STATE OF IOWA DEPARTMENT OF Health and Human services

GENERAL LETTER NO. 14-C1-6

ISSUED BY:

Division of Community Access

SUBJECT: Employees' Manual, Title 14, Chapter C(1), *Family Planning Program System*, Title Page, Contents 1, 1-37, revised; 38-48, removed.

Summary

This chapter is revised to

- Update style and formatting throughout.
- Update to reflect current system design and features.
- Update to reflect changes to citizenship and identity requirements due to no longer utilizing the State Verification and Exchange System (SVES) effective May 1, 2022.

Effective Date

Immediately.

Material Superseded

Remove the following pages from Employees' Manual, Title 14, Chapter C(1), and destroy them:

<u>Page</u>	<u>Date</u>
Title Page	March 16, 2018
Contents I	March 16, 2018
I-48	March 16, 2018

Additional Information

Refer questions about this general letter to your area income maintenance administrator.

STATE OF IOWA DEPARTMENT OF Health and Human services

Employees' Manual Title 14, Chapter C(1)

Revised April 5, 2024

Family Planning Program System

Page I	
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Page

Overview	I
Accessing the FPP System	
Clinic Staff	
Department Staff	
Menu Choices	
Information Screens	
Search Results	
Search Results Edit	
Assigning a State ID	
Case Information/Non-Financial Eligibility	
Application Date Information	
Person Information	
Address Information	
Non-Financial Information	
Demographic Information	
Family Planning Worksheet	
Patient/Applicant's Income	
Spouse's Income	
kesult	
Eligibility Determination	
Family Planning Program Eligibility Summary	
Deny an Application	
Cancel a Case	
Family Planning Program Case Actions	26
Determining Eligibility	
Assigning a State ID Number	
Denying an Application	
Cancelling a Case	
Notices	35
Form 470-4200, Notice of Decision	

<u>Overview</u>

The Family Planning Program (FPP) system is a web-based data processing system designed to allow designated family planning agency workers and Department income maintenance (IM) workers to enter client information to determine eligibility for the Iowa Family Planning Program (FPP) benefits.

Most screens and case actions are the same or very similar for clinic workers and IM workers. Differences are noted in the text or separate instructions are given.

Workers can also use the FPP system to view existing member information and close an FPP case.

Accessing the FPP System

Procedures for accessing the FPP system are different for clinic staff and Department staff.

Clinic Staff

Your Title X grantee will contact HHS to request FPP system access. When access is granted, you will receive an email from HHS staff providing the login details (user name and password).

Step	Action
I	From your computer desktop, double click on your Microsoft Edge browser icon.
2	Enter <u>https://secureapp.dhs.state.ia.us/fpw</u> to get to the Family Planning Program Login page.

Department Staff

Follow normal security procedures to request access for a new Department employee or to remove someone's access from the FPP system.

Department staff use the following procedure to access the FPP system.

Step	Action	
I	From the IM Resources SharePoint page, click on the Family Planning Program link to display the login web page for the FPP system.	
2	 Enter your user name and password. Your user name is your HHS email address (first letter of your first name and the firs six letters of your last name). 	
	 Your password is the same password you use to sign in to the network. When you change your network password, you will need to use your new network password to sign in to the FPP system. 	

Step	Action				
3	Click Sign In to display the FPP County/Worker page. Using the drop-down boxes, select your worker county and number and click Continue .				
	Department of HUMAN SERVICES Instant of HUMAN SERVICES Instant of Human Insta				
4	After selecting your worker county and number, the FPP Home page will display.				

Menu Choices

There are two main menu choices for clinic staff and three choices for Department staff. The links appear on the left side of the page. To access the area in which you want to proceed, click on the applicable page link. The menu choices are:

- Home: This link takes you to the page that allows you to search for a client by entering a:
 - Social security number, or
 - State identification number
- County/Worker: The County/Worker page is the first page Department staff see when entering the system. You can process further by selecting your worker county or number or you can log out. (This option does not appear on screens displayed to family planning clinic staff.)
- Logout: Clicking on the logout link will return clinic staff to the Login page.

Information Screens

The FPP system consists of several information screens, which are used to search, assign a state identification number, edit and enter client information, and deny or cancel cases.

The **Search** function is also available on the following screens:

- <u>Search Results</u>,
- Search Results Edit,
- Assigning a State ID,
- <u>Case Information/Non-Financial Eligibility</u>,
- <u>Cancel a Case</u>, and
- Deny an Application.

You can perform a search from any of these screens by selecting 'SSN' or 'State ID' in the drop-down box, entering the identifier (social security number or state identification number) in the identifier field, and clicking **Search**.

Search Results

When you search for client information, you will be taken to a Search Results page.

If the search was successful, you will be able to view and enter case and nonfinancial eligibility information or cancel the case.

If your search is unsuccessful, you will either be able to search by the other identifier or assign a state identification number.

The following page will be displayed based on whether you searched by social security number or state identification number:

ON Department of HUMAN SERVICES	嶜 Iowa Family Planning Program			
		Search by patient/applicant's SSN + Search		
Main Menu				
O Home				
Section 1				
O County/Worker	Search Results			
O Reports	a big statistics with one found the se			
O Legent	O No matching 55N was found. Try se	inching by State ID or click on the Assign a State ID Snk.		
O Legent	Name	No Match		
	State ID	No Match		
	SSN			
	Date of Birth	No Match		
	FPP Case Number	Ne Match		
	FPP Case Status	No Match		
	Post-partum Eligibility	N/A		
	Application Date	N/A		
	Cancel Effective Date	N/A		
	Certification Period	N/A		
	Citizenship and Identity Information			
	us	None		
	User - Date	N/A		
	10	None		
	User - Date	NA		
	Date Initial SVES Match Request Sent	N/A		
	Date SVES Match Request Last Sent	N/A		
	SVES Match Response	N/A		
	Source	None		
	90-slay Date	N/A		
	Form 470-4858 Sent?	No		
	FPP Case Confidentiality Requested?	No		
	As	ign a State ID		

		Search by patient/applicant's 55N ~ Search
lain Menu		
Home		
County/Worker	Search Results	
	A match was found. Click on the application of t	propriate link to work with the case record.
Logout	Name	CASE EXAMPLE
	State ID	111111149
	SSN	333224444
	Date of Birth	7/1/2000
	FPP Case Number	L0000096004
	FPP Case Status	Approved
	Post-partum Eligibility	N/A
	Application Date	6/7/2023
	Cancel Effective Date	N/A
	Certification Period	6/1/2023 - 5/31/2024
	Citizenship and Identity Information	1
	us	A - US PASSPORT
	User - Date	KLINDS - 6/23/2023
	ID	A - US PASSPORT
	User - Date	KLINDS - 6/23/2023
	Date Initial SVES Match Request Sent	N/A
	Date SVES Match Request Last Sent	N/A
	SVES Match Response	N/A
	Source	None
	90-day Date	N/A
	Form 470-4858 Sent?	No
	FPP Case Confidentiality Requested?	Yes

If a match is found, the following page will be displayed:

The fields listed below are always displayed on the Search Result page. If the search was unsuccessful, then "No Match" appears in all of the fields except for the IDENTIFIER field used in the search.

- NAME displays the person's name, if found.
- **STATE ID** displays the person's state identification number.
- **SSN** displays the person's social security number.
- DATE OF BIRTH displays the person's date of birth, if found.
- **FPP CASE NUMBER** displays the case number assigned on the FPP system or will state "No Match" if the person was never previously approved or denied for FPP.
- **FPP CASE STATUS** displays the case status. Case status may be "No Match," "approved," "denied," or "canceled."
- POST-PARTUM ELIGIBILITY displays the person's FPP eligibility when created by FPP system. The field displays "yes," if the woman was automatically redetermined to FPP due to a pregnancy ending while she was receiving Medicaid. The field will display "N/A" if the person is no longer eligible or is eligible but not due to an ended pregnancy while Medicaid-eligible.
- **APPLICATION DATE** displays the date the application was filed and received at HHS or clinic.
- **CANCEL EFFECTIVE DATE** displays the effective date of cancellation.
- **CERTIFICATION PERIOD** displays the dates the certification period starts and ends.
- **CITIZENSHIP AND IDENTITY INFORMATION** displays the following information:
 - How citizenship and identity was verified (see US and ID fields).
 - The SVES response, "+" for consistent match and "-" for inconsistent match.
 - Note: Effective May I, 2022, the SVES can no longer be utilized to verify the citizenship and identity for FPP. When the FPP system indicates a valid match by SVES was received prior to May I, 2022, the individuals citizenship and identity is considered verified.
 - 90-day tracking (date the 90-day period expires).
 - Issuance of form 470-4858, Request for Verification of Citizenship and Identity (yes or no).

When the search was unsuccessful, the page shows a link to the **Assign a State ID** screen. (See <u>screenshot</u> on page 5.)

If a match is found then, the following links may be seen:

- Case Information/Non-financial Eligibility appears every time there is a match.
- **Edit** appears every time there is a match.
- **Cancel** appears if the client has been previously approved and is active on the FPP system.
- **Denial** appears if the client has been previously canceled or denied on the FPP system.

Search Results Edit

The **Search Results Edit** screen allows you to edit and update the following information:

- Name
- Date of birth
- Gender
- Address
- Citizenship verification
- Identity verification

	Swarsh by patient/applicant's USN	*
ker Search Results Edit		
Case Statue	Approved	
Case Number	L0000096004	
State ID	111111144	
* Last Name	EXAMPLE I	
* First Name	CANE (D)	
Date of Birth		
* Sex	Female v	
* How was citizenship verified?	US PARAPORT	*
* How was identity verified?	US PASSPORT	
Is the patient/ client within this 90-day Reasonable Opportunity Period to provide verification of citizenship and identity?	O Yee @ teo	
Address Information		
Mailing Address 1		
Only writer the number of the ep building, room, etc. Do not use	artinani, Boox De 8 sign	
* Mailing Address 2	123 booke	
If street address and PO Box m Box in Malling Address 1 and 6 Mailing Address 2. Do not use t punchation.	wit be used, enter PO treat address in the 's sign. Do not use	
* City	handown	
Do not use punctuation.		
* State	94 v	
* Zip Code	50000 -	
* County of Residence	ADAMR - Belief the county the part	ient/class) physically
Message Phone Number	() ×	

Assigning a State ID

Family planning clinic staff use the **Assign a State ID** screen to obtain and assign a state identification number for a client who is not on the system. (IM workers should search for and create state identification numbers for applicants on the ST01 screen before entering the FPP system.)

ON Department of HUMAN SERVICES	嶜 Iowa Family Planning Program			
		Search by patients	isplicants 556 v Easth	
Main Merer				
o Home				
o County/Worker	Assign a State II			
	· required fields			
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	First Name			
		Selact One		
	Sex			
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	Date of Birth	/ 2000 ~		
		999 - 88 -	Do not enter all the or the (perce).	
	SSN	7777		
	es Presieux Co	ntimue en		

The following fields are found on this page:

- LAST NAME is used to enter the applicant's last name.
- FIRST NAME is used to enter the applicant's first name.
- **SEX** is used to select the applicant's gender.
- **DATE OF BIRTH** is used to enter the applicant's date of birth.
- **SSN** is used to enter the applicant's social security number.

This page also contains the links **<<Previous** and **Continue>>**.

Case Information/Non-Financial Eligibility

The Case Information/Non-Financial Eligibility screen contains six sections:

- Application Date Information,
- Person Information,
- Address Information,
- Non-Financial Information,
- DEMOGRAPHIC INFORMATION, and

You will need to scroll on this screen to view all of the sections and information. (See the following screen illustrations.)

NOTE: If a case has already been approved, a message will display stating, "This case has previously been approved. You will only be able to view this information."

	🐮 Iowa Family Planning Program					
Main Menu		Search	by patient/applicant's	53N v	Searc	3
Q Home						
o County/Worker	* This case has previo	ously been approve	d. You will only b	e able to view t	his information.	
	Case Information/ No	on-Financial Eligib	ility			
O Legent	* required fields					
	Application Date Informa	tion				
	+ APPLICATION DATE	*/	• /	*	CASE NUMBER	L0000096004
	Salact the master why this	applicative waard prices	used within 20 days:			
	- Subset form -					
1	Person Information					
	State ID 11111	1141				
	Last Name EXAM	PLE				
	First Name CASE					
	м					
	Date of 7/1/20 Birth	000				
	Sex F					
	SSN 33322	44449				
	Address Information					
	Mailing Address 1			Only enter the r building, room,	sumber of the opacitie etc. Do not use the # s	rrt, flaor. Ign
	• Mailing 123 fe	409		If street address	es and PO Box must be Address 1 and street a	used, enter PG
	Address 2			Mailing Addres punctuation	es and PO Box must be Address 1 and street a is 2. Do not use the % (ign. Do not use
	• City hones	-		Do not use pur	ictuation.	
	* State in	~				
	. Zip Code soooo	i				
	Message (Phone Number)				
	Non-Financial Informatio	n				
	* Is this person a resider	t of lowa?	⊖Yes ⊃No			
	County of residence:		1010			
	* Is the patient/client cu HAWK-I?	rrently covered under	© Yes ⊜ No			

Department of HUMAN SERVICES	🗳 lowa Fa	mily Planning F	Program		
klindsa@dhs.state.ia.us Iowa DHS User		Search	by patient/applicant's	SSN V	Search
) Menu					
lome					
ounty/Worker	* This case has	previously been approve	ed. You will only b	e able to view	this information.
eports	Case Informati	on/ Non-Financial Eligib	oility		
ogout	* required fields				
	Application Date I	nformation			
	* APPLICATION DA	те у	~ /	~	CASE NUMBER B001069600
	• 0-1	why this application wasn't proce	and within 20 dames		
	- Select the reason	why this application wasn't proce	ssed within 30 days:		
	Person Informatio	n			
		3988979H			
	State ID	EXAMPLE			
	Last Name	CASE			
	First Name MI	* ******			
	MI Date of	7/1/2000			
	Birth				
	Sex	F			
	SSN	987989876			
	Address Informati	on			
	Mailing Address 1			Only enter the building, roon	e number of the apartment, floor, n, etc. Do not use the # sign.
	* Mailing Address 2	123 house		If street addr Box in Mailin Mailing Addr punctuation.	ess and PO Box must be used, enter PO g Address 1 and street address in ess 2. Do not use the % sign. Do not use
	* City	hometown		Do not use pr	unctuation.
	* State	IA V			
	* Zip Code	50000 -			
	Message	()			
	Phone Number	ormation			
			0 Yes 0 P		
		resident of Iowa?	○ Yes ○ No		
	 County of resid 		ADAIR		
	HAWK-I?	lient currently covered under	○Yes ○No		
	* Is the patient/o Medicaid?	client currently receiving	🛇 Yes 🛇 No		
	required inform	t/client provided all nation/verification other p and identity?	○ Yes ○ No		
	* Does the patie insurance?	nt/client have health	⊖Yes ⊖No		
	confidentiality health insuran claim the conf	t/client claim the clause for not providing ce information and/or identiality clause if the s fearful of the ?	⊖ Yes ⊖ No		
	* Is the patient/	client pregnant?	○ Yes ○ No		
	* Is this person ending while o	eligible due to pregnancy n Medicaid?	⊙ Yes ⊙ No		

 What date did the pregnancy end? Is the patient/client a US Citizen? Yes O No Has the patient/client proven citizenship? How was citizenship verified? Us passpoor Does the patient/client have proof of citizenship? How was identity verified? Us passpoor Yes O No How was identity verified? Us passpoor Yes O No How was identity verified? Us passpoor Yes O No How was identity verified? Us passpoor Yes O No How was identity verified? Yes O No No provide verification of citizenship and identity? Yes O No Is the patient/client a Qualified Alien? Yes O No Is the patient/client a Qualified Alien? Yes O No Ye			
 Has the patient/client proven citizenship? How was citizenship verified? Does the patient/client have proof of identity? How was identity verified? Is the patient/client within this 90-day Reasonable Opportunity Period to provide verification of citizenship and identity? Did the patient/client legally enter the United States? Record date of entry shown on Permanent Resident Carl or any legal immigration document: Must the patient/client neet the 5-year O'Yes O'No bar requirement? Is the patient/client a Qualified Allen? O'Yes O'No bar conditioned allence: Is the patient/client requesting the case O'Yes O'No bar conditioned allence: Is the patient/client requesting the case O'Yes O'No bar conditioned allence: Yes O'No bar conditioned Allen? O'Yes O'No bar conditioned allence: Is the patient/client requesting the case O'Yes O'No bar conditioned allence: Yes O'No bar conditioned	*	What date did the pregnancy end?	June 🗸 / 28 V / 2023 V
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* Does the patient/client have proof of	*		© Yes ⊙ No
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Reasonable Opportunity Period to provide verification of citizenship and identity? * Did the patient/client legally enter the United States? * Record date of entry shown on Permanent Resident Card or any legal Immigration document: * Must the patient/client meet the 5-year Ores On bar requirement? * Is the patient/client a Qualified Alien? Ores On bar requirement? * Is the patient/client requesting the case Ores On to be confidential? Demographic Information Rase/Ethnicity	*	How was identity verified?	US PASSPORT V
United States? Record date of entry shown on Permanent Resident Card or any legal immigration document: Must the patient/client meet the 5-year Must the patient/client meet the 5-year Must the patient/client a Qualified Alien? Is the patient/client a Qualified Alien? Is the patient/client requesting the case Yes No Demographic Information Race/Ethnicity Minimize Vou may make up to six (6) different selections. Demographic Linformation Race/Ethnicity Minimize Vou may make up to six (6) different selections. Demographic Linformation Note that the full lear while way dick on sech selection	×	Reasonable Opportunity Period to provide verification of citizenship and	⊙Yes ⊙No
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bar requirement? * Is the patient/client a Qualified Alien? Ves O No * Is the patient/client requesting the case O Yes O No * to be confidential? Ves O No Demographic Information Ves O No Race/Ethnicity Hispanic Lation Within Market of Alican Arr Dess the Chil Lee value and click on each selections.	÷	Permanent Resident Card or any legal	✓ 1 <> 1 <>
	×		⊖ Yes ⊖ No
To be confidential? Demographic Information Race/Ethnicity Hispanic/Latin Bick or African Ar You may make up to six (6) different selections. Deces the CMI key while you click on each selection	*	Is the patient/client a Qualified Alien?	⊙ Yes ☉ No
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White Black or African Ar Press the Otri key while you click on each selection	De	emographic Information	
Asian American Indian or Hawaiian or Pacific	R	White Black or African Ar Pres Asian American Indian or	
General Information	Ge	eneral Information	

Application Date Information

The **APPLICATION DATE INFORMATION** section contains the following fields:

- **APPLICATION DATE** is used to select the application date.
- **CASE NUMBER** will display the FPP case number if the case has been previously submitted through the FPP system.
- SELECT THE REASON WHY THIS APPLICATION WASN'T PROCESSED WITHIN 30 DAYS is used to explain why an application was processed late, when applicable. Available reasons are:
 - Grace period reprocessing
 - Waiting on citizenship/identity verification
 - Agency error
 - Client/patient requested an extension
 - 30th day fell on a weekend or state holiday

Person Information

The **PERSON INFORMATION** section displays the following fields and information:

- **STATE ID** displays the client's state identification number.
- LAST NAME displays the client's last name.
- **FIRST NAME** displays the client's first name.
- MI displays the first initial of the client's middle name.
- DATE OF BIRTH displays the client's date of birth.
- **SEX** displays the client's gender.
- **SSN** displays the client's social security number.

Address Information

The **ADDRESS INFORMATION** section initially displays client address information imported from the ABC system if the person has been active on ABC. Review the information to make sure it is correct.

If the address is not correct, change it before submitting the case for approval. (Correcting the address in the FPP system will not correct the address in the ABC system.)

- MAILING ADDRESS I is the apartment or building where the client lives.
- MAILING ADDRESS 2 is the street address where the client lives.
- CITY is the city where the client resides.
- STATE is the state where the client resides.
- **ZIP CODE** is the zip code of the living address for client.
- MESSAGE PHONE NUMBER is an alternate number for messages for the client.

Non-Financial Information

The **NON-FINANCIAL INFORMATION** section consists of several questions. Answer the questions by:

- Clicking "yes" or "no" button,
- Selecting answer from the drop-down options, or
- Entering a date.

The questions are as follows:

- Is this person a resident of lowa?
- County of residence.
- Is the patient/client currently covered under hawk-i?
- Is the patient/client currently receiving Medicaid?
- Has the patient/client provided all required information/verification other than citizenship and identity?
- Does the patient/client have health insurance?
- Can the patient/client claim the confidentiality clause for not providing health insurance information and/or claim the confidentiality clause if the patient/client is fearful of the consequences?
- Is the patient/client pregnant?
- Is this person eligible due to pregnancy ending while on Medicaid? NOTE: This question cannot be answered unless the previous question is answered "no."
- What date did the pregnancy end? NOTE: The date cannot be entered unless the previous question is answered "yes." This question does not appear on the family planning clinic screen.
- Is the patient/client a U.S. citizen?
- Has the patient/client proven citizenship?
- How was citizenship verified? NOTE: This question cannot be answered unless the US citizen question is answered "yes." For information on ABC codes for the US field, see <u>14-B-Appendix</u>, <u>TD03 US</u>.
- Does the patient/client have proof of identity?
- How was identity verified? NOTE: This question cannot be answered unless the US citizen question is answered "yes." For information on ABC codes for the ID field, see <u>14-B-Appendix</u>, <u>TD03 ID</u>.
- Is the patient/client within this 90-day Reasonable Opportunity Period to provide verification of citizenship and identity?
- Did the patient/client legally enter the United States?
- Record date of entry shown on permanent resident cards or any legal immigration document.

- Must the patient/client meet the five-year bar requirement?
- Is the patient/client a Qualified Alien? NOTE: This question cannot be answered unless the US citizen question is answered "no."
- Is the patient/client requesting the case to be confidential?

Demographic Information

The **DEMOGRAPHIC INFORMATION** section contains a list box that allows you to select up to six types of race or ethnicity. The selections are:

- Hispanic/Latino
- White
- Black or African American
- Asian
- American Indian or Alaskan National
- Hawaiian or Pacific Islander

The Case Information/Non-Financial Eligibility page contains the following links:

- <<Previous is used to return to the previous page.</p>
- **RESET** is used to discard changes and return to previously stored information.
- Continue>> is used to move to the Family Planning Worksheet screen.

Family Planning Worksheet

The **Family Planning Worksheet** screen is used to enter the household's countable income and deductions and family size. The screen contains several sections and subsections and is scrollable. See the following screen illustrations.

	🖀 Iowa Family	Planni	ng Progra	m			
Marchine .							
0 Norm							
© CountyWorker				Family Plane	ing Worksheet		* required Tables
	Patentiapplicant name: CA		u		Case Number:	L0000096004	_
© Lagest	Unwarted Income						
			functivity Total				
	Grampicyment	- 1					
	Social Security Child Support	- 1	_				
	Other, But what	- 1					
	Earned Income						
	Employer's Name:						
		17.04	Date Paid		Gross	Tips	Total
		-1	~1	-	5	5	-
		-1	+1	-	5	4	5
		+ /	~/	÷	5	5	5
				Pat	ient/applicant's total g	ross earned income	3
	SECTION A						
		22					
	* Total earned inco				5		
	* 20% earned incom	ne deducti	D1		·	Child Care - you may	enter up to \$250/mo
	* Allowable adult or	child care					age 2 or \$175/mo for
	* Total unearmed in	come					
	* Any payments ma alimony, or spousal		rt-ordered child	support.	1		
	* Patient/Applicant		e income		6		
<u>_ i</u>							
	R. SPOUSE'S INCOME Unsamed income						
			Monthly T	Intel			
	Unemployment		-				
	Social Security Child Support		\$				
	Other, list what:						
			-				

Employer's Name:						
		Date Paid		Gres	a Tipa	Tota
	-1	~/		8	1	8
	-7	÷7	~	5	\$	0
	×7	÷7	÷	\$	\$	\$
	- /	- 1		\$	1	5
				Spouse's total	gross samed income	8
-						_
SECTION B						
* Total earned inco	итне			5		
* 20% earned incor	me deductio	ń.		1.1		
* Allowable adult o	r child care			1	Child Care - you n for each child und each child over ap	ler age 2 or \$1
* Total unearned in	NOOTHE				THOI CHILD OVER IN	le x
* Any payments m alimony, or spousa		1-ordered child	support,	1		
Spouse's countal	ble income			8		
N. HEBLET				_		
* Family Size:	enter to bo	implete calcula	tion	1	lotal countable income: 5	
Percent of poverty	rievel:		*	1	ncome Limit: S	
	MINATION	_				
Date Application I		1/2023		1.0	tate ID: 111111A4	
				3	itart Date: Jave -1	1 7
- Brandada ar					2023 ~	
Decision:						

Patient/Applicant's Income

The section **PATIENT/APPLICANT'S INCOME** is divided into subsections:

- The UNEARNED INCOME section contains fields to enter the following types of unearned income:
 - **UNEMPLOYMENT** is used to enter the monthly total of unemployment received by the client.
 - **SOCIAL SECURITY** is used to enter the monthly total of social security benefits received by the client.
 - **CHILD SUPPORT** is used to enter the monthly total of child support received by the client.
 - **OTHER** is used to enter the type of other income and the monthly total of other income received by the client.

- The EARNED INCOME section is used to record Employment information and wages. It contains the following fields:
 - EMPLOYER'S NAME is used to enter the name of the client's employer.
 - **DATE PAID** is used to enter the month, day, and year when the client received the earned income.
 - **GROSS** is used to enter the client's gross countable earned income for each date paid.
 - **TIPS** is used to enter the applicant's total tip income for each date paid.
 - **TOTAL** displays the system-generated total gross countable earned and tip income for each date paid.
 - **PATIENT/APPLICANT'S TOTAL GROSS EARNED INCOME** displays the system-generated total monthly gross countable income received by the client.
- SECTION A is used to enter and calculate allowable deductions. It contains the following fields:
 - **TOTAL EARNED INCOME** displays the system-generated monthly countable earned income received by the client.
 - 20% EARNED INCOME DEDUCTION displays the system-generated deduction.
 - ALLOWABLE ADULT OR CHILD CARE is used to enter the allowable monthly amount of adult or child care expense incurred by the client.
 - **TOTAL UNEARNED INCOME** displays the system-generated the total of the unearned income previously entered.
 - ANY PAYMENTS MADE FOR COURT-ORDERED CHILD SUPPORT, ALIMONY, OR SPOUSAL SUPPORT is used to enter the allowable monthly amounts of these types of payments paid by the client.
 - **PATIENT/APPLICANT'S COUNTABLE INCOME** is system generated and displays the total countable monthly income for the client.

Spouse's Income

The **SPOUSE'S INCOME** section includes subsections **UNEARNED INCOME**, **EARNED INCOME**, and **SECTION B**. The field names and descriptions correspond to those listed under <u>Patient/Applicant's Income</u>.

<u>Result</u>

The **RESULT** section contains the following fields:

- FAMILY SIZE is used to enter the total number of persons included in the client's household size.
- TOTAL COUNTABLE INCOME displays the system-generated total countable income.
- PERCENT OF POVERTY LEVEL displays the system-generated household poverty level.
- INCOME LIMIT displays the system-generated maximum income limit based on the client's household size.

Iowa Department of Health and Human Services Employees' Manual

Eligibility Determination

Entries in the fields in the **ELIGIBILITY DETERMINATION** section are all system-generated. The fields are as follows:

- DATE APPLICATION RECEIVED displays the application date entered by the worker on the Case Information/Non-Financial Eligibility screen.
- **STATE ID** displays the client's state identification number.
- **DECISION** displays either "Approved" or "Denied" to indicate the client's eligibility, based on the family size that has been entered.
- **START DATE** shows the first date of eligibility under the Family Planning Program.
- **TODAY'S DATE** displays the current day's date.
- **COMPLETED BY** displays the worker's name.

Two links are located at the bottom of the Family Planning Worksheet:

- << Previous returns you to the previous screen.</p>
- **Continue>>** takes you to the **Family Planning Program Eligibility Summary** screen.

Family Planning Program Eligibility Summary

The **Family Planning Program Eligibility Summary** allows a final review of the information entered by the worker. This is a scrollable screen. See the following screen illustrations.

Department of HUMAN SERVICES	📽 Iowa Famil	ly Plannin	g Progra	m		57.	
•							
Main Menu							
O Home							
O County/Worker		Family P	lanning Progr	am Eligibilit	ty Sun	nmary	
	FPP Case Name	FPP Case Num	nber	FPP Aid Type			
O Logout	CASE EXAMPLE	L00009600	P	90-6 - Family	Plannin	g Program	
	Today's Date	Application Da	te	Completed By:			_
	6/28/2023	6/1/2023		Worker	klin	i i	
				Number - Worker County -			
	Approval Date	Start Date		Worker Phone	0-		
	This application was not proc	essed within 30 days	because:	N/A			
	Review Date						
	5/1/2024						
				•			
	Denial/Cancel Date			N/A			
	N/A - Approved						
	Denial/Cancel Reason						
	in A - Apploted						37
	State ID	So	ocial Security Numb	er		Date of Birth	
	111111149	33	13 - 22 - 4444			7/1/2000	
	Sex	Ra	ice/Ethnicity			Primary Care Referral?	
	Female	н					
	Message Phone Number						
	Not Provided						
	Mailing Address 1 -						
	Mailing Address 2 - 123 ho	use					
	City - hometown						
	State - IA						
	Zip Code - 50000						

Iowa Department of Health and Human Services Employees' Manual

Is this person a resident of Iowa? Yes
County of residence: ADAIR
Is the patient/client currently covered under HAWK-I? No
Is the patient/client currently receiving Medicaid?
Has the patient/client provided all required information/verification other than citizenship and identity? Yes
Does the patient/client have health insurance? Yes
Can the patient/client claim the confidentiality clause for not providing health insurance information and/or claim the confidentiality clause If the patient/client is fearful of the consequences? Yes
Is the patient/client pregnant? No
Is this person eligible due to pregnancy ending while on Medicaid?
What date did the pregnancy end?
Is the patient/client a US Citizen? Yes
Has the patient/client proven citizenship? Yes
How was citizenship verified? A - US PASSPORT
Does the patient/client have proof of identity? Yes
How was identity verified? A - US PASSPORT
Is the patient/ client within this 90-day Reasonable Opportunity Period to provide verification of citizenship and identity?
Did the patient/client legally enter the United States?
Record date of entry shown on Permanent Resident Card or any legal immigration document:
Must the patient/client meet the 5-year bar requirement?
Is the patient/client a Qualified Alien?
Is the patient/client requesting the case to be confidential? Yes
Family Size - 4
Income Limit - \$ 7500
Total Countable Income - \$ 4500
Poverty Level - 180 %
Prior Citizenship and Identity Information
US - None
User - Date - N/A
ID - None
User - Date - N/A
Date Initial SVES Match Request Sent - N/A
Date SVES Match Request Last Sent - N/A
SVES Match Response - N/A
Source - None
90-day Date - N/A
Form 470-4856 Sent? - No
FPP Case Confidentiality Requested? - No
This is a snapshot of citizenship and identity information for this individual prior to submitting this application.
< <previous &="" nod="" now<="" print="" submit="" td="" =""></previous>

Iowa Department of Health and Human Services Employees' Manual

This screen contains the following fields:

- **FPP CASE NAME** displays the family planning case name.
- FPP CASE NUMBER displays the family planning case number. NOTE: On cases that have not been
 previously approved, the case number is not assigned until after the information has been
 submitted for the first time.
- **FPP AID TYPE** displays the family planning case aid type.
- **TODAY'S DATE** displays the current day's date.
- **APPLICATION DATE** displays the application date.
- **APPROVAL DATE** displays the approval date.
- **START DATE** displays the date family planning program eligibility begins.
- **REVIEW DATE** displays the date of the next medical review.
- DENIAL/CANCEL DATE displays the date of denial or cancellation, if applicable.
- DENIAL/CANCEL REASON displays the reason for denial or cancellation.
- **COMPLETED BY:** displays the worker's name.
- **WORKER NUMBER** displays the worker's number.
- WORKER COUNTY displays number of the worker's county.
- **WORKER PHONE NUMBER** displays the worker's phone number. NOTE: The worker's office and office address are displayed below the phone number field.
- **STATE ID** displays the client's state identification number.
- **SOCIAL SECURITY NUMBER** display's the client's SSN.
- DATE OF BIRTH displays the client's date of birth.
- **SEX** displays the client's gender.
- **RACE/ETHNICITY** displays coding representing the client's race or ethnicity. Valid codes are:
 - H Hispanic or Latino
 - W White
 - B Black or African American
 - A Asian
 - I American Indian or Alaska native
 - N Native Hawaiian or other Pacific Islander
- **MESSAGE PHONE NUMBER** displays the client's message phone number, if known.
- MAILING ADDRESS I displays the apartment or building information of the client's mailing address.

- MAILING ADDRESS 2 displays the street address of client's mailing address.
- CITY displays the city of the client's mailing address.
- **STATE** displays the state of the client's mailing address.
- **ZIP CODE** displays the zip code of the client's mailing address.
- NON-FINANCIAL ELIGIBILITY QUESTIONS displays the answers entered by worker for each of the questions. If the question was not answered due to being inactive, no answer is visible for that particular question.
- **FAMILY SIZE** displays the client's family size.
- **INCOME LIMIT** displays the income limit for the selected family size.
- TOTAL COUNTABLE INCOME displays the total countable income for the client's household.
- **POVERTY LEVEL** displays the household's poverty level.
- **PRIOR CITIZENSHIP AND IDENTITY INFORMATION** displays information regarding citizenship and identity from the client's previous eligibility period.

There are three links available at the bottom of the page. The choices are:

- << Previous</p>
- Submit & Print NOD Now
- Submit & System-Generate NOD

Deny an Application

You can access the **Deny an Application** screen by clicking on the **Denial** link on the Search Results page if an application has previously been denied or a family planning program case has previously been canceled. The FPP system will automatically take you to the **Deny an Application** screen when the system notes that a person is not eligible based on the information entered.

Department of HUMAN SERVICES	📽 Iowa Family	Planning Program
•		Search by patient/applicant's SSN ~ Search
Main Menu		
o Home		
o County/Worker	Deny an Application	
	* required fields	
O Logout	Name	CASE EXAMPLE
	State ID	1111111A
	FPP Case Number	L000009600
	* Application Date	 ✓ I ✓ I
	 Select the reason why this application wasn't processed within 30 days 	-Select One-
	Denial Date	6/28/2023
		Wour Iowa Family Planning Program assistance is denied because
		OYour Jowa Family Planning Program application is still denied because
	* Denial Reason	Select One V
		-Select One: of your request you do not meet residency requirements of your citize/valien status you did not cooperate with QC or the Investigation Section of the DIA your countable income is over the limit you did not provide requested information/verification needed to determine eligibility you are prepared you and prepared requirements you did not give us proof of citizenship and/or identity you do not meet age requirements you could not provide a social security number you did not previde a social security number you do not meet program requirements of reported death
		Select One

The following fields are contained on the **Deny an Application** screen:

- NAME displays the client's first and last name.
- **STATE ID** displays the client's state identification number.
- **FPP CASE NUMBER** displays the family planning program case number.
- **APPLICATION DATE** is used to enter the month, day, and year of the application.
- DENIAL DATE displays the current day's date.
- DENIAL REASON is used to select the applicable denial reason.

Title 14: Management Information The following links are on this screen:

- . << Previous
- Continue>> .

Cancel a Case

If a case is currently active, you can access the **Cancel a Case** screen by clicking on the **Cancel** link on the Search Results page.

		Search by pati	ent/applicant's 55N ~	Search
Main Menu				
) Home				
County/Worker	Cancel a Case			
Reports	* required fields			
Logout	Name	CASE EXAMPLE		
	State ID	111111149		
	FPP Case Number	L0000096004		
	Cancel Date	8/1/2023		
		Tour lowa Family Planning	Program assistance is canceled be	cause
		O'Your Inwa Family Plannin	g Program assistance is still cancels	d bettaune
	Cancel Reason	Select One		*
			Enforce Drawning op de not meaning par de not meet next-bency requirements of your ottamonities status your de na provide requested information rou de na provide requested information rou de nat provide requested enforcements participant meet age requirements para stretche Benchi so another case para de nat meet program migui-ements in reported cash.	
			Selast One -	

The following fields are contained on the **Cancel a Case** screen:

- NAME displays the client's first and last name.
- **STATE ID** displays the client's state identification number.
- **FPP CASE NUMBER** displays the family planning program case number.
- **CANCEL DATE** displays the effective date for the cancellation.
- **CANCEL REASON** is used to select the appropriate cancellation reason.

The following links are on this screen:

- <<Previous</p>
- Continue>>

Family Planning Program Case Actions

Family planning program system case actions include:

- Determining eligibility
- Assigning a state identification number
- Denying an application
- Canceling a case

Determining Eligibility

The Family Planning Program system requires you to search using the client's social security number or state identification number to determine whether the person is already on the FPP system or information must be added. Use the following procedure:

Step	Action
I	On the FPP Home page, use the drop-down box to select either "SSN" or "State ID."
2	Enter the client's social security number or state identification number, as applicable. Click on the Search box or press enter. This will display the Search Results page.
3	If your search was unsuccessful, either search by the other identifier or click the Assign A State ID link to go to the Assign a State ID screen. (See <u>Assigning a State ID</u> <u>Number</u> for instructions.)
4	On successful matches, review the name, State ID, SSN, and date of birth fields to verify this is the correct person information.
	If incorrect, go to step I and repeat the search, making sure the identifier is entered correctly.

Step	Action
5	Once the correct person is found, select the appropriate link to continue. Links that may be displayed are:
	 Case Information/Non-financial Eligibility. Click this link to go to the Case Information/Non-Financial Eligibility screen to continue with determining eligibility.
	 Denial. Click this link to go to the Deny an Application screen. (See <u>Denying an</u> <u>Application</u> for more information.)
	 Cancel. Click this link to go to the Cancel a Case screen to cancel an active family planning case. (See <u>Canceling a Case</u> for more information.)
	NOTE: If a case is active on the family planning program when the Case Information/Non-Financial Eligibility link is clicked, a message will display stating "This case has previously been approved. You will only be able to view this information."
	Since you cannot enter any information on an active case, click on the <<previous< b=""> link to return to the Search Results page. If cancellation is needed, follow the instructions listed above.</previous<>
6	On the Case Information/Non-Financial Eligibility screen, use the drop-down boxes to select the date of application.
7	Scroll down to the ADDRESS INFORMATION section and review any mailing address information imported into the system. If the information is incorrect or is not present, enter the necessary changes .
8	Scroll to the Non-Financial Information section and answer each active question by selecting the appropriate answer or entering the applicable date.
9	In the DEMOGRAPHIC INFORMATION section, select up to six descriptions of the client's race or ethnicity. To select more than one, press the 'ctrl' key while you click on each selection. If race or ethnicity is unknown, do not answer.

Step	Action
10	Click on the applicable link:
	 Use << Previous to return to the Search Results page. Any information entered on this screen will be lost and will have to be reentered upon return to this screen.
	 Use RESET to clear all information entered so you can make changes.
	 Use Continue>> to go to the next screen.
	• If the client is still potentially eligible for the family planning program, this will be the Family Planning Worksheet screen.
	 If a pregnancy end date was entered, you will receive the message "Post Partum eligibility exists. Remaining Period is mm/dd/ccyy to mm/dd/ccyy." Click OK to bring up the Family Planning Worksheet screen. The following message will display: "Post Partum eligibility exists. Entered income will be ignored for eligibility purposes." Click OK.
	 If the client is not eligible due to a nonfinancial eligibility reason, you are taken to the Deny an Application screen. (See <u>Denying an Application</u> for more information.)
11	On the Family Planning Worksheet screen, if the household has no countable income or you are approving a postpartum client, you can use the link in the comment "***If no income, click here to skip to III. RESULT" located at the beginning of the PATIENT/APPLICANT'S UNEARNED INCOME section. Clicking this link takes you to the RESULT section of the worksheet without scrolling.
	Continue to the next step if the household has income.

Step	Action
12	In the PATIENT/APPLICANT'S INCOME section, enter the client's income and deductions in the following subsections:
	 UNEARNED INCOME. Enter in the MONTHLY TOTAL fields the gross countable monthly amount the client received in unemployment, social security, and child support. If other the client receives countable unearned income, enter what the income is in the OTHER field and the amount in the MONTHLY TOTAL field.
	EARNED INCOME. Complete the following fields:
	• EMPLOYER'S NAME: Enter the client's employer's name.
	• DATE PAID : Use the drop-down boxes to select the month, day, and year of each pay date. Up to four pay dates can be entered.
	• GROSS : Enter the gross countable amount of wages the client received on the corresponding pay date.
	• TIPS : Enter the gross amount of tips received by the client on the corresponding pay date.
	The TOTAL fields automatically calculate the total pay date and monthly amounts.
	NOTE: You may need to combine countable monthly gross income from more than one job or for more than one person to fit the available space.
	• SECTION A. Complete the following fields:
	• ALLOWABLE ADULT OR CHILD CARE: Enter the client's monthly actual adult or child care expenses up to the program limits. See the "child care tip" to the right of the field for help in determining the limit.
	• ANY PAYMENTS MADE FOR COURT-ORDERED CHILD SUPPORT, ALIMONY OR SPOUSAL SUPPORT: Enter the client's monthly payment amount for these court-ordered expenses.
	NOTE: The TOTAL EARNED INCOME, 20% EARNED INCOME DEDUCTION, TOTAL UNEARNED INCOME, and PATIENT/APPLICANT'S COUNTABLE INCOME fields are automatically calculated and displayed by the system.

Step	Action
13	In the spouse's income section, enter the spouse's income and deductions in the following subsections:
	 UNEARNED INCOME. Enter in the MONTHLY TOTAL fields the gross countable monthly amount the spouse received in unemployment, social security, and child support. If other countable unearned income is received, enter what the income is in the OTHER field and the amount in the MONTHLY TOTAL field.
	EARNED INCOME. Complete the following fields:
	EMPLOYER'S NAME: Enter the spouse's employer's name.
	• DATE PAID: Use the drop-down boxes to select the month, day, and year of each pay date. Up to four pay dates can be entered.
	• GROSS : Enter the gross countable amount of wages received by the spouse for the corresponding pay date.
	• TIPS : Enter the gross amount of tips received by the spouse for the corresponding pay date.
	The TOTAL fields automatically calculate the total pay date and monthly amounts.
	NOTE: You may need to combine countable monthly gross income from more than one job or for more than one person to fit the available space.
	SECTION B. Complete the following fields:
	• ALLOWABLE ADULT OR CHILD CARE: Enter the spouse's monthly actual adult or child care expenses up to the program limits. See the "child care tip" to the right of the field for help in determining the limit.
	• ANY PAYMENTS MADE FOR COURT-ORDERED CHILD SUPPORT, ALIMONY OR SPOUSAL SUPPORT: Enter the spouse's monthly payment amount for these court-ordered expenses.
	NOTE: The TOTAL EARNED INCOME, 20% EARNED INCOME DEDUCTION, TOTAL UNEARNED INCOME, and SPOUSE'S COUNTABLE INCOME fields are automatically calculated and displayed by the system.

Step	Action
14	In the RESULT section, enter the family size in the FAMILY SIZE field. The system will calculate and populate the PERCENT OF POVERTY LEVEL and INCOME LIMITS fields based on the household size and income entered.
	The system will also determine eligibility for the family planning program and populate the DECISION field in the ELIGIBILITY DETERMINATION section with either "Approved" or "Denied."
	If the application is approved, the START DATE field becomes active and displays the start date determined by the application date. If approval is determined for a postpartum client, the START DATE field will remain inactive.
15	Click on the appropriate link. Choices are:
	 <<previous case="" eligibility<br="" information="" non-financial="" return="" the="" to="" will="" you="">screen. Any information entered on the Family Planning Worksheet screen will no longer be available when you return to that screen.</previous>
	 Continue>> will take you to the Family Planning Program Eligibility Summary screen.
16	On the Family Planning Program Eligibility Summary screen, review all of the information.
	If any information needs to changed, click <<previous< b=""> to return to the screen on which the corrections need to be made. All changes must be completed before you submit the information.</previous<>
	If all the information is correct, click on the appropriate link:
	 Submit & Print NOD Now submits the information and allows a notice of decision to be printed at the family planning clinic to be given to the client.
	 Submit & System-generate NOD submits the information and causes a system- generated notice of decision to be printed at the Department's central office and mailed to the client. (Only Department staff see this link.)
17	One or two new windows will open, depending which link was clicked:
	 Submit & Print NOD Now opens a window displaying the Notice of Decision (NOD) and another window displaying the family planning program eligibility summary.
	Print two copies of the notice of decision. Give one copy to the client and place the other copy in the case file. Print a copy of the family planning program eligibility summary for the case file.
	 Submit & System-generate NOD opens a window displaying the family planning program eligibility summary. A copy of the NOD and family planning program eligibility summary will upload to WISE.
	After printing is completed, close the notice of decision and summary windows by clicking the "X" in the upper right corner.

Step	Action
18	Click Finish to return to the FPP Home page where you can start a new search process or log out.
	To process another application, return to step 1. To quit the FPP system, click Logout to return to Login page and then click the "X" in the upper right corner to close the window.

Assigning a State ID Number

Family planning clinic staff can use the FPP system to assign new a state identification number for a client who doesn't have one. To reduce the possibility of duplicate state identification numbers being created, income maintenance workers should use the ST01 screen to complete a search and create a state identification number.

To assign a state identification number in the FPP system, use the following steps:

Step	Action
I	Access the Assign a State ID screen by clicking the Assign A State ID link on the Search Results screen.
2	Make entries in the following fields:
	LAST NAME
	FIRST NAME
	• SEX
	 DATE OF BIRTH
	 SOCIAL SECURITY NUMBER (SSN)
3	Click Continue>>
	This will take you to the Case Information/Non-Financial Eligibility screen. Go to step 5 under <u>Determining Eligibility</u> .

Denying an Application

To deny an application, use the following steps:

Step	Action
I	The FPP system will automatically take you to the Deny An Application screen when the system notes that a person is not eligible due to a non-financial reason.
2	Use the drop-down box to select the correct denial reason. Click Continue>> . This will take you to the Family Planning Program Eligibility Summary screen.

Step	Action	
3	On the Family Planning Program Eligibility Summary screen, review all of the information.	
	If any information needs changed, click <<previous< b=""> to return to the screen on which the corrections need to be made. All changes need to be completed before you submit the information.</previous<>	
	If all the information is correct, click on the appropriate link:	
	 Submit & Print NOD Now submits the information and allows a notice of decision to be printed at the family planning clinic to be given to the client. 	
	 Submit & System-generate NOD submits the information and causes a system- generated notice of decision to be printed at the Department's central office and mailed to the client. (Only Department staff see this link.) 	
4	One or two new windows will open, depending which link was clicked:	
	 Submit & Print NOD Now opens a window displaying the notice of decision and another window displaying the family planning program eligibility summary. 	
	Print two copies of the notice of decision. Give one copy to the client and place the other copy in the case file. Print a copy of the family planning program eligibility summary for the case file.	
	 Submit & System-generate NOD opens a window displaying the family planning program eligibility summary. A copy of the NOD and family planning program eligibility summary for the case file will upload to WISE. 	
	After printing is completed, close the notice of decision and summary windows by clicking the "X" in the upper right corner.	
5	Click Finish to return to the FPP Home page where you can start a new search process or log out.	
	To process another application, return to step 1. To quit the FPP system, click Logout to return to Login page and then click the "X" in the upper right corner to close the window.	

Cancelling a Case

Follow the below steps to cancel a family planning program case.

Step	Action	
I	Access the Cancel a Case screen by clicking on the Cancel link on the Search Results page.	
2	Use the drop-down box to select the correct cancellation reason. Click Continue>> . This will take you to the Family Planning Program Eligibility Summary screen.	
3	On the Family Planning Program Eligibility Summary screen, review all of the information.	
	If any information needs changed, click <<previous< b=""> to return to the screen on which the corrections need to be made. All changes must be completed before you submit the information.</previous<>	
	If all the information is correct, click on the appropriate link:	
	 Submit & Print NOD Now submits the information and allows a notice of decision to be printed at the family planning clinic to be given to the client. 	
	 Submit & System-generate NOD submits the information and causes a system- generated notice of decision to be printed at the Department's central office and mailed to the client. (Only Department staff see this link.) 	
4	One or two new windows will open, depending which link was clicked:	
	 Submit & Print NOD Now opens a window displaying the notice of decision and another window displaying the family planning program eligibility summary. 	
	Print two copies of the notice of decision. Give one copy to the client and place the other copy in the case file. Print a copy of the family planning program eligibility summary for the case file.	
	 Submit & System-generate NOD opens a window displaying the family planning program eligibility summary. A copy of the NOD and family planning program eligibility summary for the case file will upload to WISE. 	
	After printing is completed, close the notice of decision and summary windows by clicking the "X" in the upper right corner.	
5	Click Finish to return to On the FPP Home page where, you can start a new search process or log out.	
	To process another application, return to step 1. To quit the FPP system, click Logout to return to Login page and then click the "X" in the upper right corner to close the window.	

Notices

All notices issued for the Family Planning Program are printed on form 470-4200, Notice of Decision.

The following table lists the notice language in English and Spanish. (Spanish-language notices on form 470-4200 must be issued manually.) The code numbers refer to the ABC notice table.

NOTE: Notices of Decision and Family Planning Program eligibility summary pages are directly uploaded into Worker Information System Exchange (WISE).

Code	Message
068	Your application for Iowa Family Planning Program has been denied because
	Su solicitud para Iowa Family Planning Program ha sido negada porque
069	Your Iowa Family Planning Program eligibility is canceled effective **/**/** because
	Su Iowa Family Planning Program (red de planificación familiar de Iowa) fue cancelado a partir de **/**/** porque
092	Your application for Iowa Family Planning Program has been approved for **/**/** through **/**/** because you meet all eligibility requirements.
	Su solicitud para Iowa Family Planning Program ha sido aprobada para **/**/** hasta **/**/** porque usted cumple con todos los criterios de elegibilidad.
	Iowa Code section 217.41B; 441 Iowa Admin. Code Chapter 87
146	You are eligible for family planning services under the Iowa Family Planning Program through **/**/**.
	Usted es elegible para obtener servicios gratuitos de planificación familiar en el marco del Iowa Family Planning Program a través de xx / xx / xx. Póngase en contacto con su trabajador para más información.
	Iowa Code section 217.41B; 441 Iowa Admin. Code Chapter 87
200	of your request.
	de su solicitud.
	Iowa Code section 217.41B; 441 Iowa Admin. Code Chapter 87
201	you do not meet residency requirements.
	usted no cumple con los requisitos de residencia.
	Iowa Code section 217.41B; 441 Iowa Admin. Code Chapter 87
202	of your citizen/alien status.
	por su estatus de ciudadano/extranjero.
	Iowa Code section 217.41B; 441 Iowa Admin. Code Chapter 87

Code	Message
203	you did not cooperate with Quality Control Section or the Department of Inspections and Appeals.
	usted no cooperó con la Sección de Control de Calidad (Quality Control Section) o con el Departamento de Inspecciones y Apelaciones (Department of Inspections and Appeals).
	Iowa Code section 217.41B; 441 Iowa Admin. Code Chapter 87
205	your countable income is over the limit.
	su ingreso contable sobrepasa el límite.
	Iowa Code section 217.41B; 441 Iowa Admin. Code Chapter 87
206	you did not provide requested information/verification needed to determine eligibility.
	usted no suministró la información/verificación solicitadas que eran necesarias para determinar la elegibilidad.
	Iowa Code section 217.41B; 441 Iowa Admin. Code Chapter 87
243	you are pregnant.
	usted embarazada.
	Iowa Code section 217.41B; 441 Iowa Admin. Code Chapter 87
333	you do not meet age requirements.
	usted no cumple con los requisitos de edad.
	Iowa Code section 217.41B; 441 Iowa Admin. Code Chapter 87
405	you receive benefits on another case.
	usted recibe beneficios en otro caso.
	Iowa Code section 217.41B; 441 Iowa Admin. Code Chapter 87
407	you did not provide a social security number.
	usted no suministró un número de seguridad social.
	Iowa Code section 217.41B; 441 Iowa Admin. Code Chapter 87
613	of reported death.
	de muerte reportada.
	Iowa Code section 217.41B; 441 Iowa Admin. Code Chapter 87
N/A	you do not meet program requirements.
	Iowa Code section 217.41B; 441 Iowa Admin. Code Chapter 87

Form 470-4200, Notice of Decision

Purpose	The <i>Notice of Decision</i> is used to notify clients of actions that affect the client's Iowa Family Planning Program eligibility. Each client has the right to be given information regarding eligibility determination.
Source	The FPP system generates form 470-4200, based on worker entries on the Family Planning Program Eligibility Summary screen.
Completion	Family planning clinic workers generate the <i>Notice of Decision</i> when approving, denying, or canceling Iowa Family Planning Program eligibility. Print two copies of the notice.
Distribution	Give a copy of the notice to the client. File a copy in the case record.