



Nebraska WIC Program
Training Update Webinar
February 27, 2013



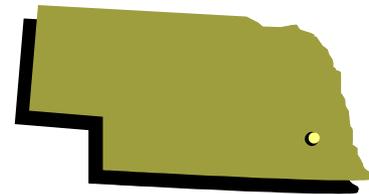
Presumptive Eligibility



Presumptive Eligibility

- Presumes

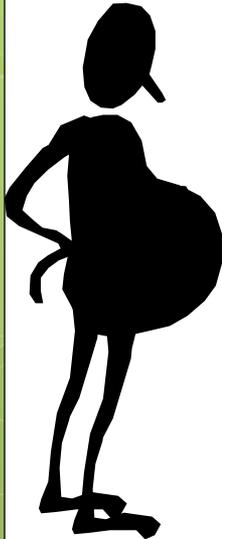
- Eligible



TWO KINDS OF PRESUMPTIVE ELIBILITY IN CLINICS FOR PREGNANT WOMEN

○ **Medicaid** Presumptive Eligibility

○ **WIC** Presumptive Eligibility



MEDICAID PRESUMPTIVE ELIGIBILITY



A **DHHS** DESIGNATED PROVIDER

- Determines a woman is pregnant
AND
- Presumes she is eligible for Medicaid based on verbal income and residency in Nebraska



HOW DO WE KNOW A WOMAN IS MEDICAID PRESUMPTIVE ELIGIBLE?



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)							

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 1-800-642-6092.

NOTICE TO APPLICANT: Show this form to providers of services as proof of medical coverage for children and outpatient prenatal coverage for pregnant women.

NOTICE & APPEAL RIGHTS!

Presumptive

1. If you are found ineligible for Presumptive Eligibility, this form is your notice and 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.



Distribution: White - Local Office, Yellow - Customer, Pink - Provider

MS-01 (2/02) 3/08 Page 1/2
 (Previous version 10/02 should NOT be used)



HOW AFFECTS WIC??

- Pregnant Women who apply for WIC

AND

- are Presumptive **MEDICAID** eligible

ARE

- Adjunctive Income Eligible for **WIC**



OUTREACH TO PROVIDERS



**Health
Department**



Maternity

WIC PRESUMPTIVE ELIGIBILITY

- Any Woman who applies for WIC

Who is:

- Pregnant (Proof not required)
- Has proof of ID & Residency
- Is Income Eligible or Adjunct Eligible
(including Medicaid Presumptive Eligible)

Can be Certified for WIC using the Presumptive Eligibility Option

WIC's Presumptive Eligibility Option

Assumes Pregnant Women who meet WIC's income guidelines have at least one nutrition or health risk that will make them eligible for WIC.



When Use WIC Presumptive Eligibility??

When you are unable to complete a full certification....

- Walk Ins
- Rescheduled Appointments
- Late for Appointment
- Tells you they are pregnant while at clinic



ANYONE CAN CERTIFY A CLIENT AS WIC PRESUMPTIVE ELIGIBLE



Including:

- ☆ Clerks
- ☆ CPAs



Steps to Certify A Pregnant Woman as WIC Presumptive Eligible

1

Read/Review Rights & Responsibilities with client

Have her sign the Signature Form

Inform her about Dual Participation

Ask her if she wishes to register to vote

Step



:

- Use TT9 - Presumptive
- See Proof of ID
- See Proof of Residency
- Determine Income:
 - ★ Adjunct Eligible??
 - YES – See Proof & Ask for Verbal Income
 - No – Ask Income Questions

STEP :

Assign Standard Risk Code for
Presumptive Women

3A





Assign the Standard Food Package for a Presumptive Eligible Pregnant Woman



PF1 Includes:

- 5½ gallons milk
- 1 doz. Eggs
- 16oz bread/tortillas or brown rice
- 2# dried beans/18oz peanut butter or 4 cans beans
- \$10.00 Fruits & Vegetables
- 36oz cereal
- 3 cans juice

Step



:

Complete Signature Form

New Cert
 ReCertification
 ReEnroll
 In State Transfer
 Out of State Transfer
 Presumptive
 Custody Change

Date Cert Expires: _____

Date of Certification: _____ Client Present: YES NO, Reason: _____

IDENTIFICATION									
Proof Seen	DL	NE WIC Fldr	SS Card	MC	Work/School ID	BC	Purple WIC Card	Hosp BC	Other (list)
Adult	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Minor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

RESIDENCY					
Proof Seen	MC	Mail	Ck Stub	Lease	Other List
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

INCOME						
Proof Seen	MC	Pay Stub	SS/SSI	Tax Form	Child Supp	Other (list)
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

NO PROOF		
<input type="checkbox"/> Res	<input type="checkbox"/> ID	<input type="checkbox"/> Income
Reason: _____		
Client Initials		

Zero: Reason why _____

Staff Signature/Title	Income Assessment	ID/Residency Assessment	Nutrition Risk Assessment	Food Package Prescribing	Check Issuance
<u>Cindy Clerk</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Notification That Benefits Are About to Expire Was Given On: _____ By: _____

Ineligibility Documentation Given On: _____ Staff Initials: _____ Termination Code/Reason: _____

Step 6:

- Offer Alternate Shopper Card
- Give ID Folder
- Give Checks
- Schedule Appointment (within 60 days)



WIC Presumptive Eligibility

THE SECOND VISIT

- Must be Completed within 60 days
- Is a Continuation of the Certification



As a Continuation of the Certification....

- The WIC ID Folder may be used a ID
- DO NOT Need to
 - ❖ See proof of Residency
 - ❖ Assess Income

What Happens During the 2nd Visit?

See the CPA

- Use TT1
- Complete Health & Nutrition Assessment
- Assign Risk Code(s)



The 2nd Visit.....

- Provide Nutrition Education
- Provide Referrals
- Assign different food package if needed.



Complete the Signature Form

New Cert
 ReCertification
 ReEnroll
 InState Transfer
 Out of State Transfer
 Presumptive
 Custody Change
 Date Cert Expires: _____

Date of Certification: 2/28/20XX
 Client Present: YES
 NO, Reason: _____

IDENTIFICATION									
Proof Seen	DL	NE WIC Fldr	SS Card	MC	Work/School ID	BC	Purple WIC Card	Hosp BC	Other (list)
Adult	<input checked="" type="checkbox"/>	<input type="checkbox"/>							
Minor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

RESIDENCY					
Proof Seen	MC	Mail	Ck Stub	Lease	Other List
Adult	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

INCOME						
Proof Seen	MC	Pay Stub	SS/SSI	Tax Form	Child Supp	Other (list)
Adult	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Zero: Reason why _____

NO PROOF		
<input type="checkbox"/> Res	<input type="checkbox"/> ID	<input type="checkbox"/> Income
Reason:		
Client Initials: _____		

Staff Signature/Title	Income Assessment	ID/Residency Assessment	Nutrition Risk Assessment	Food Package Prescribing	Check Issuance
<u>Cindy Clerk</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<u>Charlie CPA</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>				
_____	<input type="checkbox"/>				

Notification That Benefits Are About to Expire Was Given On: _____ By: _____

Ineligibility Documentation Given On: _____ Staff Initials: _____ Termination Code/Reason: _____



WIC Presumptive
Eligible Women
MUST HAVE at Least
One Risk Code in
Addition to 3A



Length of Certification Period

Begins on the date presumptive eligibility is determined through six weeks postpartum.



No RISK....



- Terminate Immediately
- Give Ineligibility Letter



CHECKS ??

- If today's date is **LESS THAN 60 Days** from the date WIC presumptive eligibility was determined issue 1 Month of Checks.



- If today's date is **MORE THAN 60 Days** from the date WIC presumptive eligibility was determined DO NOT ISSUE CHECKS



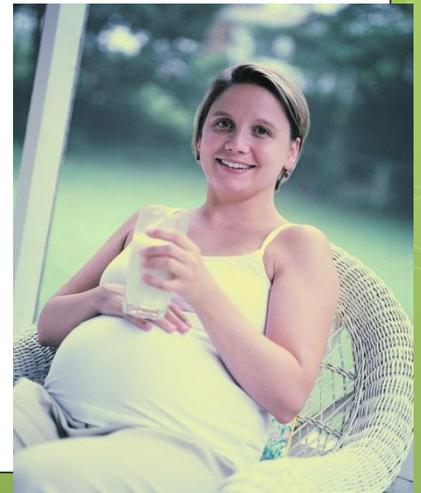
Returns After 60 Days:

- Use TT3 (Re-enroll)
- Certify as new client
 - ❖ Must complete entire certification process



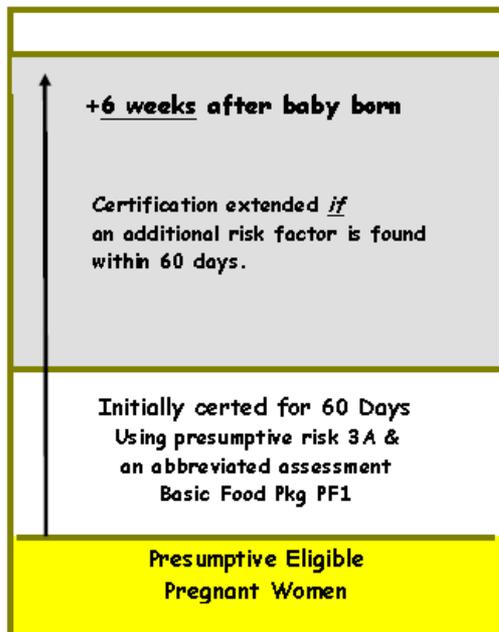
TRANSFERS

- Use TT5 (In-State Transfer)
- Additional 60 days



Presumptive Eligible - Pregnant Women

Length Of WIC Certification Periods



May NOT extend or shorten cert period for Presumptive Eligible Pregnant Women

Abbreviated
visit!

Presumptive Eligible Pregnant Women

- **TT9** - Certified initially for 60 days as presumptive -- assuming a risk will be found (risk factor 3A)
- **WITHIN 60 days**, client must return for a full assessment to determine a valid risk factor. (Use TT1) If risk factor found, then certification is extended for the duration of pregnancy & up to 6 weeks postpartum. If risk factor is not found, WIC benefits are discontinued.
- **After 60 days**, must certify as a re-enroll (TT3)
- Note: Presumptive can only be used one time per pregnancy

QUESTIONS ??

