

January 24, 2025

### **GENERAL LETTER NO. 6-AP\_170**

- ISSUED BY: Bureau of Financial, Food, and Work Supports Division of Community Access and Eligibility
- SUBJECT: Employees' Manual, Title 6 Appendix, *Income Maintenance Programs Appendix*, Contents 10-13, 313, 349, revised, and forms, revised.

#### Summary

This chapter is revised to

- Instructions related to 470-0806, PROMISE JOBS Stepping Stones to Family Success, revising instructions to match new form name and process used by PROMISE JOBS. Reflect that IM is no longer required to provide a copy of form 470-0806 to the client.
- 470-2341, SSI-Related (No Children) Medically Needy Spenddown Computation Worksheet, revised to reflect new Cost of Living Adjustment (COLA) values
- 470-2588 and 470-2588(S), Notice of Attribution of Resources, revised to reflect new COLA values
- 470-2626, SSI-Related (Children in Household) Medically Needy Spenddown Computation Worksheet, revised to reflect new COLA values
- 470-3088, FMAP-Related Medically Needy Spenddown Computation Worksheet, revised to reflect new COLA values
- 470-3144, Attribution of Resources Appeal Summary, revised to reflect new COLA values
- 470-4339, Medical Assistance Debt Response, revised to update mailing address and table formatting
- Comm. 062 and 062(S), Child Care Assistance, revised to update style, branding, and content
- Comm. 413, Medicare Savings Programs, revised to reflect new COLA values
- RC-0018, Supplemental Security Income Payment Standards, revised to reflect new COLA values
- RC-0130, Medical Assistance Desk Aid, revised to reflect new COLA values

### **Effective Date**

Immediately.

# **Material Superseded**

Remove the following pages from Employees' Manual, Title 6 Appendix, and destroy them:

<u>Date</u>
October 11, 2024
September 27, 2024
11/23
11/23
11/23
11/23
11/23
11/23
06/24
07/23
07/23
12/23
11/23
06/24

## **Additional Information**

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

Title 6: Income Maintenance Programs	Table of Contents
Appendix Revised January 24, 2025	Page 10
	Page
Review/Recertification Eligibility Document, Form 470-2881, 470-2881(M), or 470-2881(MS)	
Screening Related Services Rendered to Medicaid EPSDT Er X1612X5	
PROMISE JOBS Stepping Stones to Family Success, Form 4 0806(S)	
Self-Employment Ledger, Form 470-3784	
SNAP Complaint, Form 470-0323 or 470-0323(S)	
SNAP Complaint Summary, Form 470-0328	
SNAP Computation, Form 470-0330	
SNAP Farmer Self-Employment Worksheet, Form 470-5412	
SNAP Self-Employment Worksheet, Form 470-5418	

SNAP Work Rules	, Form 470-5674 or	470-5674(S).	 320

- SSI-Related Income Worksheet, Form 470-2525...... 326

State Supplementary Assistance Agreement to Repay Conditional Benefits, Form 470-2835	
State Supplementary Assistance Certification or Termination, Form 470-0640 336	5

Page 11

	<u>age</u>
Treasury Offset Program (TOP) Pre-Offset Notice, Form 470-3797	341
Verification of Educational Financial Aid, Form 470-1640	342
Verification of Emergency Health Care Services, Form 470-4299 or 470-4299(S)	344
Verification of Paid Medical Bills, Form 470-2224	345
Voluntary Contribution Agreement, Form 470-0373	347
Voter Registration, Unnumbered	348
Waiver Slot Notice, Form 470-4833	350
Informational Materials	
Comm. 2 or Comm. 2(S), Facts About SNAP	351

Comm. 4, Care for Kids
Comm. 18, State Supplementary Assistance
Comm. 20 or Comm. 20(S), Your Guide to Medicaid Fee-for-Service (FFS) 354
Comm. 24 or Comm. 24(S), One-Time Payments
Comm. 28 or Comm. 28(S), Medicaid for Non-MAGI-Related Persons
Comm. 30, Medicaid for the Medically Needy
Comm. 51, Information Practices
Comm. 52, Medicaid for People in Nursing Homes and Other Care Facilities 359
Comm. 60, Medicaid for the Qualified Medicare Beneficiary
Comm. 62 or Comm. 62(S), Child Care Assistance
Comm. 72, Protection of Your Resources and Income
Comm. 84 or Comm. 84(S), Information on Emergency Service
Comm. 91 or Comm. 91(S), The Health Insurance Premium Payment (HIPP) Program for Iowa Medicaid Recipients
Comm. 99, The Iowa AIDS/HIV Health Insurance Premium Payment Program 365

Page 12

Page
Comm. 108, The Family Investment Program (FIP)
Comm. 121 or Comm. 121(S), Important Notice to Property Owners and Renters 
Comm. 123 or Comm. 123(S), Important Information for You and Your Family Members About the Estate Recovery Program
Comm. 132 or Comm. 132(S), Family Planning Counseling
Comm. 133 or Comm. 133(S), FIP for Minor Parents
Comm. 137 or Comm. 137(S), 60-Month Limit on FIP
Comm. 170, Understanding the Limited Benefit Plan 372
Comm. 180, Medicaid for Employed People With Disabilities (MEPD)
Comm. 209 or Comm. 209(S), Information About Your Privacy Rights
Comm. 229 or Comm. 229(S), SNAP Makes Iowa Stronger
Comm. 233 or Comm. 233(S), Rights and Responsibilities
Comm. 238, Cut Your Medical Costs if You Get Medicaid
Comm. 249 or Comm. 249(S), Family Planning Program (FPP)
Comm. 258 or Comm. 258(S), Verifying Citizenship/Identity and/or Immigration Status
Comm. 266, Iowa's Estate Recovery Law
Comm. 337, Medicaid for Kids with Special Needs
Comm. 372, Medicaid for Employed People with Disabilities (MEPD) Frequently Asked Questions
Comm. 377 or Comm. 377(S), FIP Electronic Access Card
Comm. 390 and 390(S), Benefits of a Healthy Marriage
Comm. 411, Medicaid for People in Care Facilities
Comm. 413, Medicare Savings Programs

Page 13

Page
Comm. 414, Protecting Your Resources and Income
Comm. 415, Medically Needy Medical Assistance
Comm. 479, Burial Contract Frequently Asked Questions
Comm. 516, Iowa Medicaid Will Help Pay Your Out-of-Pocket Costs
Comm. 674, HHS Services Portal User Guide 391
RC-0002, Schedule of Needs 392
RC-0008, Overpayment Recovery Codes 393
RC-0018, Supplemental Security Income Payment Standards 394
RC-0023 or RC-0023(S), Things You Need to Give Us for SNAP
RC-0033, Desk Aid 396
RC-0064, Unearned Income Desk Aid 397
RC-0103, Disability Determination Checklist 398
RC-0120 or RC-0120(S), Legal Information 399
RC-0128, Suspending Medicaid to Limited Benefits for Incarcerated Individuals Procedure Guide
RC-0130, Medical Assistance Desk Aid 401

Title 6: Income Maintenance ProgramsPage 313AppendixPROMISE JOBS Stepping Stones to Family SuccessRevised January 24, 2025470-0806 or 470-0806(S)

PROMISE JOBS Stepping Stones to Family Success, Form 470-0806 or 470-0806(S)

Purpose	The <i>PROMISE JOBS Stepping Stones to Family Success</i> , form 470-0806 or 470-0806(S), is used to obtain information about a PROMISE JOBS client as part of the assessment process. This form helps identify and prioritize areas the client wants to change, which will then be listed as goals on their FIA. It also helps identify potential barriers that will be on their FIA.	
Source	Print the English or Spanish version of this form from:	
	<ul> <li>WISE</li> <li>The online manual</li> <li>SharePoint under Employee Manual/Forms.</li> </ul>	
Completion	The PJ worker completes this form based on responses given by the client or gives it to the client to complete during the FIA appointment. This form may also be completed during the case management process, as deemed appropriate by the PJ worker. The IM worker may issue a copy of this form upon a client's request.	
Distribution	The completed form becomes part of the client's PROMISE JOBS case file.	
Data	The form requests information about the client's:	
	<ul> <li>Overall stress level</li> </ul>	
	<ul> <li>Basic Needs: housing, transportation, and child care</li> </ul>	
	<ul> <li>Health and Well-Being: general health, mental health, and substance use</li> </ul>	
	<ul> <li>Legal Involvement</li> </ul>	
	<ul> <li>Family Relationships: social support and relationships with partner</li> </ul>	
	<ul> <li>Education and Learning: education, training, credential attainment and language</li> </ul>	
	<ul> <li>Employment and Income: employment, job search skills, income, and expenses</li> </ul>	
	The form asks if the client has specific topics they would like to discuss with the PJ worker, and also inquires if any of their information, such as address, phone number, email, employment, household members, etc. needs to be updated.	

File the declination portion of the form by date order in a secure, confidential location, separate from the individual case record. The forms must be available upon request. Keep the forms for 22 months after the next general election following the receipt of the form. Follow this retention schedule:

Date Declination Signed	Election Date	Destroy After
10/28/12 – 10/25/14	11/04/14	09/04/16
10/26/14 – 10/22/16	11/01/16	09/01/18
10/23/16 – 10/27/18	11/06/18	09/06/20
10/28/18 – 10/24/20	11/03/20	09/03/22
10/25/2020 – 10/22/2022	11/08/22	09/08/2024
10/23/2022 - 10/26/2024	11/05/2024	09/05/2026
10/27/2024 - 10/24/2026	11/03/2026	09/03/2028

Data

If the client chooses not to check yes or no, leave this section blank and consider the client has chosen not to register to vote. If the client chooses not to sign the form, print the client name and date on the client name line and initial the form.