

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM

State/Territory: IOWA

DESCRIPTION OF STAFF MAKING ELIGIBILITY DETERMINATIONS

The local District Offices of the Social Security Administration make the Medicaid eligibility determinations for the following groups of individuals:

1. SSI beneficiaries
2. Mandatory state supplementation recipients
3. Optional state supplementation recipients in the following categories:
 - a. Blind supplementation
 - b. Family Life Home supplementation
 - c. Dependent Person supplementation
4. Persons in medical institutions whose income is such that they would be eligible for SSI if residing outside the institution if application for SSI is made during the month of entrance to the medical institution (initial eligibility determination only).
5. Persons considered to be SSI recipients under 1619a and 1619b.

The local county offices of the Department of Human Services make the Medicaid eligibility determinations for the following groups of individuals:

1. Persons who become ineligible for SSI because of Social Security cost-of-living increases (Section 503 Medical Only)
2. Persons in medical institutions who would be ineligible for SSI if residing outside of the institution because of excess income (300%) cases.
3. Persons in medical institutions who would be eligible for SSI if residing outside of the institution but who have not applied for SSI during the month of entrance to the medical institution.
4. Individuals who lost eligibility for cash assistance because of OASDI increases in October 1972.

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DESCRIPTION OF STAFF MAKING ELIGIBILITY DETERMINATIONS (cont.)

5. Optional state supplementation recipients in the following categories:

- a. Residential Care Facilities**
- b. In-Home Health Related Care**

6. All AFDC-related individuals

7. Institutionalized individuals who were eligible in December 1973

8. All Medically Needy cases

9. Waiver cases

10. Other SSI-related cases

11. Foster care cases

12. Subsidized adoption cases

13. Poverty level pregnant women, infants and children

14. Continuously eligible pregnant women

15. Qualified Medicare beneficiaries

16. Qualified disabled and working persons

17. Specified low income Medicare beneficiaries

18. People ineligible for SSI due to reevaluation of childhood disability

19. Qualifying individuals in special group 1

20. Qualifying individuals in special group 2

Providers who meet the definition of "qualified provider" in accordance with Section 9407 of the Omnibus Budget Reconciliation Act of 1986 make presumptive Medicaid eligibility determinations for pregnant women whose family income does not exceed the applicable income standard.

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