

HVSA Funding Code Guidance for NFP Programs

Local implementing agencies (LIAs) funded by the HVSA receive funding from one or more sources, including MIECHV, TANF, 502, and GFS (see below). When reporting to DOH, **LIAs must assign an HVSA funding code to all clients that are funded by the HVSA.** This document outlines guiding principles for the use of funding codes.

Guiding Principles

- Reporting requirements are based on the fund type (e.g., MIECHV, GFS).
- Reporting requirements are based on the client’s most recent funding code as of the end of the reporting period.
- Clients should never have more than one HVSA funding code at a time and funding start date and funding end date should be recorded in Flo.
- If funding codes must be changed, **DOH must be notified** as soon as possible and updated on the **Client Funding Source Form**.
- Currently Flo does not have Washington-specific funding codes. Flo notes *MIECHV* funding and *Other* funding (e.g., *Other 1*, *Other 2*, etc). This requires the LIA and DOH to coordinate the selection of an *Other* fund code if receiving 502, GFS, or TANF funds. Please do not guess the fund code for HVSA clients. **If you are unsure which *Other* fund code to use, please contact DOH first to ensure that fund data is reported correctly in Flo and received correctly by DOH.**

Funding Codes	
MIECHV	The Maternal, Infant, and Early Childhood Home Visiting Program (MIECHV) funded by the Health Resources and Services Administration (HRSA)
TANF	The Temporary Assistance for Needy Families (TANF) Home Visiting Program is a joint project of the WA Department of Social and Health Services Economic Services Administration Community Services Division and the Department of Children, Youth, and Families (DCYF)
502	502 refers to funds collected through Initiative 502 (marijuana sales tax).
GFS	General Funds – State (GFS) refers to funds that have been allocated directly by the legislature from the state general fund

Data collection:

- Upon enrollment/intake, record the funding source on the **Client Funding Source Form**.



Client Funding Source

Client ID Client Name DOB
Date Nurse Home Visitor ID Nurse Home Visitor Name

This form should be completed by the Nurse Supervisor, Nurse Home Visitor or Administrative Assistant to indicate the source of client funding. Entry of this information is necessary for accurate reporting.

Client Funded By:

Maternal, Infant and Early Childhood Home Visiting Program (MIECHVP) - FORMULA (MIECHVP) - FORMULA

◆ Funding Start Date: MM/DD/YYYY

End Date: MM/DD/YYYY

Maternal, Infant and Early Childhood Home Visiting Program (MIECHVP) - COMPETITIVE (MIECHVP) - COMPETITIVE

◆ Funding Start Date: MM/DD/YYYY

End Date: MM/DD/YYYY

Reminder: In general, the HVSA cautions against changing a family's funding code due to issues in reporting continuity over time. Funding code changes should be discussed with a DOH home visiting team member and your DCYF Program Specialist before changes are made.

Once you have completed the Client Funding Source Form log into Flo and search for the client you would like to apply the funding to. (SEE BELOW)

Search Page

back search delete edit

Individual Case **Service** Event

Search Criteria

Name Primary Worker Race

Individual ID Service

Phone No. Case Status Ethnicity

Email Medicaid Number Participating voluntarily

Gender

Individual Site WA0341

Include Site Tree

Date of Birth mm/dd/yyyy

More

Intake Wiz Go

From the SEARCH PAGE select SERVICE

You will then be directed to the SEARCH PAGE for the SERVICE FILE. (SEE BELOW)

Search Page back search delete edit Wed Mar-16-2022

Individual Case **Service** Event

Search Criteria

Case Name

Service File ID

Service

Individual Name

Worker Name

Open Services

Assigned Services

List All Members

Worker Site

Include Site Tree

From

To

Enter the last name of the client in the "CASE NAME" box. Click on the "GO" button.

The "RESULTS" box will appear. (SEE BELOW)

Results
1 - 1 of 1

Case ID	Service File ID	Service	Member	Worker	Site	Start Date
		Nurse Home Visiting				

Under the word "SERVICE" you will see "Nurse Home Visiting" in white. Click on it.

This will direct you to the client's SERVICE FILE. To the right you will see a dropdown box "SELECT DOCUMENT". (SEE BELOW)

more

Select Document

Add New Document

Click on the down arrow and select the CLIENT FUNDING SOURCE document.

The next screen will ask you enter the document date and the client's name. Document description is "CLIENT FUNDING SOURCE" (SEE BELOW)

Add Document

Document

Client Funding Source

Document Date

For Service Participant

Document Description

The Client Funding Source document will appear. Enter the assigned NFP Nurse and then click the appropriate box for the funding source.

Client Funded By:

Maternal, Infant and Early Childhood Home Visiting Program (MIECHVP) - FORMULA

Maternal, Infant and Early Childhood Home Visiting Program (MIECHVP) - COMPETITIVE

Tribal, Maternal, Infant and Early Childhood Home Visiting Program (TMIECHVP)

Pay for Success (PFS)

Other Funder 1

Other Funder 2

Other Funder 3

Other Funder 4

*Funding Start Date Dec-14-2020

End Date

Other Funder 5

Other Funder 6

Once the box is clicked then the FUNDING START DATE box will appear. Enter the date that you want the funding to start. (I enter the date the client is enrolled in NFP)

Other Funder 2

*Funding Start Date

End Date

Once that is completed, click the word NEXT at the bottom of the form and FINISH. This will lock the document and send it to the NSO.

Please reach out to homevisiting@doh.wa.gov with any questions.