

# Assessing for Adjunctive Income Eligibility

## Webinar

### February 27, 2013

# What is Adjunct Income Eligibility?

**Adjunct Income Eligibility** means a person is *income eligible* for WIC because the person is receiving one or more of these programs:

- Medicaid /Presumptive Medicaid/Kids Connection
- ADC
- SNAP
- 599 Chip – new program July 2012

These are called income-qualifying programs because they make the person income eligible for WIC.

# There are 3 ways a client can be income eligible for WIC

## **1. Adjunct eligibility –**

The client is on an income-qualifying program. You only need to verify they are on one of the four adjunct income eligibility programs.

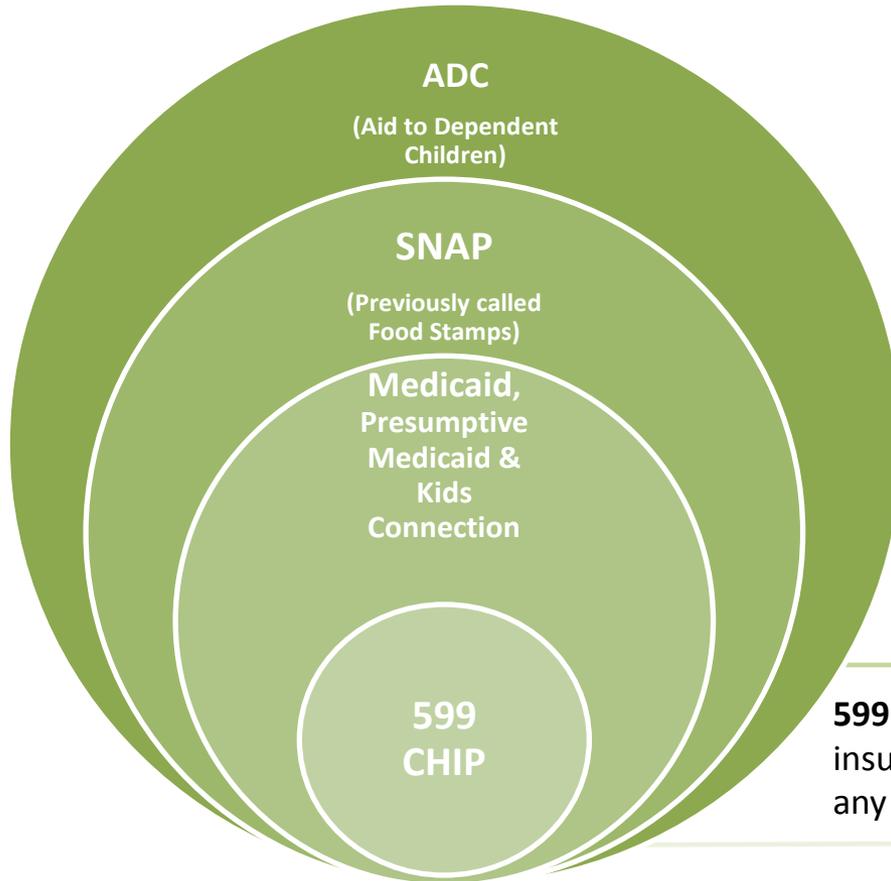
## **2. Adjunct eligibility due to a household member –**

The client has a household member on a specific income qualifying program.

## **3. Traditional income assessment –**

The client meets WIC's income guidelines.

# Assistance Programs – ADC, SNAP, Medicaid, 599 CHIP



As family income decreases, assistance programs may be available to help. Must apply to receive these services.

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**ADC – Aid to Dependent Children** - Cash assistance for living expenses like rent, utilities, clothes, & other necessities. This may be only source of income for a family.

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**SNAP – Special Supplemental Nutrition Assistance Program** - Helps pay for food. It is not necessary to be receiving other funding to apply for SNAP.

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**Medicaid** - helps pay for health care related medical & dental services

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**599 CHIP – Children’s Health Insurance Program** – provides insurance for the unborn child of mothers who do not qualify for any Medicaid program

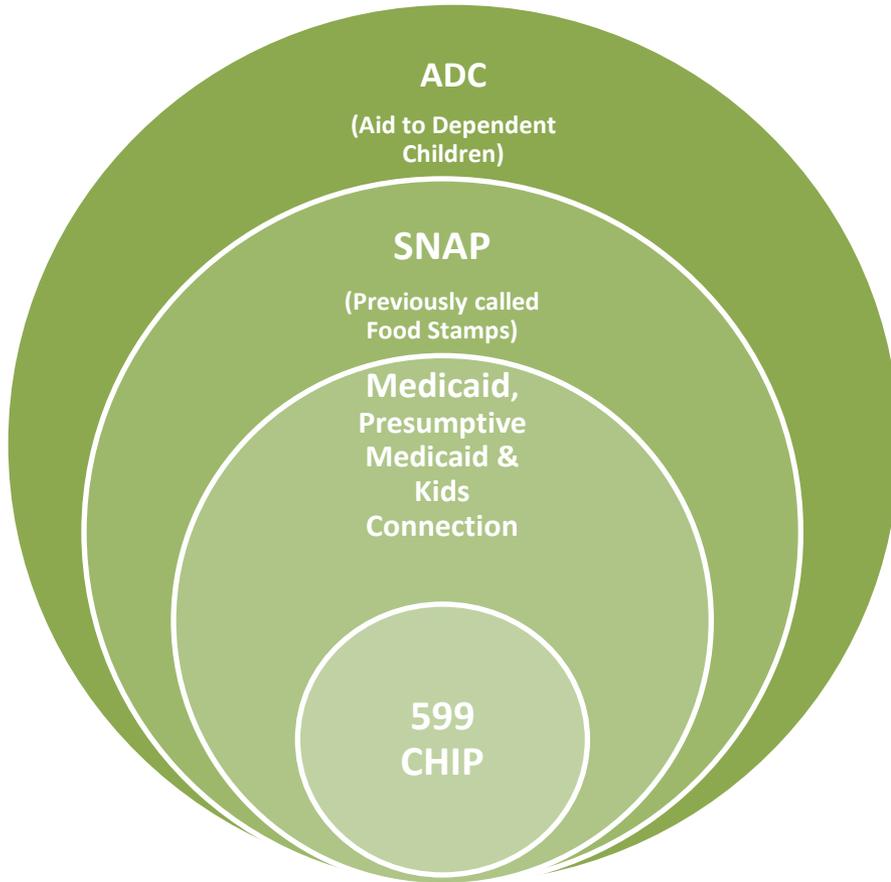
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## Adjunct Income Eligibility

If WIC Staff can verify participation in (ADC, SNAP, Medicaid, 599 CHIP ), then that person is automatically “income” eligible for WIC.

This is called adjunct income eligibility.

In some cases, this also applies to all household members



# Federal Regulations

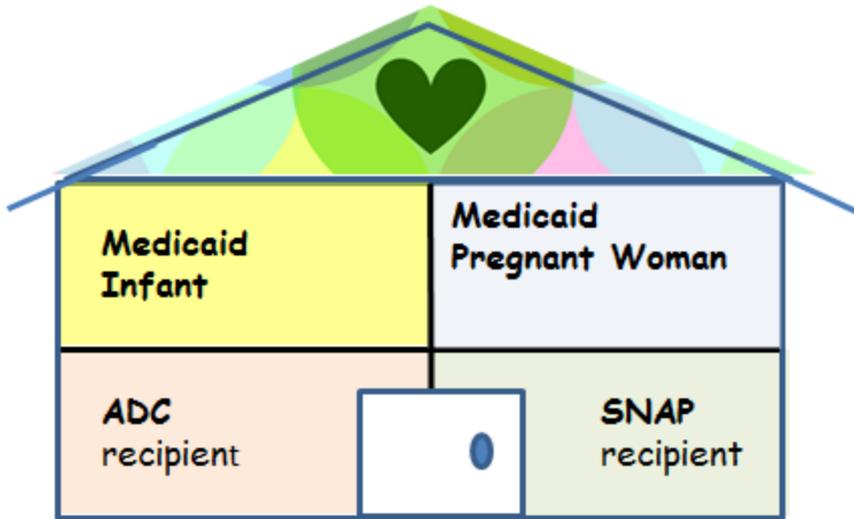
## *(vi) Adjunct or automatic income eligibility.*

- (A) The State agency shall accept as income-eligible for the Program any applicant who documents that he/she is:
  - (1) Certified as fully eligible to receive SNAP benefits, or certified as fully eligible, or presumptively eligible pending completion of the eligibility determination process, to receive Temporary Assistance for Needy Families (TANF) or Medical Assistance (i.e., Medicaid); or
  - (2) A member of a family that is certified eligible to receive assistance under TANF, or a member of a family in which a pregnant woman or an infant is certified eligible to receive assistance under Medicaid.

# Conferring Adjunct Income Eligibility

WIC applicants verified as participating in ADC, SNAP, or Medicaid, 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/Kids Connection**
- Is a **Foster Child** under age 5

# Newborn Infants Waiting on Medicaid Cards



Babies applying for WIC within the first 30 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 the infant is adjunct income eligible until his/her first birthday

## Adjunct Income Eligibility

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

## Adjunct Income Eligibility

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

When 599 Chip Baby is born.....



....The baby becomes adjunct income eligible for WIC, if the baby is enrolled in WIC during the month they were born.

If you are seeing a 599 CHIP infant for WIC after the month they were born:

They are **not** adjunct eligible under 599 CHIP

These babies have to be adjunct income eligible under their own Medicaid

OR see proof of income

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

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

## 599 CHIP Infants

### From DHHS:

- The unborn will have 6 months of continuous eligibility for 599 CHIP beginning the month of determination through the sixth month OR the month of birth, whichever comes first.
- After six months of continuous eligibility for 599 CHIP they rerun the case using the same information they had at the beginning, so the baby is still eligible.

# Steps to Verify Active Enrollment in Adjunct Income Eligible Programs

## New Medicaid Card :

Issued within last 30 days

Type D in the field for adjunct eligibility

May verbally declare income

NEBRASKA		ISSUE DATE
RxBIN 013766		Dated within 30 days
RxPCN P063013766		
RxGRP NEBMEDICAID		ID NUMBER/DATE OF BIRTH
Susan Q Individual	08652393609	04/16/1996
Jeffery M Individual	08652393608	09/15/2004
Johnathan R Individual	08652393607	08/14/1975
Nancy L Individual	08652393606	05/19/1993
Nicholas Q Individual	08652393605	04/30/1998
Theresa H Individual	08652393604	03/01/2002

NEBRASKA DEPARTMENT OF HEALTH AND HUMAN SERVICES 1 of 2

### **THIS CARD DOES NOT GUARANTEE ELIGIBILITY.**

#### FOR CLIENT:

**This is your permanent Medicaid ID card. Keep this card.** To verify your current eligibility for Medicaid, call toll-free at 800-383-4278 (in Lincoln 323-7455). If you are enrolled in Managed Care, you can verify your information by calling 888-255-2605 (in Lincoln, 471-7715). If your card is lost or stolen, call your caseworker.

#### FOR PROVIDER:

**Eligibility must be verified.** To verify eligibility and obtain information regarding claims submission, call NMES at 800-642-6092 (in Lincoln, 471-9580); log on to [www.dhhs.ne.gov/med/internetaccess.htm](http://www.dhhs.ne.gov/med/internetaccess.htm); or call the Medicaid inquiry line at 877-255-3092 (in Lincoln, 471-9128).

This card is non-transferable and is for identification only and is not a guarantee of benefits or eligibility. Any fraudulent or unauthorized use of this card is strictly prohibited and punishable by law.

# Steps to Verify Active Enrollment in Adjunct Income Eligible Programs

## Older Medicaid Card:

Older than 30 days

Call NMES Line  
to verify Medicaid

If Eligible

If Ineligible

Type D in the  
field for adjunct  
eligibility

Type N (NO) in the  
adjunct eligibility  
field

May verbally  
declare income

Must see all  
income documents

NEBRASKA		ISSUE DATE
RxBIN 013766		Dated over 30 days
RxPCN P063013766		
RxGRP NEBMEDICAID		ID NUMBER/DATE OF BIRTH
Susan Q Individual	08652393609	04/16/1996
Jeffery M Individual	08652393608	09/15/2004
Johnathan R Individual	08652393607	08/14/1975
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NEBRASKA DEPARTMENT OF HEALTH AND HUMAN SERVICES		1 of 2

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# Things to know about the Medicaid Card

**NEBRASKA** ISSUE DATE  
**06/18/2009**

RxBIN 013766  
RxPCN P063013766  
RxGRP NEBMEDICAID

ID NUMBER/DATE OF BIRTH

Susan Q Individual	08652393609	04/16/1996
Jeffery M Individual	08652393608	09/15/2004
Johnathan R Individual	08652393607	08/14/1975
Nancy L Individual	08652393606	05/19/1993
Nicholas Q Individual	08652393605	04/30/1998
Theresa H Individual	08652393604	03/01/2002

NEBRASKA DEPARTMENT OF HEALTH AND HUMAN SERVICES of 2

- Showing a Medicaid card may not prove a client is currently on or eligible for Medicaid
- Proves adjunct eligibility for 30 days after issuance
- Issued only once
- Eligibility dates are not listed

**THIS CARD DOES NOT GUARANTEE ELIGIBILITY.**

FOR CLIENT:  
**This is your permanent Medicaid ID card. Keep this card. To verify your current eligibility for Medicaid, call toll-free at 800-383-4278 (in Lincoln 323-7455). If you are enrolled in Managed Care, you can verify your information by calling 888-255-2605 (in Lincoln, 471-7715). If your card is lost or stolen, call your caseworker.**

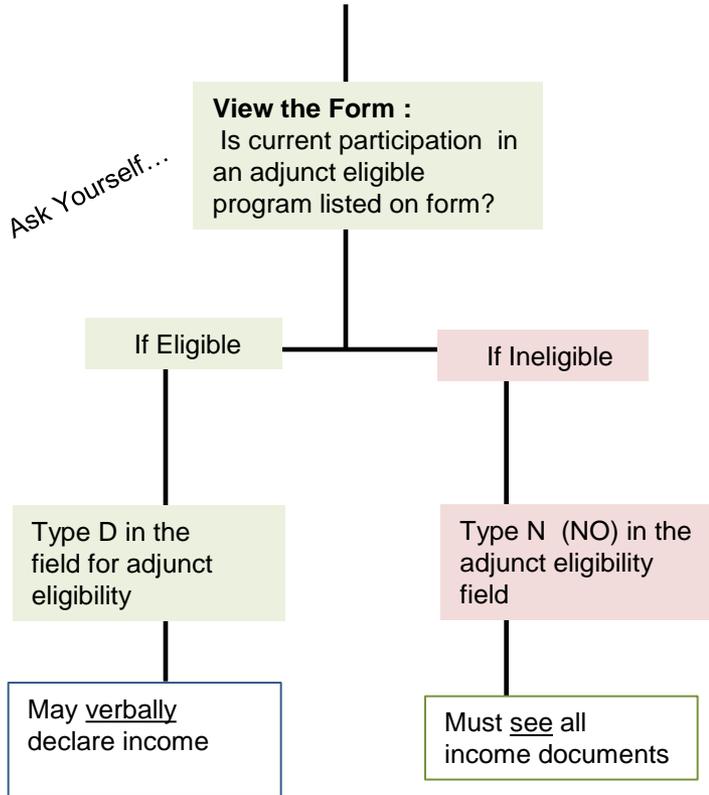
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**Eligibility must be verified.** To verify eligibility and obtain information regarding claims submission, call NMES at 800-642-6092 (in Lincoln, 471-9580); log on to [www.dhhs.ne.gov/med/internetaccess.htm](http://www.dhhs.ne.gov/med/internetaccess.htm); or call the Medicaid Inquiry Line at 877-255-3092 (in Lincoln, 471-9128).

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Sample Medicaid Card –  
front/back

# Steps to Verify Active Enrollment in Adjunct Income Eligible Programs

## **New - Notice of Action Form** (Dated within last 30 days or viewed online)



DEPARTMENT OF HEALTH AND HUMAN SERVICES  
PO BOX 2992  
OMAHA, NE 68103-2992

Case Number: - [REDACTED]  
Case Name: - [REDACTED]  
CONTACT - ACCESSNebraska  
Telephone Number - (800) 383-4278  
Fax Number: - (402) 595-1901  
Notice Date: - [REDACTED]  
Mail Date: - [REDACTED]  
Reprint Date: - [REDACTED]

**Dafney Duck**  
1234 Swan Dr  
Hickman, NE 68222

**DATED within the last 30 days**

**NOTICE OF ACTION**

**Supplemental Nutrition Assistance Program (SNAP) formerly known as the Food Stamp Program**

Your application has been approved for [REDACTED]. The monthly benefit is \$ [REDACTED].

Individual	Status
Dafney Duck	Eligible
[REDACTED]	Eligible

The benefit amount(s) listed above may be reduced if your household has a SNAP claim that has not been paid in full.

Your household is assigned to the Simplified Reporting category. You must report to DHHS if your household's income for the month goes above [REDACTED]. Income includes gross earned and unearned income before deductions, such as taxes.

If your household includes an Able Bodied Adult Without Dependents (ABAWD) who is working or volunteering, you must report if the ABAWD's work or volunteer hours drop below 20 hours per week averaged over a four-week period.

Both of these changes must be reported within 10 days after the end of the month in which the change occurs. These are the only changes that you must report.

If DHHS learns about a change from another source, DHHS is required to act on it and make changes to your case. If your income goes down or someone moves into your household, you may contact DHHS to see if you are eligible for additional benefits.

An Interim Report Form will be sent to you during the certification period listed on this notice. You are

**See Reverse**

Expert System Notice Page 1 of 4 26012874

# Steps to Verify Active Enrollment in Adjunct Income Eligible Programs

## Notice of Action Form Medicaid/599 CHIP Older than 30 days

Staff **calls NMES Line** and is able to verify current status in an adjunct eligible program?

If Eligible

Type D in the field for adjunct eligibility

May verbally declare income

If Ineligible

Type N (NO) in the adjunct eligibility field

Must see all income documents

## Notice of Action Form ADC and SNAP Older than 30 days

Have client reprint current form or view current form online

Ask Yourself...

Is current participation in an adjunct eligible program listed on form?

If Eligible

Type D in the field for adjunct eligibility

May verbally declare income

If Ineligible

Type N (NO) in the adjunct eligibility field

Must see all income documents

# Notice of Action – Sample Mailed form



DEPARTMENT OF HEALTH AND HUMAN SERVICES  
PO BOX 85801  
LINCOLN, NE 68501-5801

Case Number: - 546689  
Case Name: -  
CONTACT - ACCESSNebraska  
Telephone Number - (800) 383-4278  
Fax Number: - (402) 471-9209  
Notice Date: - 08-22-2012  
Mail Date

Dafney Duck  
1234 Swan Dr  
Hickman, NE 68222

DATED within the last  
30 days

## NOTICE OF ACTION

### Child Care Subsidy Program

#### Denied

Your application for Child Care assistance is denied effective 07-01-2012.

#### The reason is:

- Reason Found in Comment Section

#### Approval

Your application has been approved 8-2012. Effective 08-01-2012, your Child Care assistance will begin with a monthly family fee of \$0.00. This benefit is prorated from the application received date of 07-31-2012.

The following individual(s) are eligible for Child Care benefits.

#### The reason is:

- Approval

#### Individual

Status  
Eligible

Supplemental Nutrition Assistance Program (SNAP) formerly known as the Food Stamp Program

Your benefits will change for 9-2012. The monthly benefit will be \$361.00.

#### The reasons are:

See Reverse

- Net Adjusted Income Changed
- Individual Added

#### Individual

Dafney Duck

Status  
Eligible

Information listed above may be reduced if your household has a SNAP claim that has not been paid in full.

Your household is assigned to the Simplified Reporting category. You must report to DHHS if your household's income for the month goes above \$1594.00. Income includes gross earned and unearned income before deductions, such as taxes.

If your household includes an Able Bodied Adult Without Dependents (ABAWD) who is working or volunteering, you must report if the ABAWD's work or volunteer hours drop below 20 hours per week averaged over a four-week period.

Both of these changes must be reported within 10 days after the end of the month in which the change occurs. These are the only changes that you must report.

If DHHS learns about a change from another source, DHHS will notify you. You must report to your case. If your income goes down or someone moves out, you must report to DHHS to see if you are eligible for additional benefits.

An Interim Report Form will be sent to you during the certification process. You must complete and return this form or your benefits will end.

Your household is authorized to receive information and referral services through the Expanded Resource Program.

Your certification period is 5-1-2012 to 4-30-2013.

### Aid to Dependent Children

Your application has been approved for 7-2012. The monthly benefit is \$154.00.

#### Individual

Dafney Duck

Status  
Eligible  
Eligible

Based on your eligibility for ADC, you may be eligible for participation in the Employment First Program. If you are eligible for the Employment First Program, supportive services will be available to assist you.

You will be receiving an ADC payment to meet the needs of your unborn child. Eligibility for this payment does not grant Medicaid eligibility to the child. Any Medicaid eligibility at this time requires a separate determination of your own eligibility for Medicaid as a pregnant woman.

Please remember to notify the Department of Health and Human Services of all changes in your situation within 10 days. Be certain to let us know as soon as possible after your baby is born.

Your benefits will change for 8-2012. The monthly benefit will be \$293.00.

#### The reasons are:

- Allowable Income Changed

Dafney Duck is  
Adjunct Eligible

# Proof of Adjunct Eligibility-599 Chip

## NOTICE OF ACTION

Eligibility for medical coverage for \_\_\_ (pregnant woman's name) \_\_\_ unborn child has been reviewed under the 599 Children's Health Insurance Program (599 CHIP). \_\_\_ (pregnant woman's name) \_\_\_ unborn child has been determined eligible for medical coverage beginning \_\_\_ (date of eligibility begins) \_\_\_ through birth/end of pregnancy. Your unborn's 599 CHIP coverage will end when the birth/end of pregnancy occurs which is in the month of \_\_\_ (month baby is due) \_\_\_ based on the due date provided.

The purpose of this program is to allow medical coverage for the unborn child, including prenatal care, labor and delivery. Postpartum and any other care past the birth/end of pregnancy is not a covered service under 599 CHIP.

- You must report to the Agency within ten days all changes in your status, including the birth of your newborn or end of your pregnancy (477 NAC 1-006).
- If your anticipated due date changes, you will be required to report your new due date before any adjustment in medical coverage will be made for the unborn.

AT THIS TIME A MEDICAID CARD WILL NOT BE ISSUED FOR THE UNBORN; THIS NOTICE OF ACTION WILL SERVE AS THE UNBORN'S MEDICAID ID#. PLEASE PRESENT THIS NOTICE TO THE MEDICAL PROVIDER(S). THE CURRENT MEDICAID ID# IS: \_\_\_\_\_.

Providers: Please accept this notice as you would a regular Medicaid card. This notice does not guarantee coverage; rather it provides the MED ID# to be used for billing purposes. You will need to verify current coverage through the Nebraska Medicaid Eligibility System (NMES).

Coverage is limited to care solely for the unborn child, including prenatal care, professional fees for labor and delivery, live birth, fetal death, miscarriage and ectopic pregnancy. Services not covered under 599 CHIP include postpartum care, medical issues separate to the pregnant woman and unrelated to the pregnancy and any services to the newborn child following the end of the pregnancy. See applicable provider bulletin(s) for specifics.

Approval for 599 CHIP is based on Legislative Bill (LB) 599 which requires Nebraska to establish a separate program as allowed under Title XXI of the federal Social Security Act, as amended and 42 C.F.R. 457.10. LB 599 amend section 68-915, reissue Revised Statutes of Nebraska, section 4-110, Revised Statutes Cumulative Supplement, 2010, and section 68-901, Revised Statutes Supplement, 2011. This program is solely for the unborn children of pregnant women who are otherwise ineligible for coverage under Title XIX of the federal Social Security

Source: Provider bulletin 12-33  
August 8, 2012

## The Notice Of Action Form – sample Mailed form

- This notice is acceptable proof of participant in adjunctive eligible program for WIC.
- Coverage may also be verified thru NMES line.

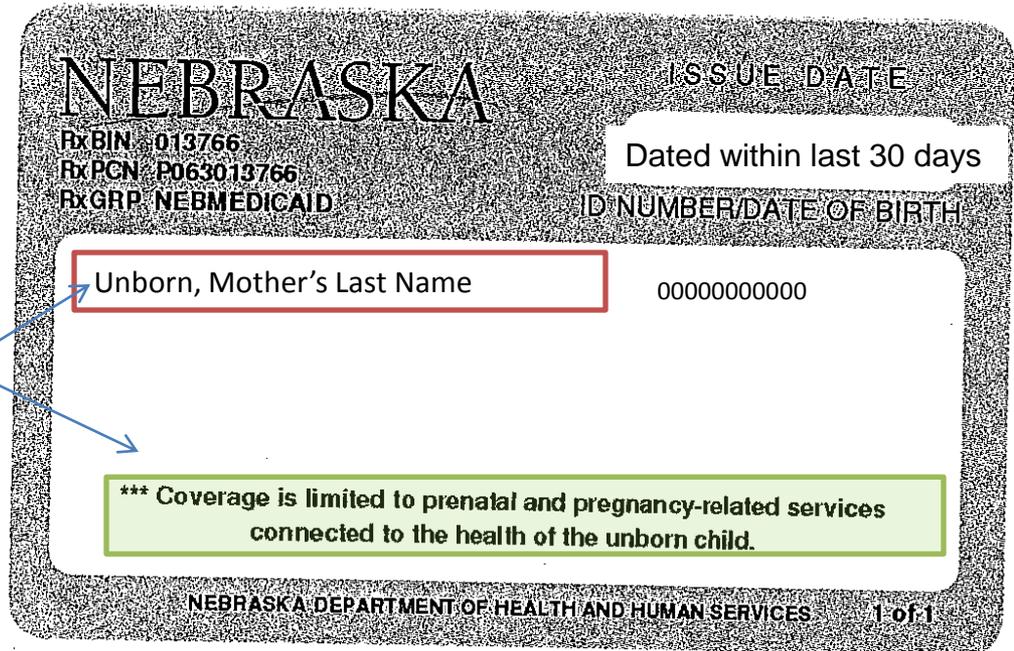
# Steps to Verify Active Enrollment in Adjunct Income Eligible Programs

**New 599 CHIP Card:**  
Issued within last 30  
days with unborn  
mothers last name

Type D in the  
field for adjunct  
eligibility

May verbally  
declare income

**How to  
Distinguish  
the 599 CHIP  
Card**



# Steps to Verify Active Enrollment in Adjunct Income Eligible Programs

## Older 599 CHIP Card:

Older than 30 days

Call NMES Line  
to verify 599 CHIP

If Eligible

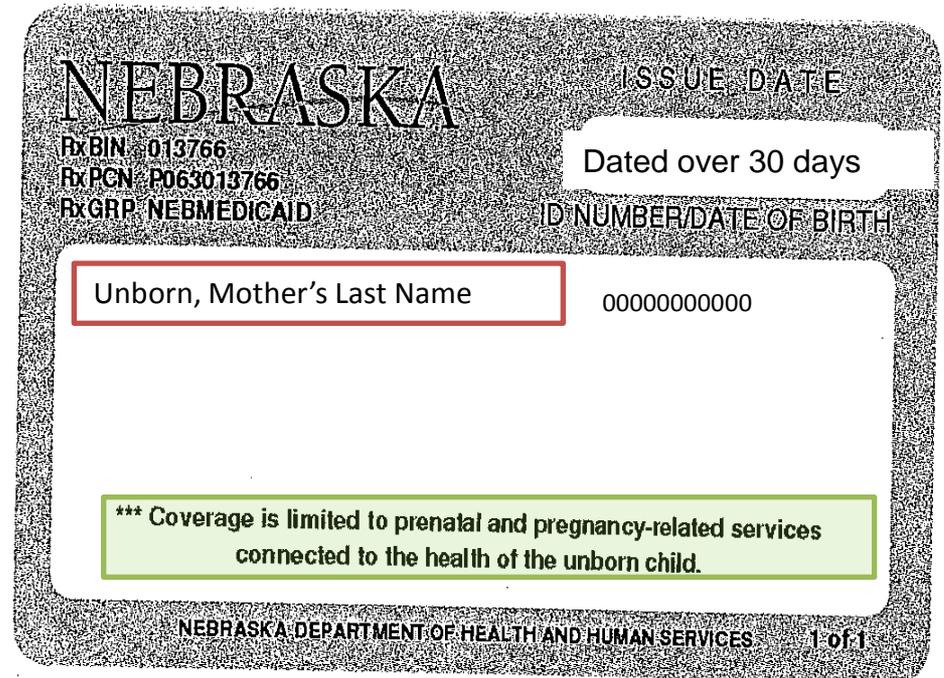
If Ineligible

Type D in the  
field for adjunct  
eligibility

Type N (NO) in the  
adjunct eligibility  
field

May verbally  
declare income

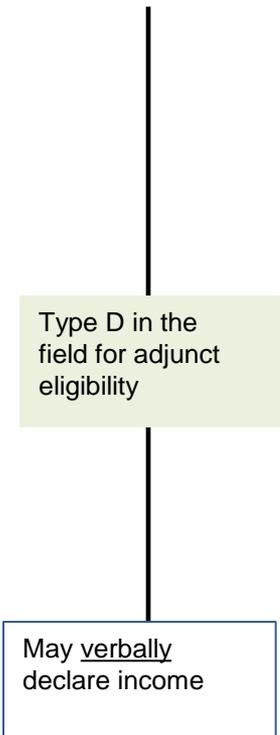
Must see all  
income documents



# Steps to Verify Active Enrollment in Adjunct Income Eligible Programs



## New - Presumptive Medicaid Application\*: Completed/Dated within last 30 days



\*You DO NOT need to see Medicaid card at a later date.

### Presumptive Application for Pregnant Women

Instructions: Read carefully. Please write clearly.  
This is not a valid application until it contains your name, address and signature

Name of Applicant		Social Security Number	
Address (Number, Street, City, Zip Code)		Telephone Home/Work	
Did anyone in your household get services through Department of Health and Human Services this month or last month? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain under what name, where, when and type of services:			
My Family's Current Physician(s) is (are):			

List everyone in your family who lives with you (parents & children): (Give the information listed. Use more paper if you need to.)							
Name: (First Name, Middle Initial, Last Name)	U.S. Citizen (Y/N)	Social Security Number	Race	Birthdate	Sex (M/F)	Pregnant (Y/N)	If Pregnant, What is Expected Date of Delivery?
(Adults in Home)							
(Children)							

Must Be Signed

I certify that the above woman is eligible for Presumptive Eligibility. Individuals on this form who ARE NOT pregnant, ARE NOT Presumptively Eligible.

Sign Here _____	Provider Representative	Name of Provider
Date of PE Determination _____	Provider Address	Provider Phone Number

**NOTICE TO PROVIDERS:** Please accept this form as proof of temporary Medical coverage for pregnant women. To check Medical presumptive eligibility, in most instances, use the woman's social security number with a two digit suffix when calling the Nebraska Medicaid Eligibility (NMES) line at 1-800-642-6922.

**NOTICE TO APPLICANT:** Show this form to provider for pregnant women. \_\_\_\_\_ range for children and outpatient prenatal coverage.

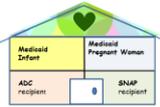
**NOTICE & APPEAL RIGHTS!**  
**Presumptive**  
 1. If you are found ineligible for Presumptive Eligibility, no further action is required. You cannot appeal this decision.  
 2. If you are found eligible for Presumptive Eligibility and do not provide the additional information requested, presumptive eligibility will end. No further notice is required.

**Medicaid**  
 1. This is also an application for continuing Medical Assistance. If the Medicaid application is denied, you have the right to appeal this action.  
 2. If the local Department of Health and Human Services office does not make a timely decision (within 45 days) on your Medicaid application and send you notice of the reason, you may appeal this action.

Date of PE Determination

MS-91 (29021) 3/08 Page 1/2  
 Distribution: White - Local Office; Yellow - Customer; Pink - Provider (Previous version 10/02 should NOT be used)

# Steps to Verify Active Enrollment in Adjunct Income Eligible Programs



## Older - Presumptive Medicaid Application

Older than 30 days

Call NMES Line to verify Medicaid

If Eligible

If Ineligible

Type D in the field for adjunct eligibility

Type N (NO) in the adjunct eligibility field

May verbally declare income

Must see all income documents



## Presumptive Application for Pregnant Women

Instructions: Read carefully. Please write clearly.

This is not a valid application until it contains your name, address and signature



Name of Applicant	Social Security Number
Address (Number, Street, City, Zip Code)	Telephone Home/Work
Did anyone in your household get services through Department of Health and Human Services this month or last month? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain under what name, where, when and type of services:	
My Family's Current Physician(s) is (are):	

List everyone in your family who lives with you (parents & children): (Give the information listed. Use more paper if you need to.)							
Name: (First Name, Middle Initial, Last Name)	U.S. Citizen (Y/N)	Social Security Number	Race	Birthdate	Sex (M/F)	Pregnant (Y/N)	If Pregnant, What is Expected Date of Delivery?
(Adults in Home)							
(Children)							

Must Be Signed

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Date of PE Determination _____	Provider Address _____	Provider Phone Number _____

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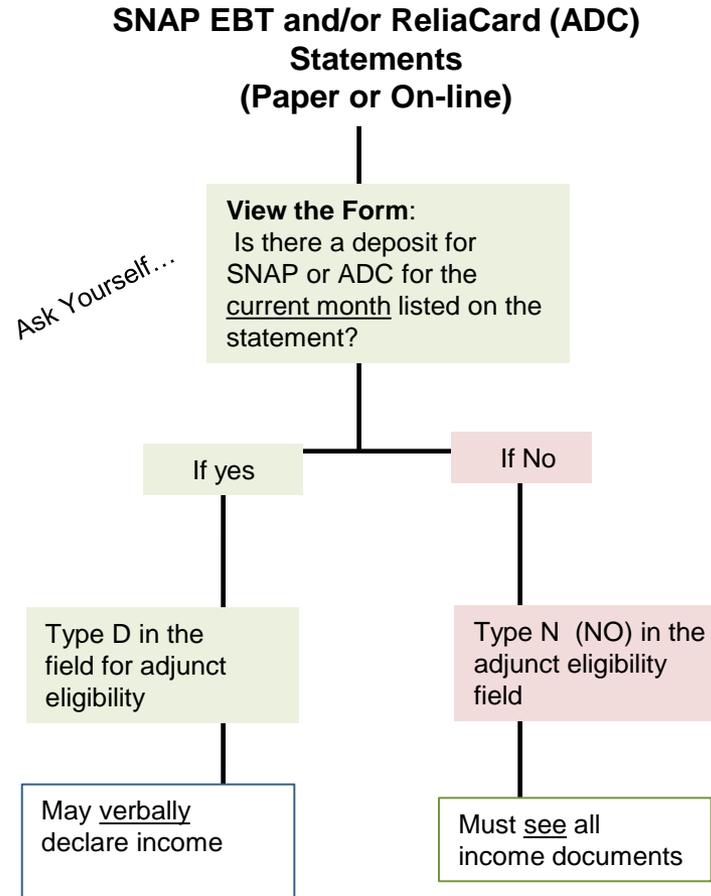
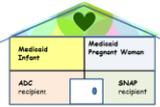
**NOTICE TO APPLICANT:** Show this form to provider for pregnant women. Coverage for children and outpatient prenatal coverage

**Date of PE Determination**

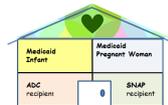
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# Steps to Verify Active Enrollment in Adjunct Income Eligible Programs



# Proof of Adjunct Eligibility-ADC



## ReliaCard®

<b>Card Number:</b> *****6069	<b>Balance :</b> \$ 1.58
<b>Cardholder:</b> Sally Sue	

- Card Information
- Card Activity
- Statement
- Change PIN
- Change User Password
- Bill Pay
- Alerts
- Logout

[Print Friendly View of Page](#)

### Statement

#### December 2012

Month December

Cardholder number: \*\*\*\*\*6069  
 Name: Sally Sue  
 Address: 501 South 7th St.  
 Lincoln, NE 68508

Statement Activity from: 12/01/2012 to 12/31/2012  
 Beginning Card Balance as of 12/01/2012: \$0.00

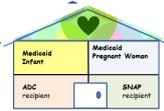
#### Funding Transactions

Date	Description	Amount
Date-Current Month	ADD FUNDS STATE OF NE NE HHS NFO	\$256.00

#### Card Transactions

Date	Description	Amount
12/13/2012	PURCHASE WAL WAL-MART SUPER 911 LINCOLN (N) NE Terminal# 19430023	-\$120.00
12/12/2012		-\$134.42

# Proof of Adjunct Eligibility-SNAP



Skip Navigation



Home > Transaction Activity

Print | Help

## Transaction Activity

Name: Sally Sue

- To view a list of transactions for a specific time period, enter a Start and Stop date and select Search.
- The date range entered should not exceed a 12-month period of time - any 12 months for which there are transactions
- To view a list of transactions beginning with a specific date, enter a Start Date and select Search.
- 90 days of transactions is the default range when no End date is entered.
- Current date is the default Start Date when no Start Date is entered.
- Transactions list begins with current date.
- 90 days of transactions is the default range when no dates are entered

### Quick Links

- Account Summary
- Transaction Activity
- Account Management
- Messages
- My Alerts

All Accounts **SNAP** Denied

Start Date  End Date

### Pending Deposits

Date	Deposit Type	Deposit Amount	Available Date	Account
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No transactions were found.

### Pending Transactions

Date	Transaction Type	Transaction Amount	Location	Card #	Account
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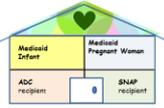
No transactions were found.

### Completed Transactions

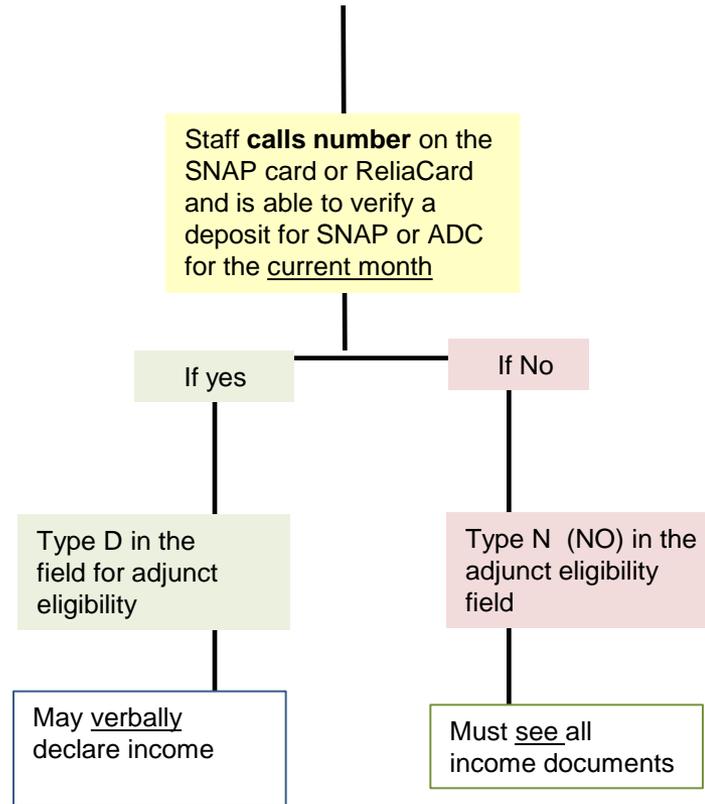
Date	Transaction Type	Location	Account	Card #	Debit Amt.	Credit Amt.	Available
01/18/2013	POS Purchase Debit	WAL-MART # 4700 N 27TH STREET LIN	SNAP	6617	\$ 122.45	0.00	
01/15/2013	POS Purchase Debit	Wal-Mart S 1943 WAL-SAMS LINCOLN (I	SNAP	6617	\$ 69.28	0.00	
01/09/2013	POS Purchase Debit	RUSS'S MAR 1709 WASHINGTON LIN	SNAP	6617	\$ 36.60	0.00	
01/06/2013	POS Purchase Debit	WAL-MART # 4700 N 27TH STREET LIN	SNAP	6617	\$ 180.26	0.00	
	Deposit - Benefit Issuance Transmission	BENEFIT UPDATE	SNAP	6617	0.00	\$ 581.00	
12/30/2012	POS Purchase Debit	Wal-Mart S 1943 WAL-SAMS LINCOLN (I	SNAP	6617	\$ 39.00	0.00	

Date-Current Month

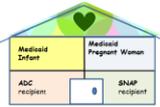
# Steps to Verify Active Enrollment in Adjunct Income Eligible Programs



## Call customer service numbers for SNAP and /or ReliaCard (ADC)



# QUICK TIPS



- SNAP Website and Phone Number
  - [www.ucard.chase.com](http://www.ucard.chase.com)
  - **Phone Number: 877-247-6328**
  
- ReliaCard Website and Phone Number
  - [www.reliacard.com](http://www.reliacard.com)
  - **Phone Number: 866-276-5114**

# QUICK TIPS

- Access Nebraska Website  
[www.ACCESSNebraska.ne.gov](http://www.ACCESSNebraska.ne.gov)
- NMES Line
  - **1-877-255-3092**
  - **402-471-9580**

## QUICK TIPS

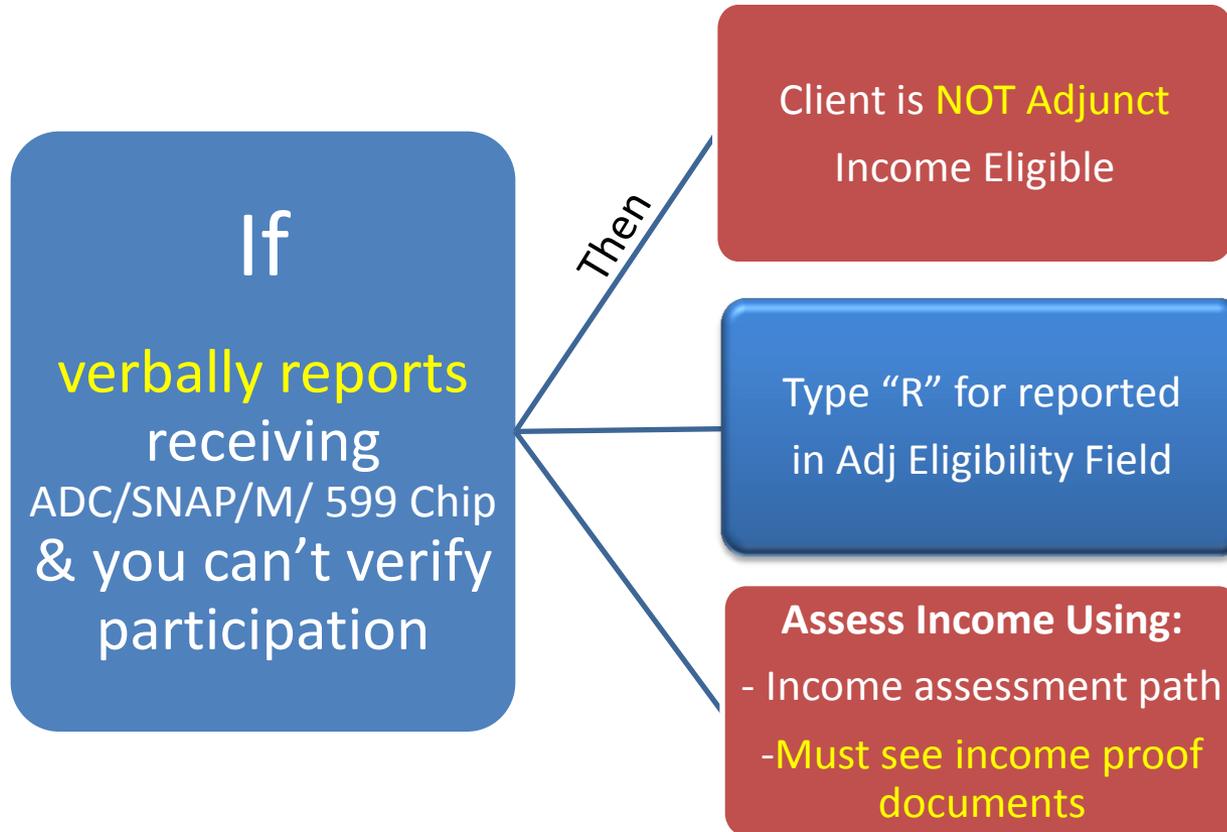
- If you have seen or verified that a client is receiving one of the adjunct income eligible programs, then the client is considered automatically income eligible for WIC.
- If a client is over income, but it has been verified the client is receiving one of the adjunct income eligible programs, then they are automatically income eligible for WIC. Adjunct Income Eligibility overrides income.

# QUICK TIPS



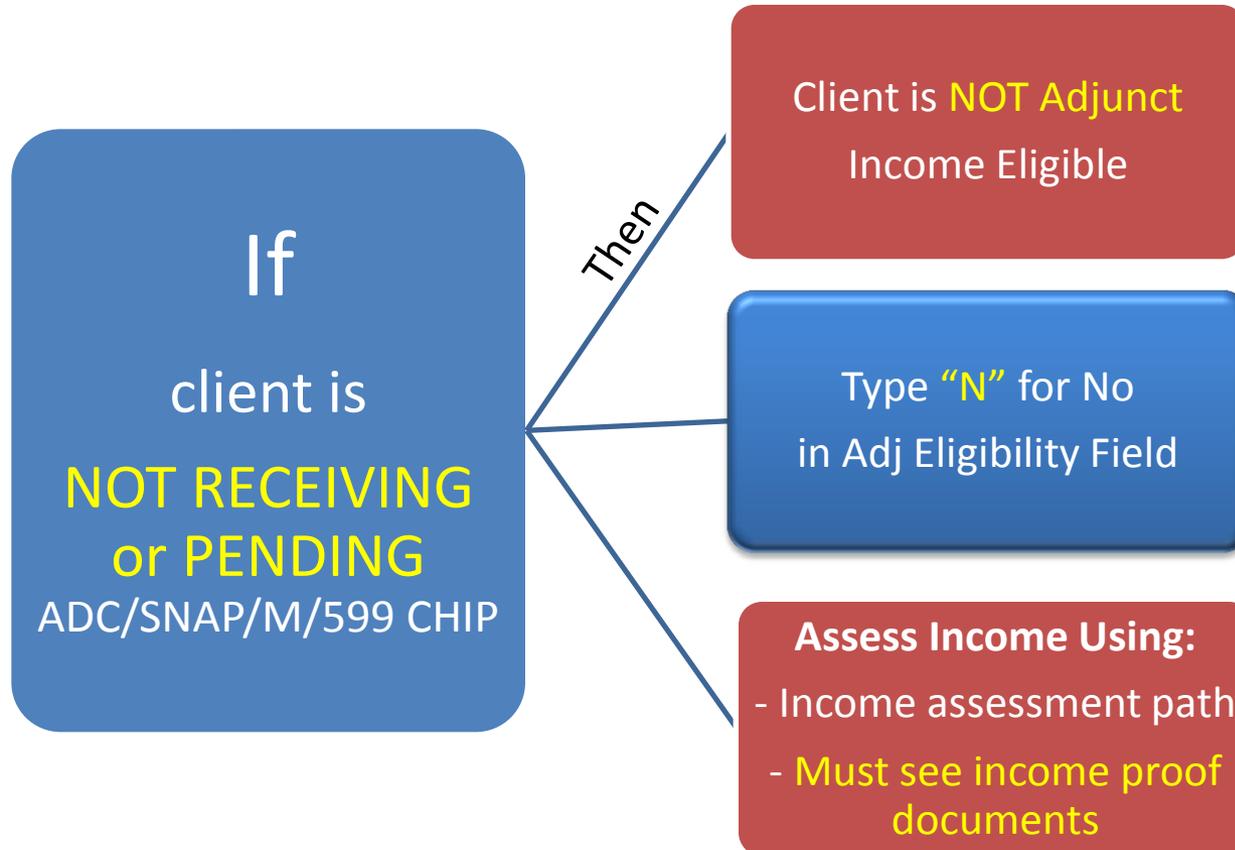
- If a pregnant woman or infant is on Medicaid start by verifying adjunct income eligibility for one of them. They will confer eligibility to the entire household.
- Tell your pregnant moms to let Medicaid know ASAP about baby's birth.
- If anyone in the household is receiving ADC or SNAP they will also confer eligibility to the entire household.

# Verbally Reporting Adjunct Income Eligibility



# NOT

## Adjunct Income Eligible



NOT Adjunct  
Income Eligible

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
PO BOX 85801  
LINCOLN, NE 68501-5801

Case Number: - 316148  
Case Name: -  
CONTACT - ACCESSNebraska  
Telephone Number - (800) 383-4278  
Fax Number: - (402) 471-9209  
Notice Date: - 10-17-2012  
Mail Date

Candy Barre  
1234 Victory Ln  
Lincoln, NE 68521

DATED within the last  
30 days

## NOTICE OF ACTION

### Medicaid

#### Close

Medical coverage for the following individual(s) has ended effective 11-01-2012.

Individual	Status	Reason
Candy Barre	Ineligible	Case Review Not Completed
	Ineligible	Case Review Not Completed
	Ineligible	Case Review Not Completed

Creditable Coverage. Under Federal Law, Medicaid coverage after July 1, 1996 is considered to be "creditable coverage" that counts toward overcoming insurance company waiting periods. Your most recent period of "creditable coverage" for Medicaid is ending. You had "creditable coverage" for at least one month ending with the effective month of this notice.

**If you have questions about your loss of Medicaid coverage, please call DHHS via the telephone number on the first page listed in the upper right hand corner of this notice.**

If you need a Creditable Coverage Certificate, indicating all months of Medicaid coverage you had, to provide to an insurance company, please call 402-471-9310 (in Lincoln) or Toll free 1-800-358-8802 and ask for the "Creditable Coverage Certificate" representative.

The manual references which support this Notice are- 477 NAC 1-010ff

### Comments

A Medical assistance case is due for a review. Please file a review application as soon as possible.

**For information regarding the status of your case, call the Automated Voice Response System (VRU) at 1-800-383-4278.**

**Please visit [www.ACCESSNebraska.ne.gov](http://www.ACCESSNebraska.ne.gov) to complete applications for assistance, report changes and connect with other on-line services.**

### See Reverse

- As a reminder, if clients are not adjunct eligible for WIC, we must complete a FULL income assessment to determine if they are income eligible for WIC.
- Therefore, WIC staff **are required to see** paystubs & other income documentation for all household members.

# Acceptable Proof / Verification of Adjunct Income Eligibility

## Medicaid Proof

- **Notice of Action Form** –mailed within last 30 days, reprinted within last 30 days or viewed on-line
- **A NEWLY issued Medicaid card** within the last 30 days.
- **Completed Presumptive Application** – Signed and dated within the last 30 days

or

- **WIC Staff call to verify** that Medicaid status is current by CALLING NMES Inquiry Line, or internet.
- This needs to be done if Medicaid card shown has been issued over 30 days ago.

## 599 CHIP Proof

- **Notice of Action Form** –mailed within last 30 days, reprinted within last 30 days or viewed on-line
- **A NEWLY issued 599 CHIP card** within the last 30 days with “unborn” and mothers last name

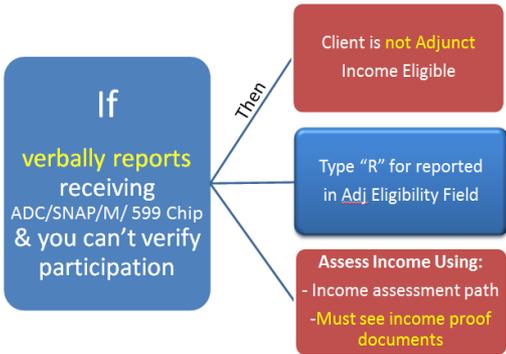
or

- **WIC Staff call** to verify that status is current by calling NMES Inquiry Line, or internet.
- This needs to be done if card shows it has been issued over 30 days ago.

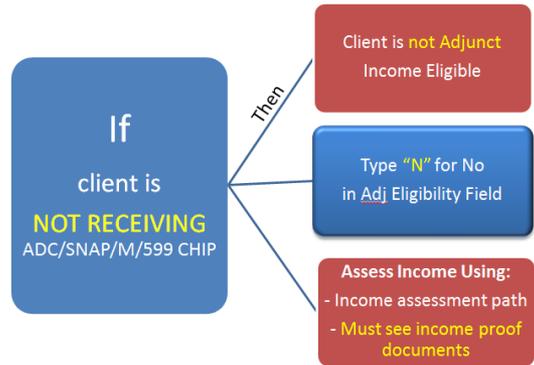
Type a “D” in the computer field for adjunct eligibility

Assess income using:  
 •Income path questions  
 •Verbal response is acceptable

## NO Proof of Adjunct Income Eligibility

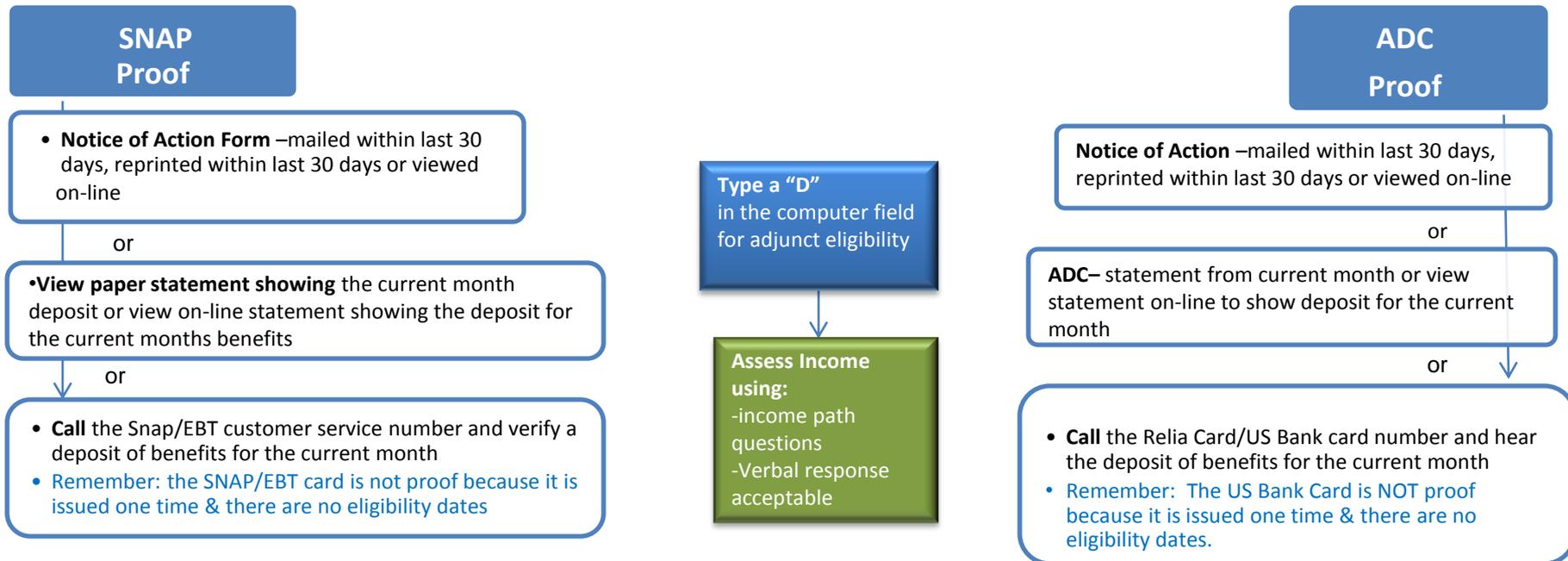


## NO Proof of Adjunct Income Eligibility

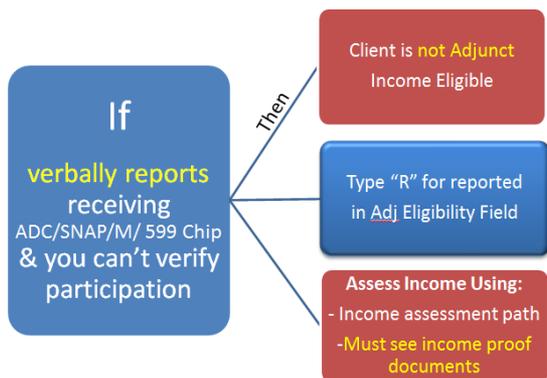




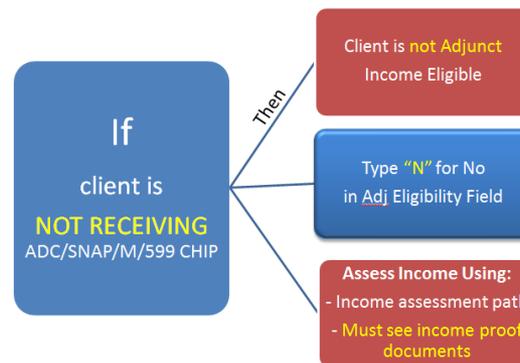
# Acceptable Proof or Verification of Adjunct Income Eligibility



## NO Proof of Adjunct Income Eligibility



## NO Proof of Adjunct Income Eligibility



## The Notice Of Action Form

Q – Can we make a copy of the Notice of Action and keep it in the file for proof of certifications within the next 12 months?

A – No, we cannot allow staff to make copies of this notice and use it for the next 12 months. WIC wants to be sure to see the most current information on the Notice of Action.

Q – If we have a paper notice (received in the mail) that is 2-12 months old, can we use it?

A-No. However, you could use the Medicaid number off the Notice of Action to call the NMES line and verify current eligibility.

# Proof of Adjunct Income Eligibility

QUESTIONS?

Q-What do we do in cases where the NMES line is down?

A-Try to call the Medicaid Inquiry Line at 877-255-3092. If you still cannot get verification, proceed with the parts of the certification you can, but you cannot issue checks until Medicaid is verified or Proof of Income is seen. For those clients who have no proof of income or are over income, leave the adjunct eligible and income fields blank in the computer until you verify Medicaid. Try to verify Medicaid again before they leave or take down Medicaid information and mail the client checks after Medicaid eligibility has been verified.

# Proof of Adjunct Income Eligibility

QUESTIONS?

Q-If you know a participant lied about income to get Medicaid, do they still automatically qualify for WIC benefits?

A-If you verify Medicaid eligibility then yes, they are still adjunct eligible for WIC. You need to report it to Medicaid and call Marge Blankenship at the State.

Q-What if a client tells you they are on cost share Medicaid?

A-Cost share Medicaid is where clients have to pay medical expenses until a certain amount is reached (like a deductible) and then Medicaid kicks in. Verify Medicaid eligibility through the NMES line. Medicaid will not be active until they meet their share of the cost.

# Proof of Adjunct Income Eligibility

QUESTIONS?

Q- Are all foster children adjunct income eligible?

A-Yes, all foster children will be receiving Medicaid and are therefore adjunct income eligible for WIC. You only need to see foster care papers. You do not need to see the Medicaid card or verify Medicaid through the NMES line if the foster parents do not have that information.

Q-Is there any way we could get an internet login to verify Medicaid Eligibility?

A-Marge is working on it, but it looks promising!

# Proof of Adjunct Income Eligibility

QUESTIONS?