Eligibility Income Guideline:	\$3,793.00			
Calculation Period:	Monthly	Calculated Income:	\$2,509.17			
Income Determination						
Sources	Proof	Amount	Period			
Employment	Pay stub (paper or elec...	\$2,509.17	Monthly	2546.25/2472.09 Avg		

Family is Adjunct Eligible and staff used pay stubs as proof.



QUESTIONS





Clerk Training Webinar

May 31, 2018
2:00 – 4:00 CST

OVERTIME
& BONUSSES



NE WIC
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Overtime & Bonuses

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Bonus: One Time Payment

Is only counted in the month it is received



Bonus: One Time Payment



Examples:

- Holiday/End of year
- Reenlistment
- Hiring






Bonus:

Step 1 -- Enter amount earned from working

Income Determination					
Sources	Proof	Amount	Period	Note	
 Employment	Pay stub (paper or elec...	\$800.00	 Weekly	\$800 x 4	

Step 2 -- Add a Row and Enter bonus as Annual Payment






Income Determination					
Sources	Proof	Amount	Period	Note	
 Employment	Pay stub (paper or elec...	\$800.00	 Weekly	\$800 x 4	
Employment	Pay stub (paper or elec...	\$1,000.00	 Annual	Bonus	

Hiring or Reenlistment Bonus: Paid One Time

Step 1 -- Enter amount earned from working

Income Determination					
Sources	Proof	Amount	Period	Note	
 Employment	Pay stub (paper or elec...	\$1,500.00	 Bi-weekly	\$1,500 x 2	

Step 2 -- Add a Row and Enter bonus as Annual Payment

Income Determination					
Sources	Proof	Amount	Period	Note	
 Employment	Pay stub (paper or elec...	\$1,500.00	 Bi-weekly	\$1,500 x 2	
Employment	Pay stub (paper or elec...	\$5,000.00	 Annual	Hiring Bonus	

**Uniform Allowances:
Handle the Same as Bonuses**

Step 1 -- Enter amount earned from working

Income Determination					
Sources	Proof	Amount		Period	Note
✍ Employment	Pay stub (paper or elec...	\$800.00	📄	Weekly	\$800 x 4

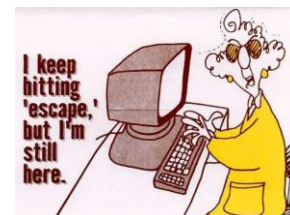
Step 2 -- Add a Row and Enter the Uniform Allowance as Annual Payment

Income Determination					
Sources	Proof	Amount		Period	Note
✍ Employment	Pay stub (paper or elec...	\$800.00	📄	Weekly	\$800 x 4
▶ Employment	Pay stub (paper or elec...	\$2,000.00	📄	Annual	Uniform Allowance

Overtime:

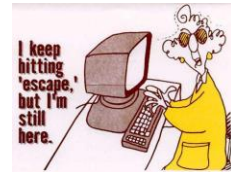
Defined As:

- Hours worked in excess of 8 hrs./day or 40 hrs./week



Overtime: Three Types

- 1) Routine, Regular, Frequent
- 2) Sporadic, Infrequent
- 3) Seasonal



Routine Overtime:

Overtime Pay on a Paystub:

- Every week or on a set (routine) pattern



Infrequent or Sporadic Overtime:

Overtime Pay on a Paystub:

- On only one paystub
- Paystub shows zero OT for time period covered, but there is OT shown for previous pay periods in the YTD area.

Seasonal Overtime:

On only one paystub

- Paystub shows zero for time covered, but there is OT shown for previous pay periods

Overtime: Routine or Frequent ??

Overtime on Paystub

Is it on every paystub?

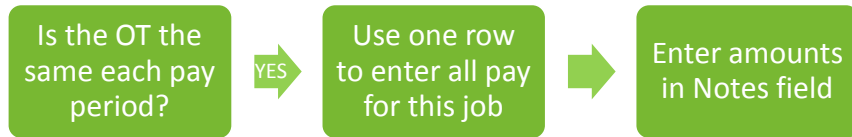
ASK - How often do you get extra hours?


ASK - Is it only for a month or two?

Examples Jobs with Routine Overtime:

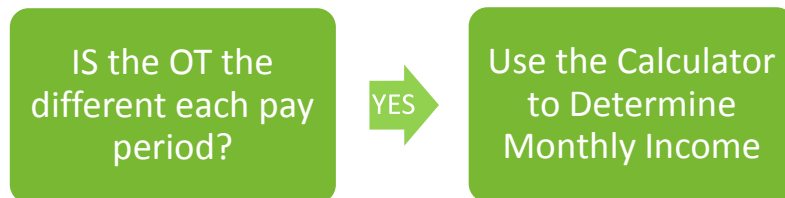
- *Manufacturing*
- *Construction*
- *Packing Plant*

Documenting Routine Overtime:



Income Determination				
Sources	Proof	Amount	Period	Note
▶ Employment	Pay stub (paper or elec...	\$750.41	 Weekly	\$750.41 x 4

Documenting Routine Overtime:



Income Calculator

Weekly Income | **Bi-Weekly Income** | Twice Monthly Income | Monthly Income | Hourly Income

Enter up to four weekly income amounts. Income Calculator will compute the average weekly income. Click the Close button to return to the Income panel.

Amount 1

Amount 2

Amount 3

Amount 4

Average Weekly Income

Documenting Routine Overtime:

Use one row to enter all pay for this job



Enter weekly amounts in Notes Field

Income Determination			
Sources	Proof	Amount	Period
▶ Employment	Pay stub (paper or elec...	\$781.74	W X

Monthly

Overtime: Sporadic or Infrequent ??

Overtime on Paystub

Is it on every paystub?

NO

ASK - How often do you get extra hours?

CHECK – Paystub for OT in Year to Date

Documenting Infrequent Overtime:

Use one row to enter regular pay

Income Determination					
Sources	Proof	Amount	Period	Note	
▶ Employment	Pay stub (paper or elec...	\$1,500.00	 Bi-weekly	\$1.500 x 2	

Documenting Infrequent Overtime:

Enter all regular pay
in that row






Enter paystub
amounts in Notes
Field

Income Determination					
Sources	Proof	Amount	Period	Note	
▶ Employment	Pay stub (paper or elec...	\$1,500.00	 Bi-weekly	\$1.500 x 2	

Documenting Infrequent Overtime:



Income Determination					
Sources	Proof	Amount		Period	Note
Employment	Pay stub (paper or elec...	\$1,500.00		Bi-weekly	\$1,500 x 2
 Employment	Pay stub (paper or elec...	\$267.47		Annual	Overtime

Seasonal Income:



Seasonal Income:

- ***Lasts a limited/short time***
- ***Only for Part of the Year***
- ***Work Many Hours in a Pay Period***
- ***Little or No Income Rest of the Year***

Documenting Seasonal Income:

**Use the income calculator to
combine the amounts**

The screenshot shows a web application titled "Income Calculator" with a tabbed interface. The "Weekly Income" tab is selected. Below the tabs, there is a text instruction: "Enter up to four weekly income amounts. Income Calculator will compute the average weekly income. Click the Close button to return to the Income panel." There are four input fields labeled "Amount 1" through "Amount 4" with the following values: \$1,102.00, \$1,267.00, \$1,004.00, and \$1,206.00. At the bottom, the "Average Weekly Income" is calculated as \$1,144.75.

Amount	Value
Amount 1	\$1,102.00
Amount 2	\$1,267.00
Amount 3	\$1,004.00
Amount 4	\$1,206.00
Average Weekly Income	\$1,144.75

Documenting Seasonal Income:

Use one row to enter pay



Choose ANNUAL for the Period



List amount(s) in Notes Field

Income Determination					
Sources	Proof	Amount	Period		
Employment	Pay stub (paper or elec...	\$4,579.00	Annual		\$1102; \$1267; \$1004; \$1206

Questions ?





Clerk Training Webinar

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PRESUMPTIVE
ELIGIBILITY



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Presumptive Eligibility Form - Pregnant Women

5.31.18 WEBINAR

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What is presumptive eligibility for pregnant women?



An abbreviated process that allows certain medical providers to determine Medicaid Eligibility for pregnant women.

Process for Presumptive Eligibility

Authorized Providers assess:

- ✓ ***Stated Income for family***
 - ✓ ***Wife & Husband if living in home***
 - ✓ ***Teen & Parents (unless teen is emancipated)***
- ✓ ***Citizenship/Eligible Alien Status***

Presumptive Eligibility Form

Given to every woman determined presumptively eligible for Medicaid

Department of Health & Human Services
DHHS **Nebraska Medicaid and Long-Term Care**
Nebraska Presumptive Eligibility Determination Form

SECTION 1: This entire form should be completed by a qualified hospital staff member. Please list all members of the family living in the home together. Parents in the home include biological, step, or adoptive. If more space is needed, attach an additional sheet of paper.

Address: _____ Phone: _____

Name	Date of Birth (MM/DD/YYYY)	Gender M/F	Pregnant? Y/N	Fetal Number	Expected Due Date (MM/DD/YYYY)

SECTION 4: DO NOT COMPLETE THIS SECTION BEFORE COMPLETING SECTIONS 2 AND 3 ON PAGE 2.

I (The qualified Presumptive Eligibility provider) certify that the following individuals have been determined to be presumptively eligible. (Do not complete Section 4 if the client is determined ineligible.)

Name	Category of Eligibility	Date of Birth (MM/DD/YYYY)	PE Approved? Y/N	*Note: A presumptively eligible pregnant woman is eligible for ambulatory prenatal care only.
	Pregnant Woman			

*Pregnancy providers may only authorize presumptive eligibility for pregnant women.

Provider Information:
 Please note: Only persons certified as approved providers may authorize presumptive eligibility.

Name: _____ Medicaid Provider Number: 1104105998
 Address: 3131 O St Lincoln, NE 68510 Phone: 402-441-8065
 Signature: _____ Date of PE Determination: _____

NOTICE TO PROVIDERS: Please attach this form as proof of temporary Medicaid coverage. To check Medicaid presumptive eligibility please call the Medicaid Eligibility Line (NME3) at 1-800-642-8052. Please note: There may be a delay in Presumptively Eligible cases appearing as eligible. Be advised that pregnant women are eligible for ambulatory prenatal care only.

NOTICE TO APPLICANT: Show this form to providers of services as proof of medical coverage. You will NOT be issued a Medicaid card. This coverage is temporary. If you are interested in receiving full Medicaid coverage, you MUST complete a Medicaid application.

MS 91 (2020) 5/14

What to Look For:

Department of Health & Human Services
DHHS **Nebraska Medicaid and Long-Term Care**
Nebraska Presumptive Eligibility Determination Form

SECTION 1: This entire form should be completed by a qualified hospital staff member. Please list all members of the family living in the home together. Parents in the home include biological, step, or adoptive. If more space is needed, attach an additional sheet of paper.

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Name	Date of Birth (MM/DD/YYYY)	Gender M/F	Pregnant? Y/N	Fetal Number	Expected Due Date (MM/DD/YYYY)

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Name	Category of Eligibility	Date of Birth (MM/DD/YYYY)	PE Approved? Y/N	*Note: A presumptively eligible pregnant woman is eligible for ambulatory prenatal care only.
	Pregnant Woman			

*Pregnancy providers may only authorize presumptive eligibility for pregnant women.

Provider Information:
 Please note: Only persons certified as approved providers may authorize presumptive eligibility.

Name: _____ Medicaid Provider Number: 1104105998
 Address: 3131 O St Lincoln, NE 68510 Phone: 402-441-8065
 Signature: _____ Date of PE Determination: _____

Woman's Name & EDD

Provider's Name & Signature

Date of Presumptive Determination

Medicaid Presumptive Eligibility

- Form is valid as Proof of Medicaid Eligibility for 45 days from PE Determination
- Women who bring a Presumptive form to within with in the 45 days are considered adjunct eligible for WIC
- Confers income eligibility to everyone in the family
- She is eligible for the entire pregnancy (do not have to recheck income after the 45 days)

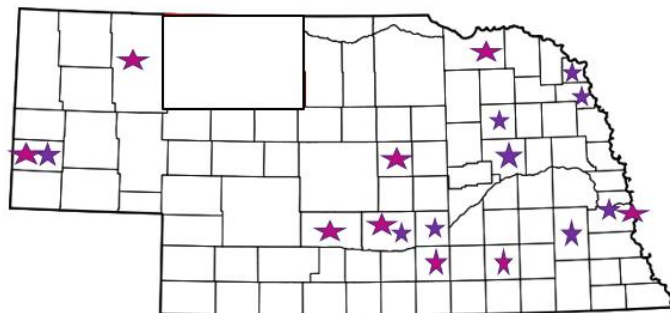
How to document presumptive eligibility in Journey – *Adjunct Eligibility Panel*

Adjunct Eligibility							
Adjunct Eligibility							
Participant	Category	Proof	MA(Title ...	MA ID	SNAP	TANF	599 CHIP
▶ Snow White	Pregnant	Medicaid Phone/Compute...	<input checked="" type="checkbox"/>	99	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How to document presumptive eligibility in Journey – *Income Panel*

Income Determination					
Sources	Proof	Amount	Period	Note	
 Verbal Income for Adj Eligible	Medicaid verification	\$1,000.00	 Monthly	Presumptive/verbal	

How do I Know if There are Providers in My Area??



★ Pregnant Women Providers

★ Hospital Providers

What Can WIC Do??

- Visit the providers in your area
 - Let them know about WIC
 - Ask them to give your clinic information to pregnant women they see
 - Develop information card they can give to women they determine are Medicaid PE

QUESTIONS





Clerk Training Webinar

May 31, 2018
2:00 – 4:00 CST



NE WIC 5.31.18



Certification Guide

MAY 31, 2018 WEBINAR

NE WIC 5.31.18

What is the certification guide?

A tool built into Journey to help you know what areas have already been completed and which areas still need to be completed during the current visit before you can certify the client

Infant Regular Certification Guide	
Screen	Complete
Family/Intake - Family - New Member/Proxy for Auth Reps/Proxies	Yes
Family/Intake - Family - Participant FB Issuance	Yes
Family/Intake - Identity	Yes
Family/Intake - Contact/Address	Yes
Family/Intake - Income	Yes
Family/Intake - Voter Registration	Yes
Family/Intake - Comments/Alerts - as needed	No
Assessment - Anthropometrics	Yes
Assessment - Blood - as needed	No
Assessment - Nutrition Interview	No
Assessment - Risk	Yes
Certification/Termination - Certification	No
Education and Care - Referrals - Family - as needed	No

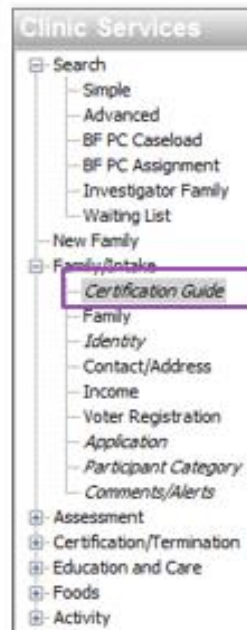
Why is the certification guide helpful?

- *You can see in one place what has/has not been done in the visit*
- *You do not have to go to each panel and check if it was completed (address, income, risk, etc.)*
- *Anyone can use the guide at any time during the visit*

When can certification guide be used?

- *Can't Certify using the "Certify Button"*
- *You want to see if you completed everything*
- *You want to check what still needs to be done for a visit*

Navigation tree



Screen shot – Certification Guide Completed

- Proof of ID – WIC Folder
- Proof address
- Baby ID
- Voter registration

Infant Regular Certification Guide	
Screen	Complete
Family/Intake - Family - New Member Proxy for Auth Reps/Proxies	Yes
Family/Intake - Family - Participant FB Issuance	Yes
Family/Intake - Identity	Yes
Family/Intake - Contact/Address	Yes
Family/Intake - Income	Yes
Family/Intake - Voter Registration	Yes
Family/Intake - Comments/Alerts - as needed	No
Assessment - Anthropometrics	Yes
Assessment - Blood - as needed	No
Assessment - Nutrition Interview	No
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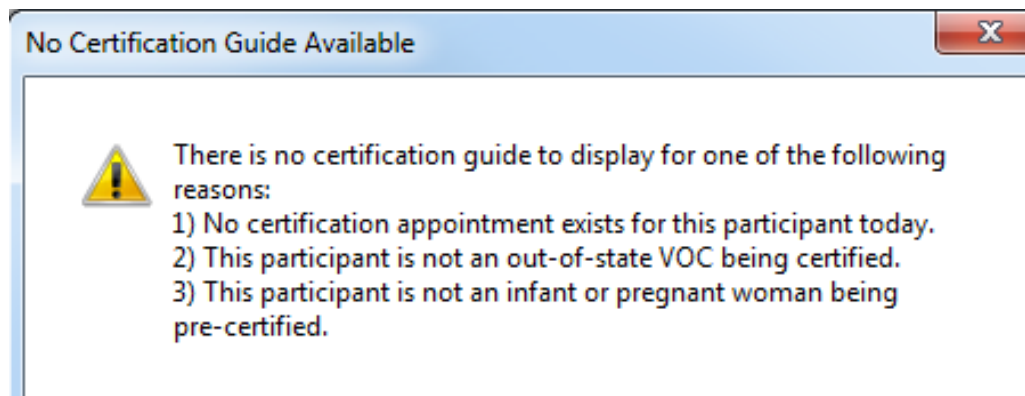
Appointment Types Where Certification Guide Can be Used

- Certification
- Recertification
- Transfer

Appointment Types Where Certification Guide Cannot be Used

- Add Baby
- Height/Weight Appointment
- Education

Error Message:



How to get around the error message

- Fix the appointment by marking the baby appointment as a cert instead of an add baby appointment

Beginning Appointment:

4	00	
	15	
	30	White, Snow, (BABY), Baby Dwarf (BABY)
	45	[IN]
5	00	
	15	
	30	
	45	

Participants

Name	WIC Appt. Type	Category	WIC Status	Cert. End Date	Blood Work Due	In
▶ Baby Dwarf	Add Baby	Infant	Pending			IN

Appointment After Change:

4 00	
15	
30	White, Snow, (Cert), Baby Dwarf (Cert) [IN]
45	
5 00	
15	

Participants

Name	WIC Appt. Type	Category	WIC Status	Cert. End Date	Blood Work Due	In
Baby Dwarf	Certification	Infant	Pending			IN

QUESTIONS



Drivers License As Proof of Address:

- *Yes....When issued within the LAST 30 DAYS*



Questions



Thank You



Please complete the attendance poll