

# Colorado Nurse Home Visitor Program (NHVP)



## Client Eligibility Verification and Documentation Guidance Document

Effective July 1, 2009

This document provides guidance to NHVP grantees concerning acceptable verification methods and documentation of client program eligibility. It is not intended to be an exhaustive list of all possible eligibility circumstances or operational methods related to the verification and documentation of client eligibility requirements. This guidance will be revised as new information and best practices become available.

In accordance with the Colorado Nurse Home Visitor Program Act, as described in § 25-31-101, C.R.S., clients in the NHVP must be low-income, meaning the mother's annual income, not the household or family income, cannot exceed 200% of the Federal Poverty Guidelines. While many women may meet this qualification based solely on their income, funded services are limited; therefore, grantees must develop and implement a screening and triage method to ensure the highest need mothers are being served. Adherence to the Nurse-Family Partnership (NFP) Model Element #3 ensures that each grantee has established a threshold for low-income clients within the context of their own community.

### NHVP CLIENT ENROLLMENT APPLICATION:

The NHVP client application has undergone two revisions during FY0809. The form was revised and implemented on September 1, 2008 to improve ease of use and to provide additional instructions concerning income verification. As a result of the NHVP Compliance Assessment Program Pilot, the application was revised a second time primarily to collect additional information relative to client eligibility requirements. The second revision of the form became effective January 1, 2009. The most current form must be used to enroll clients into the program. It may be customized to be agency-specific (logo, address, etc.) and additional questions or data fields can be added to collect other information about the client; however, existing data fields and questions cannot be removed. The application form is available in English and Spanish on the NHVP website at <http://www.cdphe.state.co.us/ps/nursehome/> under the Grantee Fiscal and Program Requirements.

All general information fields must be completed and each yes/no question at the beginning of each table must be answered before the client signs the document attesting to the accuracy of the application. Client Social Security number is requested to assist billing staff in correctly identifying clients in the Medicaid system. **Do not leave fields blank.** Instead, enter "None", "N/A" or provide a comment such as "does not have" or "does not know." The client must sign the form to indicate that she agrees with the attestation statements and that the information provided is accurate to the best of her knowledge. The visiting nurse or other staff assisting the client with the application must also sign the document verifying the client understood the application and the information provided is accurate to the best of his/her knowledge.

The application instruction page contains the 2008 Federal Poverty Guidelines. To use the table, count a pregnant woman having a single baby as 2 persons. A pregnant woman expecting twins would be counted as 3 and so on. Grantees are expected to use the most recent Federal Poverty Guidelines, which are updated every January and can be found at <http://aspe.hhs.gov/poverty/>. The income guidelines listed in the table represent gross yearly income.

### 2009 Federal Poverty Guidelines

Persons in Family or Household	48 Contiguous States and D.C.	Colorado 200%	Alaska	Hawaii
1	\$10,830	21,660	\$13,530	\$12,460
2	14,570	29,140	18,210	16,760
3	18,310	36,620	22,890	21,060
4	22,050	41,000	27,570	25,360
5	25,790	51,580	32,250	29,660
6	29,530	59,060	36,930	33,960
7	33,270	66,540	41,610	38,260
8	37,010	74,020	46,290	42,560
For each additional person, add	3,740	7,480	4,680	4,300

### Income Eligibility Verification Decision Tree:

A flow chart (decision tree) has been developed to provide instruction on the determination process of income verification and the appropriate methods for verification and documentation. This document is a companion to the NHVP Client Application. The decision tree is included in this document as Attachment 2.

### Medicaid:

The income eligibility for Medicaid is 133% of the Federal Poverty Guidelines. Clients actively enrolled in Medicaid at the time of the NHVP application meet the income eligibility requirement. All grantees are required to verify the Medicaid status of any client who discloses participation in Medicaid at the time of enrollment into the NHVP. This verification is required regardless of earned or received income. Verifying Medicaid eligibility not only provides income verification for the purposes of NHVP eligibility, but it also ensures that the client's Medicaid is current and can be billed for services. Medicaid's income requirements are based on household. The NHVP income eligibility requirement is based solely on the client's income and cannot exceed 200% of the Federal Poverty Guidelines. A client who is Medicaid eligible also qualifies for the NHVP. To verify Medicaid eligibility, enter the provider portal and utilize the verification function on the Medicaid website. Once on the verification screen, enter the date the client filled out the NHVP application as the date of service, and provide all other required data. If the client is Medicaid active, the screen will indicate "Eligible." Print the screen, attach it to the NHVP Client Application and file it in the client's chart. Follow this process for clients with **Emergency or State Medicaid**.

Medicaid eligibility can also be verified through the Colorado Benefits Management System (CBMS). The "Medical Spans Summary" screen verifies the client's eligibility and provides the period of time that the client is eligible. This screen is heavily coded and does not include a key. When the "Medical Spans Summary" is used as verification and documentation of Medicaid eligibility, notes must be written on the document explaining the "grant code" and the "category" code. Attach the print out to the NHVP Client Application and file it in the client's chart.

Clients receiving Medicaid under **Presumptive Eligibility** or who's Medicaid has **lapsed** cannot be verified through the Medicaid portal or through CBMS. Another means of income verification must be used for these clients.

### Women, Infants and Children (WIC):

The income eligibility for WIC is 185% of the Federal Poverty Guidelines. Clients actively enrolled in **WIC** at the time of the NHVP application meet the income eligibility requirement because their income is less than 200% of the Federal Poverty Guidelines; however, grantees must verify and document a client's active WIC status at the time of enrollment.

There are three suggested methods of verification and documentation:

1. Request a copy of the "Colorado WIC Program Participant Master Record" from the local WIC office. This document certifies the client's active participation in WIC and provides the period of time that the client is eligible. File the document in the client's chart with the NHVP Client Application.
2. Make a copy of the client's WIC voucher and ensure that the voucher is current and contains the client's name as listed on the NHVP application. File the document in the client's chart with the NHVP Client Application.
3. WIC referral form such as the one found herein as Attachment 1. File the document in the client's chart with the NHVP Client Application.

If a grantee prefers to use a different form for WIC verification and documentation, it must include the following information:

- Client Name
- Address
- Phone Number
- Date of Birth
- Social Security Number (optional)
- Date of enrollment into WIC
- Date of referral to the NFP
- Attestation language that the client is eligible for WIC
- Printed name of WIC employee attesting to WIC eligibility
- Signature of WIC employee attesting to WIC eligibility
- Title of WIC employee attesting to WIC eligibility

### Income Earned or Received:

Clients earning or receiving an income, without verifiable participation in Medicaid or WIC, must provide documentation of their source(s) of income. Earned income includes tips (if applicable). Other types of income received include but are not limited to, unemployment compensation, cash contributions by others, worker's compensation, educational grants/scholarships, Colorado Works cash, military allotments, cash contributions from others, etc. The individual reviewing the client's enrollment form must examine the client's income documentation and determine that the total amount of income does not exceed 200% of Federal Poverty Guidelines. If the client meets the income eligibility requirement, a copy of all income documentation must be attached to the completed NHVP Client Application form and filed in the client's chart.

### Student Grants and Scholarships

Clients receiving educational grants and or scholarships must disclose on the NHVP Client Enrollment Application that portion of the grant or scholarship that is taxable income. The Internal Revenue Service considers taxable income to be grant or scholarship funds used for room and board, travel, research, clerical help or equipment and other expenses that are not required for a course. As an example, if the client received \$4000 through a scholarship and 2 grants and used a total of \$2000 for room and board, she would list \$2000 as income on the application. The client's attestation that the "information is accurate and true" to the best of her knowledge serves as verification and documentation of the income. The nurse home visitor, or individual assisting the client in the completion of the enrollment form, must ensure that this income information is listed in the "Other Income" box under Section #3 of the application, that the client signs and dates the form and the individual assisting the client sign the form as well.

If the client receiving scholarship or grant funds also receives other types of income, such as a wage from a job or income from some other source, that income must be verified using methods described in this document.

### **No Income:**

Client's who do not earn or receive an income are eligible for the NHVP. If a client is Medicaid eligible, her Medicaid **must** be verified upon enrollment into the NHVP and the documentation must be attached to the completed NHVP Client Application form and filed in the client's chart. Ensure that all fields and questions

on the application are complete. The client's lack of income is self declared and the signed application will serve to verify and document her income status and indicate that she agrees to the attestation statements. This is the only circumstance where the attestation serves as verification and documentation of income.

### **Prenatal Plus Program (PNP) and Matria:**

Matria, PNP and NHVP provide Medicaid billable prenatal services. Restricting client participation to only one of these programs at a time eliminates the possibility of duplicative care and reimbursement. Clients who enroll in one program and later decide that one of the other two programs better meets her needs, has the option to leave her current program and enroll in another, assuming she meets eligibility requirements .

If a woman is enrolled in Matria, but wants the NHVP instead, she must first disenroll from Matria by calling 1-877-966-BABY (2229) and request withdrawal from the program. Once she has withdrawn, she may apply for the NHVP or PNP. When completing the NHVP Client Application, indicate that the client was previously a Matria client and include the date of her Matria withdrawal.

If a woman is enrolled in PNP, but would like to transfer to the NHVP or Matria, she must first disenroll from PNP by calling her Care Coordinator. Once withdrawn, she can apply for the NHVP or Matria. When completing the NHVP Client Application, indicate that the client was previously a PNP client and include the date of her PNP withdrawal.

If a NHVP client decides to withdraw to enroll in either PNP or Matria, the visiting nurse must document the date of withdrawal and that she is leaving to participate in either PNP or Matria. These notes to the client file document when and why the agency will cease to bill for NHVP Medicaid services. In addition, for clients leaving the NHVP, the Clinical Information System (CIS) does not include PNP or Matria as reasons for departure from the program.

### **Family Planning:**

Family Planning clinics often refer clients to the NHVP, but Family Planning clinics are not required to verify a client's income to provide services. Clients referred to the NHVP from Family Planning must complete the NHVP Client Application and provide income verification and documentation as directed in this document.

### **Child Health Plan Plus (CHP+) Colorado Indigent Care Program (CICP)**

CHP+ and CICP have higher maximum thresholds for income eligibility beyond the 200% of the Federal Poverty Guidelines for the NHVP. Clients participating in these programs must complete the NHVP Client Application and provide income verification and documentation through other applicable means as directed in section "Income Earned or Received" and "No Income".

### **Copies of Documents:**

Written permission from the client must be granted prior to taking any documents from the client for the purpose of making copies. A statement has been added to the attestation section of the NHVP Client Application, allowing clients to give this permission, should it be needed. Original documents should be guarded and returned as quickly as possible to the client. Documents can also be scanned into a portable scanner and later printed for the file. Ensure that the printed copy is legible.

**Attachment 1**

**NURSE – FAMILY PARTNERSHIP REFERRAL FORM**

<i>Nurse-Family Partnership is a free program for first-time, low-income mothers to help you and your baby.</i>			
<b>Please help us by filling out this form above the shaded area. Please circle either yes or no where asked.</b>			
This is my first baby.		Yes	No – if no, stop here
Name:			
Date of Birth:		Social Security # (optional):	
Address:			Apt #:
City:	State:	Zip Code:	
Phone:		2 <sup>nd</sup> Phone:	
Due Date:			
<b>May someone from Nurse-Family Partnership call you?</b>		Yes	No
<b>I attest this person is eligible for WIC.</b>			
_____		_____	
Print Name (WIC Staff)		Title	
_____			
Signature (WIC Staff)			
Date of enrollment into WIC: _____			
Date of referral or notification of interest to NFP: _____			

# NHVP/NFP Income Eligibility Verification Decision Tree

Companion to the NHVP/NFP Client Application form – Effective January 1, 2009

