

## Application Checklist for Medicaid for Facility Employees

Below is information that may be required when completing an application for facility Medicaid. The intent of this document is to provide information to facility employees and to highlight specific items needed for efficient processing of the application. To begin the process, a valid application must be submitted to Iowa HHS. Providing any applicable information below with the application may help decrease the time needed to process the application.

- **Application-** An application can be submitted and returned by mail, email, fax, delivered to a local HHS office, completed online or over the phone. Information on where to send the application can be found on the [Application for Health Coverage and Help Paying Costs, form 470-5170](#). If you choose to submit an application via email, facility Medicaid applications can be emailed to [facilities@hhs.iowa.gov](mailto:facilities@hhs.iowa.gov).
  - If you are going to be the authorized representative, ensure the facility and representatives name(s) are listed on the authorized representative page. An authorized representative can file applications, check on the progress of the application and eligibility, receive copies of documents sent by DHS and request extensions for providing information.
- Self-attestation of income and resources. This can be done by completing the **Appendix A For Health Coverage, form 470-5433**, providing verbally or provide in writing an attestation of all income and resources. The Appendix A For Health Coverage is also found with the Application for Health Coverage.
- Any available resource and income verifications that are currently available. This may help decrease the time needed to process the application.
- Proof of any outstanding payments that have been made but may not be represented on the financial account information, such as a checking/savings account.
- POA documentation (if applicable)
- [Resources upon Entering a Medical Facility, form 470-2577](#) (if married and no prior attribution was completed).
- Make entries in Pathtracker to generate an Electronic Case Activity Report
- [Level of Care assessment to Iowa Medicaid, form 470-4393](#), completed and uploaded to IMPA (Refer to [informational letter 1734](#) for instructions on uploading to IMPA)
- [Authorization for the Department to Release Information, form 470-2115](#) (indicate the facility name or facility staff that HHS can discuss information with)

- VA release of information (if currently receiving benefits from the VA) **Note:** The VA will not accept a general release of information and will not accept this release if it is signed by the POA or another party. The release can only be signed by the client receiving the Veteran's benefits. If the spouse was the vet their name, Social Security number, and Veteran's number will need to be on page 2. The rest of page 2 will be completed by the VA.
- Request for an Unmet Medical Deduction
- Discuss with client and their representative the importance of due dates and providing requested information. If any assistance or additional time is needed, they should contact the HHS worker before any due date.
- If you know that the member will need a Medical Assistance Income Trust (MAIT) provide them the following link <https://www.iowa-medicaidtrusts.com>. Additionally, applicants can set up a MAIT [https://www.iowa-medicaidtrusts.com/MAIT\\_iowa\\_form-2024.pdf](https://www.iowa-medicaidtrusts.com/MAIT_iowa_form-2024.pdf)

**Note:** All forms can be obtained on the HHS website at <https://hhs.iowa.gov>