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Employees' Manual
Title 14
Chapter B(7)

FMAP-RELATED MEDI CAID CASE ACTIONS



**Iowa Department
of Human Services**

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OVERVIEW

This chapter is about actions for the Medicaid coverage groups referred to as “FMAP-related,” except for Medically Needy. These FMAP-related coverage groups are:

- ◆ Family medical assistance program (FMAP)
- ◆ People who are ineligible for FMAP:
 - Due to receipt of child support for extended Medicaid
 - Due to increased income from employment (Transitional Medicaid)
 - Due to residence in a medical institution
- ◆ Child medical assistance program (CMAP)
- ◆ Medicaid for independent young adults (MIYA)
- ◆ Mothers and children (MAC) program
- ◆ Residents in a medical institution within the 300% income limit
- ◆ Foster care and subsidized adoption
- ◆ Pregnant or postpartum women
- ◆ Newborn children of Medicaid-eligible mothers

See 8-F, [FMAP-RELATED COVERAGE GROUPS](#), for descriptions of these groups.

The purposes of this chapter are as follows:

- ◆ To provide the worker with instructions on the coding necessary for the Automated Benefit Calculation (ABC) system to process worker-initiated FMAP-related Medicaid case actions;
- ◆ To explain which FMAP-related Medicaid case actions are system-initiated.

Case actions involving alternate delivery of medical services including those for health maintenance organizations (HMOs), the Medicaid Patient Access to Service System (MediPASS), and the Iowa Plan for Behavioral Health, are described in [14-C](#).

Case actions involving the Medically Needy program are described in [14-I\(1\)](#).

The first section of this chapter covers worker-initiated actions. The material is in a chart with three columns. The first column lists the case actions in alphabetical order. The second column lists the screen fields requiring an entry. The third column consists of specific instructions.

The second section of the chapter covers system-initiated actions. In order for the system to perform these actions correctly, it is essential that workers follow all coding instructions and update coding when a change in a case affects system codes, such as aid types.

Other Resources Available

Many systems can provide information for you to consider before creating FMAP-related case actions on ABC. The ABC system may interface with these systems directly or indirectly, or may allow access between systems and ABC. Access to additional systems may be provided through CICS or by using the Intranet.

The ABC system creates links to some of the systems data screens through the IOWA ABC SYSTEM MENU (TD00) or the LINK MENU. The TD00 menu screen allows access to data from the Iowa Central Employment Registry (ICER) by the option BINC=Beginning Income Screen or from the IVER menu.

See 14-B(4), [IABC SCREENS](#), for a description of these screens.

The LINK MENU allows access to other systems. Options displayed on LINK that you may consider viewing for FMAP-related case actions are:

- ◆ SSNI, Medicaid Eligibility File. See 14-C, [SSNI = Medicaid Eligibility File](#).
- ◆ IEVS, Income Eligibility Verification System. See 14-G, [EXCHANGE OF DATA WITH OTHER AGENCIES](#).
- ◆ SDXD, State Data Exchange. See 14-E, [SSI STATE DATA EXCHANGE](#).
- ◆ ICAR, Child Support Recovery. See also XIV-D, [IOWA COLLECTION AND REPORTING SYSTEM](#).
- ◆ SSBI, Buy-In Information. See 14-C, [SSBI = Buy-In System](#).
- ◆ OVPY, Overpayment Recoupment. See also 6-G, [OVERPAYMENT RECOVERY SYSTEM](#).

The CICS system allows viewing access to Iowa Workforce Development (IWD) screens. Access to the Eligibility Tracking System (ETS), the Change Reporting System, and Vehicle Registration and Titling (VRT) screens is available through the DHS Intranet.

Eligibility Determination

Workers must determine the nonfinancial eligibility factors (such as pregnancy and residency) for all FMAP-related Medicaid programs. Medicaid financial eligibility is system-calculated, except for the following:

- ◆ Automatic redetermination
- ◆ Medically Needy
- ◆ Retroactive eligibility for MAC

BCW entries are not allowed for these three types of financial eligibility determinations. The worker must determine the Medicaid income and resource eligibility for these programs before making entries to approve or deny the program on the ABC system.

Referral to Child Support Recovery Unit (CSRU)

FMAP-related Medicaid aid types where referral to CSRU is applicable are:

30-8	37-E	37-0	37-2
37-7	39-0	40-9	92-0

FMAP-related Medicaid cases in these aid types require entries to:

- ◆ Record the IM worker's decisions on whether referral to CSRU is necessary, and
- ◆ Generate system action for referrals.

At a minimum, these entries include:

- ◆ Birth date, state of birth (for a child), relationship, documentation for citizenship and identity, deprivation, paternity, race, and ethnicity coding on TD03.
- ◆ REFER and ROLE coding on the ICSC screen.
- ◆ REFER coding on ICAR system.

OVERVIEW

Referral to Health Insurance Premium Payment (HIPP) Unit

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Iowa Department of Human Services

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Chapter B(7) FMAP-Related Medicaid Case Actions

Referral to the Health Insurance Premium Payment (HIPP) Unit

HIPP referral is applicable when an adult has earned income (excluding self-employment).

Time Limits

The Medicaid eligibility file (SSNI screens) shows data two years back from the current system month. ELVS (the audio-response eligibility verification system) has data six months back.

WORKER-INITIATED ACTIONS

When instructions for TD03 read “Complete any needed demographic information,” check the following screen fields and make entries if applicable: (See 14-B-Appendix, [TD03](#).)

STATE ID	US	H W B A I N	FACS
FIRST NAME	ID	MN	UNB
LAST NAME	MAR	ID GEN	UNB/DUE
TI	REL	RB	NWBN
BIRTH	DEP	SSN	QMB
ST	PAT	SSN CLAIM NO	POV
SEX	OHP	MP	COPAY
DSTR	EDU	WVR	SCR
PER	HAND	SRV	HEALTH
CIT	QLFY	COS	

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
Aid Type Change	TD01 ENT RSN	Enter H.
	TD01 AID MED AID	Enter the correct code using priorities listed in Aid Type Priority . For valid aid types, see 14-B-Appendix, TD01 AID and MED AID .

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
Aid Type Change (Cont.)	TD01 AID CHG DT MED CHG DT	<p>Enter the first day of the next system month.</p> <p>Some worker-initiated aid type changes require additional entries. Worker coding of a Transitional Medicaid aid type requires a corresponding TD05 POS DT entry and BCW1 EXT MED entry.</p> <p>Change aid types with form 470-0397, <i>Request for Special Update</i>, for previous Medicaid eligibility only if the client is being provided with <u>more</u> Medicaid eligibility than with the previous aid type. Example:</p> <div style="border: 1px solid black; padding: 5px; margin: 5px 0;"> <p>The client gets “more” eligibility if the aid type was Medically Needy with an <u>unmet</u> spenddown, and a non-Medically Needy coverage group is found for that period.</p> </div> <p>Otherwise, retroactive changing of aid types has no reliable effect on Medicaid eligibility or funding.</p>
Aid Type Priority	TD01 AID MED AID	<p>If more than one program is pended or approved on the same ABC case, enter the aid type that corresponds to the program with the highest priority here:</p> <p>Priority: Program:</p> <p>1st FIP, facility, State Supplementary Assistance</p> <p>2nd Medicaid</p> <p>3rd Food Assistance</p>

WORKER-INITIATED ACTIONS
Adding a Person to a Case for an Active Program
 Revised July 11, 2008

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
<p>Adding a Person to a Case for an Active Program</p>		<p>If adding a person to a case will cause the number of people associated with that case to be more than 16, close the original FBU and open a new FBU with only the active current and new household members.</p> <p>If there are more than 16 active members, contact DHS SPIRS Help Desk for assistance.</p> <p>Income and deductions displayed follow the state ID number (even from another case), unless they are removed or replaced.</p> <p>When adding a person to an active program, remember to review the program data (TD01, TD05, RSCM, and ICSC), to see if changes are needed.</p> <p>If changing the codes will cause a recalculation of current month's eligibility, make the TD05 and RSCM changes in one step. Make the rest of the entries in this case action in a second step.</p> <p>To add a newborn child to a case, see Newborn Children of Medicaid-Eligible Mothers for coding. See Postpartum Period for additional coding for the mother of the newborn.</p> <p>Do not add a person to Medicaid at the same time you make entries to cancel another person on the case from Medicaid.</p> <p>Note: People cannot be pended on the individual line for a program that is currently active.</p> <p>See Making a Considered Person Active on an Ongoing Case for additional instructions.</p>

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
Adding a Person to a Case for an Active Program (Cont.)	TD03	Enter the data for the new person, including state ID information, any needed demographic information, and any codes applicable to the FMAP-related program. See 14-B-Appendix, TD03 , for valid codes. Enter information on people who are not eligible but who are considered.
	TD03 ENTRY RSN	Enter A, E or C. Use C when adding a continuously eligible child.
	TD03 STATE ID	Enter the person's state ID number. Assign an ID number, if necessary. See State ID Numbers: Assigning State IDs .
	TD03 FIRST NAME	Enter the person's first name. See 14-B-Appendix, TD03 FIRST NAME . Do not include punctuation.
	TD03 LAST NAME	Enter the person's last name. See 14-B-Appendix, TD03 LAST NAME . Do not enter punctuation or leave spaces in the name.
	TD03 TI	Enter the person's title. See 14-B-Appendix, TD03 TI . Do not include punctuation.
	TD03 BIRTH	Enter the person's eight-digit date of birth. Enter in MMDDCCYY format.
	TD03 ST	For children only, enter the two-letter abbreviation for the state where the child was born. See 14-B-Appendix, TD03 ST .
	TD03 SEX	Enter F or M.
	TD03 PER	Enter the person number that indicates the person's case identification. For codes, see 14-B-Appendix, TD03 PER .

WORKER-INITIATED ACTIONS
Adding a Person to a Case for an Active Program
 Revised July 11, 2008

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
Adding a Person to a Case for an Active Program (Cont.)	TD03 CIT	Enter the code that identifies the person's citizenship. See the field help screen or 14-B-Appendix, TD03 CIT .
	TD03 US	If applicable for the program, enter the person's verification documentation code for citizenship. See 14-B-Appendix, TD03 US .
	TD03 ID	If applicable for the program, enter the person's verification documentation code for identify. See 14-B-Appendix, TD03 ID .
	TD03 MAR	Enter the code that identifies the person's marital status. See the field help screen or 14-B-Appendix, TD03 MAR .
	TD03 REL	Enter the code that identifies the person's relationship to the case name. See the field help screen or 14-B-Appendix, TD03 REL .
	TD03 DEP	For children, enter the code that identifies the child's deprivation factor. See 14-B-Appendix, TD03 DEP .
	TD03 PAT	For children, indicate whether paternity has been established. Codes are: Y Yes N No
	TD03 OHP	If applicable, enter the code for: ◆ The type of living situation in which the person has been placed, or ◆ A referral to vocational rehabilitation. See 14-B-Appendix, TD03 OHP .

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
Adding a Person to a Case for an Active Program (Cont.)	TD03 EDU	Enter the code that identifies the person’s educational background. See the field help screen or 14-B-Appendix, TD03 EDU .
	TD03 HAND	Enter the codes that identify the person’s handicap or that there is no handicap. You can report up to three different handicaps for each person. See 14-B-Appendix, TD03 HAND .
	TD03 H TD03 W TD03 B TD03 A TD03 I TD03 N	Enter a “Y” in the field for each race and ethnicity chosen by the client. For field explanations, see the field help screen or 14-B-Appendix, TD03 H W B A I N .
	TD03 RB	An entry is required if the person’s social security number (SSN) is all zeros, either: Y Due to religious beliefs, or N Not due to religious beliefs.
	TD03 SSN	Enter the person’s social security number. If the person does not have a social security number but has applied for one, enter all nines. Enter all zeros only when an application for a number has not been made or is not required. Railroad Retirement claim numbers begin with the first space of the field and continue into the SSN CLAIM NO field.
	TD03 SSN CLAIM NO	See 14-B-Appendix, TD03 SSN and TD03 SSN CLAIM NO , for instructions.
	TD03 MP	For a Medicare-eligible person, indicate if the person is paying a Medicare premium: Y Yes N No

WORKER-INITIATED ACTIONS
Adding a Person to a Case for an Active Program
 Revised July 11, 2008

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
Adding a Person to a Case for an Active Program (Cont.)	TD03 SRV	When the state begins to pay the premium, the buy-in process changes the code.
	TD03 COS	If applicable, enter the code that indicates enhanced services or limited medical services for aliens. (See Emergency Medical Services for Aliens .) For codes, see 14-B-Appendix, TD03 SRV .
	TD03 INHOME	For people receiving enhanced services, enter the two-digit number for the county of legal settlement.
	TD03 MED RSN	When FIP is active at the case level (on TD02), you must enter Y even if FIP is not active for this person. If FIP is not active at the case level (TD02), enter N if there is already a Y in this field or make no entry if this field is blank.
	TD03 MED ST	Enter a notice reason for each person, whether eligible or denied. Do not enter a code for considered people. See 14-B-Appendix, NOTICE CODES . Enter 933 when adding eligible people, but not for considered people or newborns. Enter 915 for an ineligible stepparent or needy relative.
	TD03 MED DATE	Enter A or C. Use C when adding a continuously eligible child.
	TD03 MED DATE	For cases in ABC-calculated Medicaid aid types, the start date can be no earlier than the first day of the second prior system month. Do not add a person with a date earlier than the last program positive date.

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
Adding a Person to a Case for an Active Program (Cont.)	TD03 FUND	If a considered person is changed to an eligible person, enter the start date in TD03, MED DATE field.
	TD03 UNB	The fund code is required for all Medicaid eligible or considered people. You must enter a code unless the correct fund code already appears on the master screen. See 14-B-Appendix, TD03 FUND , for codes.
	TD03 UNB/DUE	Enter the unborn code for any pregnant woman on initial and subsequent approvals. For codes, see 14-B-Appendix, TD03 UNB .
	TD03 NWBN	Enter the due date for the unborn child.
	TD03 POV	If applicable, enter a code for each child. See 14-B-Appendix, TD03 NWBN .
	TD03 COPAY	If appropriate, enter the percentage of poverty level. See 14-B-Appendix, TD03 POV , for the list of aid types that do not require a poverty level entry.
	TD03 SCR	If applicable, enter the code describing the person's situation. See 14-B-Appendix, TD03 COPAY , for valid codes.
	TD03 HEALTH	Enter the code that corresponds with a person's medical screening status. See 14-B-Appendix, TD03 SCR .
	TD03 PF 06 = REF MENU	Enter the applicable code if supplemental coverage is Medicare. For codes, see 14-B-Appendix, TD03 HEALTH .
	ICSC	If applicable, make referral to HIPP.
		If appropriate, make referrals to CSRU. See 14-D(1), ICAR/IABC REFERRAL .

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
Adding a Person to a Case for an Active Program (Cont.)	BCW2 BENEFIT MO	Enter the month associated with the medical income and deductions, in MMY format.
	BCW2 THRU MO	To generate multiple identical BCW2s, enter the last month in the date range.
	BCW2 PI	Enter C.
	BCW2 E/B	Enter the code that indicates how the income or deductions are to be used. Valid codes are: E Eligibility A All
	BCW2 EARNED 1-5	Enter any earned income amounts.
	BCW2 OTHER EI	Enter the total amount of monthly net self-employment income, if applicable.
	BCW2 SR	Enter code "1" if self-employment.
	BCW2 CHILD CARE	Enter the actual monthly amount for child or adult care, up to the maximum allowed.
	BCW2 UNEARNED 1-4	Enter any unearned income amounts.
	BCW2 OTHER UI	If applicable, enter unearned income amount. Enter the prorated amount of the nonrecurring lump sum income.
	BCW2 SR (1-4)	If applicable, enter the unearned income source code. For the prorated amount of nonrecurring lump-sum income, use "X." See 14-B-Appendix, BCW2 SR for codes.
	BCW2 DEDUCT 1	For a stepparent or responsible person (status code "H"), enter the amount of support paid for dependents outside the home, if applicable.

WORKER-INITIATED ACTIONS
Adding a Person to a Case for an Active Program
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ACTION	SCREEN FIELDS USED	INSTRUCTIONS
Adding a Person to a Case for an Active Program (Cont.)	BCW2 DEDUCT 2 BCW2 P DED NEED BCW2 P DED PAY	For a stepparent or responsible person (status code “H”), enter the amount of the needs of the stepparent or self-supporting parent of a minor unmarried parent and of ineligible children in the stepparent’s or self-supporting parent’s unit, if applicable. If applicable, enter the amount to be deducted from the parent’s income for the standard of need test. (Note: This field is not applicable for MAC cases.) The amount must be for: <ul style="list-style-type: none"> ◆ Needs of the ineligible parent and ineligible children, or ◆ Court-ordered support paid for dependents outside the home. Enter the amount to be deducted from the parent’s income for the Payment Standard Test. The amount must be for: <ul style="list-style-type: none"> ◆ Needs of the ineligible parent and ineligible children, or ◆ Court-ordered support paid for dependents outside the home.
Applications Processed for FMAP Children When Adults Don’t Appear for an Interview	TD05 MED ENTRY RSN TD05 RSN1 or RSN2	Enter R. Enter notice reason 498.
Approving an Application	TD01	If this is a new case, see Case Numbering and Aid Type Priority for information. See Sanctions , Excluded Persons , or Ineligible Aliens for specialized case actions.

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
Approving an Application (Cont.)		<p>If this is not a new case but was not previously pended, enter changes to the existing case in the applicable fields.</p> <p>If the case was previously pended, do not reenter the MED APP DT.</p> <p>The MED status rolls to any person previously coded pending for FMAP-related Medicaid on TD03.</p>
	TD01 ENT RSN	Enter A or H.
	TD01 CO/WKR	Enter the two-digit county number. Enter the four-character worker number. For more information, see 14-B-Appendix, TD01 CO and TD01 WKR .
	TD01 INFO	Enter information pertaining to the case.
	TD01 ENT RSN	Enter A.
	TD01 AID	Enter a valid aid type. See Aid Type Priority and 14-B-Appendix, TD01 AID and TD01 MED AID , for codes.
	TD01 MED AID	
	TD01 AID CHG DT	If the AID or MED AID field is changed, enter the date in MMDDYY format. The day is always 01.
	TD01 MED CHG DT	
	TD01 CO RES	Enter the two-digit number for the county where the applicant resides.
	TD01 PHONE	Enter the three-digit area code and the seven-digit phone number.
	TD01 SCHOOL	Enter the code that identifies the school district in which the assistance unit lives. See 14-B-Appendix, TD01 SCHOOL .
	TD01 EN RSN	Enter A.

WORKER-INITIATED ACTIONS
Approving an Application
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ACTION	SCREEN FIELDS USED	INSTRUCTIONS
Approving an Application (Cont.)	TD01 CASE: LAST	Enter the case last name or let the system enter it from the CNID entry. Do not include punctuation or leave spaces. See 14-B-Appendix, TD01 CASE: LAST .
	TD01 CASE: FIRST	Enter the case first name or let the system enter it from the CNID entry. Do not include punctuation. See 14-B-Appendix, TD01 CASE: FIRST .
	TD01 CASE: INIT	Enter the case name person's middle initial. Do not include punctuation. See 14-B-Appendix, TD01 CASE: INIT .
	TD01 CASE: TITLE	If applicable, enter the title abbreviation, or let the system enter it from the CNID entry. Do not include punctuation. See 14-B-Appendix, TD01 CASE: TITLE .
	TD01 PAYEE/ADDR	Enter the name of the person to whom the payment is made on the household's behalf. Do not include punctuation
	TD01 PAYEE/MOD	If required for the application, enter the payee modifier code. See 14-B-Appendix, TD01 PAYEE/MOD . If the payee modifier code is displayed on the screen and is no longer valid, remove data. (See Removing Data .)
	TD01 CNID	Enter the state ID number of the "case name" person. Entry in this field updates the case name fields. See Case Name ID and 14-B-Appendix, TD01 CNID .
	TD01 ADDRESS1	If the PAYEE/MOD field is used, enter the CASE NAME. If the PAYEE/MOD is not used, enter the first line of the client's address. Do not include punctuation. See 14-B-Appendix, TD01 ADDRESS1 .

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
Approving an Application (Cont.)	TD01 ADDRESS2	Enter the street address. Do not include punctuation. See 14-B-Appendix, TD01 ADDRESS2 .
	TD01 CITY	Enter the name of the city. Do not include punctuation.
	TD01 STATE	Enter the abbreviation for the state.
	TD01 ZIP	Enter the five-digit zip code.
	TD05 MED	<p>Complete these fields if the case was not previously pended.</p> <p>If the case was previously pended, you don't need to reenter the MED APP DT. The MED STATUS rolls to any person previously coded pending for Medicaid on TD03. See Responsible Relatives for information.</p> <p>Complete all other coding on TD05 and TD03 for FMAP-related Medicaid. See 14-B-Appendix, TD05 MED and TD03, for valid codes.</p>
	TD05 MED ENTRY RSN	<p>Enter A.</p> <p>Enter a C when opening a case for a continuously eligible child.</p>
	TD05 MED STATUS	<p>Enter A.</p> <p>Enter a C when opening a case for a continuously eligible child.</p>
	TD05 MED APP DT	Enter the date that the FMAP-related initial application or reapplication was received in the local office, in MMDDYY format. (Must be a current or prior date.)
	TD05 MED POS DT	Enter the date that the applicant becomes eligible for FMAP-related Medicaid, in MMDDYY format.

WORKER-INITIATED ACTIONS

Approving an Application

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Iowa Department of Human Services

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ACTION	SCREEN FIELDS USED	INSTRUCTIONS
Approving an Application (Cont.)	TD05 MED AD	Enter the code that indicates the timeliness of any approved medical application. Entry is required when entering an "A" MED STATUS. If the application is untimely, enter the reason for the processing delay. If the application is processed timely, use code "A."
	TD05 MED MR	Enter N.
	RSCM	<p>For IV-E Medicaid, enter countable resources on a maximum of four of the RSCM screens for ABC-calculated cases.</p> <p>Make entries for all months from the POS DT month through the system "next" month. The system "next" month must be no more than "month 4."</p> <p>Manually determine income and resource eligibility for months earlier than "month 1" and adjust the APP DT and POS DT.</p>
	RSCM MED RESOURCES	Enter RSCM screens from the month of the MED positive date forward. The months entered must include the next system month. They cannot be further in the future than the next system month.
	RSCM BENEFIT MONTH	Select the applicable RSCM screen by entering the month. Use MMY format.
	RSCM CASH ON HAND CHECKING ACCT SAVINGS ACCT STOCKS/BONDS/ CERTIFICATES REAL ESTATE COUNTABLE VEHICLE AMT LIFE INSURANCE CONTRACTS TOOLS OTHER	Enter the countable amount for each specific type of resource listed. If the countable resources are zero, enter zeroes in the fields for at least one of the types.

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
Approving an Application (Cont.)	RSCM APPLICANT/ PARTICIPANT OVERRIDE	Enter a code to change the decision the system makes on which resource limit to use. Valid codes are: A Applicant P Participant
	TD03	Enter any needed demographic information. See 14-B-Appendix, TD03 for valid codes. Complete all TD03 coding applicable to FMAP-related Medicaid.
	TD03 ENTRY RSN	Enter A. Enter C for continuously eligible person.
	TD03 STATE ID	Enter the person's state ID number. Assign an ID number if necessary. See State ID Numbers: Assigning State IDs .
	TD03 FIRST NAME	Enter the person's first name. Do not include punctuation. See 14-B-Appendix, TD03 FIRST NAME .
	TD03 LAST NAME	Enter the person's last name. Do not enter punctuation or leave spaces in the name. See 14-B-Appendix, TD03 LAST NAME .
	TD03 TI	Enter the person's title. Do not include punctuation. See 14-B-Appendix, TD03 TI .
	TD03 BIRTH	Enter the person's eight-digit date of birth (MMDDCCYY format).
	TD03 ST	Complete this field for children only. Enter the two-letter abbreviation for the state in which the child was born. See 14-B-Appendix, TD03 ST .
	TD03 SEX	Enter "F" for female or "M" for male.

WORKER-INITIATED ACTIONS
Approving an Application
 Revised October 6, 2006

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
Approving an Application (Cont.)	TD03 PER	Enter the person number for the person's case identification. See 14-B-Appendix, TD03 PER , for valid codes.
	TD03 CIT	Enter the code that identifies the person's citizenship. See the field help screen or 14-B-Appendix, TD03 CIT .
	TD03 US	If applicable for the program, enter the person's verification documentation code for citizenship. See 14-B-Appendix, TD03 US .
	TD03 ID	If applicable for the program, enter the person's verification documentation code for identify. See 14-B-Appendix, TD03 ID .
	TD03 MAR	Enter the code that identifies the person's marital status. See 14-B-Appendix, TD03 MAR .
	TD03 REL	Enter the code that identifies the person's relationship to the case name. See the field help screen or 14-B-Appendix, TD03 REL .
	TD03 DEP	If applicable, enter the code that identifies the child's deprivation factor. See 14-B-Appendix, TD03 DEP .
	TD03 PAT	For children, enter a code to identify whether paternity has been established. Valid codes are: Y Yes N No

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
Approving an Application (Cont.)	TD03 OHP	If applicable, enter the code for the type of living situation, or enter “V” to make a referral to vocational rehabilitation. See 14-B-Appendix, TD03 OHP .
	TD03 HAND	Enter the codes that identify the person’s handicap. You can report up to three different handicaps for each person. See 14-B-Appendix, TD03 HAND .
	TD03 H TD03 W TD03 B TD03 A TD03 I TD03 N	Enter a “Y” in the field for each race and ethnicity chosen by the client. For field explanations, see the field help screen or 14-B-Appendix, TD03 H W B A I N .
	TD03 RB	An entry is required if the person’s social security number (SSN) is all zeros, either: Y Due to religious beliefs, or N Not due to religious beliefs.
	TD03 SSN	Enter the person’s nine-digit social security number. If the person does not have a social security number but has applied for one, enter all nines. Enter all zeros only when application has not been made or is not required.
	TD03 SSN CLAIM NO	Railroad Retirement claim numbers begin with the first space of the field and continue into the SSN CLAIM NO field. For instructions, see 14-B-Appendix, TD03 SSN CLAIM NO .
	TD03 MP	If the person is eligible for Medicare, enter the code that tells whether the person is paying a Medicare premium. When the state begins to pay the premium, the buy-in process changes the code. Codes are: Y Yes N No

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
Approving an Application (Cont.)	TD03 SRV	If applicable, enter the code that indicates enhanced services or limited medical services for aliens. See 14-B-Appendix, TD03 SRV . For further instructions, see Emergency Medical Services for Aliens .
	TD03 COS	For people receiving enhanced services, enter the two-digit number for the county of legal settlement.
	TD03 INHOME	When FIP is active at the case level (on TD02), you must enter Y even if FIP is not active for this person. If FIP is not active at the case level (TD02), enter N if there is already a Y in this field or make no entry if this field is blank.
	TD03 MED ST	<p>If the program was not pended before approval, enter the status for:</p> <ul style="list-style-type: none"> ◆ Each person included in the FMAP-related Medicaid approval. ◆ Each ineligible person whose income is considered for the program. ◆ Any person being denied. ◆ Any excluded person. (Enter F.) ◆ Any sanctioned person. (Enter I.) <p>See 14-B-Appendix, TD03 MED ST, for valid codes.</p> <p>Denials may be recorded for individuals on TD03 when FMAP-related Medicaid is approved for other individuals.</p> <p>However, do not enter retroactive Medicaid approval on TD05 and deny an individual on TD03 in the same day's entries. First, approve the program and deny the person.</p>

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
Approving an Application (Cont.)		Enter the retroactive Medicaid eligibility after the approval/denial is updated to ABC, following instructions at Retroactive Medicaid Eligibility for an ongoing case later in this chapter.
	TD03 MED RSN	Enter notice reasons for any FMAP-related Medicaid denials of individuals. See 14-B-Appendix, NOTICE CODES . The system-generated program approval covers all individuals approved.
	TD03 FUND	The fund code must be entered, unless the correct fund code already appears on the master. Note: Enter 'S' for excluded or sanctioned persons and ineligible aliens. See Excluded Persons , Ineligible Aliens , or Sanctions for specialized case actions for these people. See 14-B-Appendix, TD03 FUND , for valid codes.
	TD03 MED DIS	For sanctioned individuals, enter 00.
	TD03 UNB	Enter the unborn code for any pregnant woman on initial and subsequent approvals. Use the number of unborn children that should be considered in the household size. See 14-B-Appendix, TD03 UNB .
	TD03 UNB/DUE	Enter the due date for the unborn child.
	TD03 NWBN	If applicable, enter a code for each child. See 14-B-Appendix, TD03 NWBN .
	TD03 POV	If applicable, enter the percentage of poverty level. For the list of aid types that do not require a poverty level entry, see 14-B-Appendix, TD03 POV .
	TD03 COPAY	If applicable, enter the code that indicates the person's situation. For codes, see 14-B-Appendix, TD03 COPAY .

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
Approving an Application (Cont.)	TD03 SCR	Enter the code that corresponds with a person's medical screening status. See 14-B-Appendix, TD03 SCR .
	TD03 EL	Express Lane eligibility requires an entry of "B" in the EL field for the eligible child. Note: The entry of "B" is allowed only when the following TD03 entries are also made: MED ENTRY of "A," and MED STATUS of "A." For list of valid codes, see 14-B-Appendix, TD03 EL .
	TD03 HEALTH	Enter code for the applicable supplemental coverage. For list of valid codes, see 14-B-Appendix, TD03 HEALTH .
	TD03 PF 06 = REF MENU	Check to see if a referral to HIPP is needed.
	ICSC	If appropriate, make referrals to CSRU. See 14-D(1), ICAR/IABC REFERRAL .
	BCW2	<p>If any person in or considered for the eligible group has income, make BCW2 entries for each month, if the program is one with ABC Medicaid calculation.</p> <p>Enter "C" in the program indicator field. Enter "A" or "E" in the E/B fields. See Entering Income for more information.</p> <p>On ABC-calculated programs, the system completes the eligibility determination. If the system determines program ineligibility, it overrides the worker's status entry and generates a notice.</p>
	BCW2	<p>CASE, PREP WKR, PREP DT, SEQ, CO/WKR, OVERRIDE, STATUS</p> <p>System-generated.</p>

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
Approving an Application (Cont.)	BCW2 STATE ID	Enter the state identification number of the person who has income.
	BCW2 ENTRY RSN	Enter H.
	BCW2 BENEFIT MO	Enter the month associated with the FMAP-related Medicaid income and deductions, in MMY format.
	BCW2 THRU MO	Enter the last month in date range to generate multiple identical BCW2s.
	BCW2 PI	Enter C.
	BCW2 E/B	Enter the code that indicates how the income or deductions are to be used: E Eligibility A All
	BCW2 EARNED 1-5	Enter the earned income amounts.
	BCW2 OTHER EI	Enter the total amount of monthly net self-employment income.
	BCW2 SR	Enter code "1" for self-employed.
	BCW2 UNEARNED 1-4	Enter unearned income amounts.
	BCW2 OTHER UI	Enter unearned income amounts.
	BCW2 SR (1-4)	Enter the unearned income source code. See 14-B-Appendix, BCW2 SR(1-4) .
	BCW2 DEDUCT 1	Enter the amount of support paid for dependents outside the home. This deduction is only for people with status code "H."
BCW2 DEDUCT 2	Enter the amount of needs of the ineligible stepparent or self-supporting parents in minor parent cases. This deduction is only for people with status code "H."	

WORKER-INITIATED ACTIONS
Approving an Application
 Revised October 29, 2010

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
Approving an Application (Cont.)	BCW2 P DED NEED	Enter the amount to be deducted from the parent’s income for the Standard of Need Test. Note: The field is not applicable for MAC cases. The amount must be for: <ul style="list-style-type: none"> ◆ Needs of the ineligible parent and ineligible children, or ◆ Court-ordered support paid for dependents outside of the home.
	BCW2 P DED PAY	Enter the amount to be deducted from the parent’s income for the Benefit Standard Test. The amount must be for: <ul style="list-style-type: none"> ◆ Needs of the ineligible parent and ineligible children, or ◆ Court-ordered support paid for dependents outside of the home. See Retroactive Medicaid Eligibility if the application includes retroactive Medicaid. See Transitional Medicaid for additional BCW2 entries to approve or reopen the program for transitional Medicaid.
Worker-Determined Eligibility		These instructions are not to be used for retroactive Medicaid eligibility. See Retroactive Medicaid Eligibility .
Prior Eligibility Only	TD05 RSN2	If there is no case record (case number and state ID) or Medicaid record on SSNI, process a current Medicaid denial using “000” in the notice reason field. Then send form 470-0397, <i>Request for Special Update</i> , to Quality Assurance specifying which months are to be updated as eligible months.

WORKER-INITIATED ACTIONS

Assigning RRED Due Dates

Revised March 26, 2010

Iowa Department of Human Services

Title 14 Management Information

Chapter B(7) FMAP-Related Medicaid Case Actions

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
Assigning RRED Due Dates		<p>Annual-review RREDs are automatically generated at the end of the month before the next review date unless the only eligible person on the case is coded as a newborn.</p>
Reinstatement		<p>When programs are active at ABC cutoff, the ABC system generates a RRED for the annual review and assigns the due date. The system prints the applicable messages on the RRED.</p> <p>When reinstatements are done after cutoff through the last working day of the calendar month, a RRED is generated with the in-cycle due date printed on it.</p> <p>When reinstatements are done after the first of the new calendar month, a worker-tracked RRED must be generated with a due date of the process date plus seven.</p> <p>When you need to generate a RRED, on-demand coding is as follows:</p>
Regular Cycle Date	<p>TD01 ENT RSN</p>	<p>Enter code H.</p>
	<p>TD01 MR DEMAND 1 OR 2 MO</p>	<p>Enter the month for which the RRED would have been mailed. This cannot be a future month.</p>
	<p>TD01 MR DEMAND 1 OR 2 CD</p>	<p>Enter the code for the type of RRED requested. See 14-B-Appendix, TD01 MR DEMAND1 or 2 CD.</p>
	<p>TD01 MR DEMAND 1 OR 2 CYC</p>	<p>Enter code C.</p>

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
Worker-Determined Date		<p>When you must determine and enter the due date, consider these factors:</p> <ul style="list-style-type: none"> ◆ The policies on assignment of due dates ◆ The date you do the entry ◆ The fact that the RRED mailing will occur no earlier than the next working day after entry <p>Worker coding for on-demand RREDs produces a fatal error if the due month is a prior month. If an out-of-cycle RRED due date is entered, but the RRED is mailed in cycle, the system corrects the due date.</p>
	TD01 ENT RSN	Enter code H.
	TD01 MR DEMAND 1 OR 2 MO	Enter the month for which the RRED would have been mailed. This cannot be a future month.
	TD01 MR DEMAND 1 OR 2 CD	Enter the code for the type of RRED requested. See 14-B-Appendix, TD01 MR DEMAND1 or 2 CD .
	TD01 MR DEMAND 1 OR 2 DT	<p>Enter the date the RRED is due from the household.</p> <p>You must track RREDs with out-of-cycle due dates for timely return from the client. You can use ticklers to track RRED due dates. See 14-B(4), LF01, for information on entering ticklers.</p>

WORKER-INITIATED ACTIONS
Automatic Redetermination
 Revised May 29, 2001

Iowa Department of Human Services
Title 14 Management Information
Chapter B(7) FMAP-Related Medicaid Case Actions

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
Automatic Redetermination		<p>These instructions apply only when:</p> <ul style="list-style-type: none"> ◆ Information causing ineligibility is received after the tenth of the month and ◆ Eligibility under another coverage group has not been established before the effective date of cancellation of the current coverage group. <p>If eligibility under another coverage group is known, place the case in that AID and MED AID type immediately.</p>
	TD01 ENT RSN	Enter H.
	TD01 AID	Enter 38-0.
	TD01 MED AID	Enter 38-0.
	TD01 AID CHG DT	Enter the first day of the next system month.
	TD01 MED CHG DT	Enter the first day of the next system month.
	TD01 CNID	Enter the state ID number of the “case name” person if it is missing or inaccurate. Entry in this field updates the case name fields. See Case Name ID and 14-B-Appendix, TD01 CNID .
	TD05 ENTRY RSN	If the program was canceled, enter B to reinstate or C to reopen.
	TD05 MED STATUS	Enter B or C.
	TD05 MED RSN	Enter the notice reason code. See 14-B-Appendix, NOTICE CODES .

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
Automatic Redetermination (Cont.)	TD05 MED POS DT	If the MED STATUS code is C, enter the first day of the month the program is reopened, in MMDDYY format.
	TD05	Update any applicable fields for the status of the program.
	TD03 ENTRY RSN	If the program was canceled, enter B to reinstate or C to reopen.
	TD03 MED ST	Enter B or C.
	TD03 MED RSN	Enter the notice reason code. See 14-B-Appendix, NOTICE CODES .
	TD03 FUND	Enter a valid fund code. See 14-B-Appendix, TD03 FUND .
	TD03	Update any codes required to reflect any changes.
	BCW1 ENTRY RSN	Enter H.
	BCW1 EXT MED	Enter eligible number of months.
Canceling Ongoing Eligibility Program Due to Death Program	TD05 MED ENTRY RSN	Enter G.
	TD05 MED STATUS	Enter N.
	TD05 MED RSN2	Enter the applicable code. Do not use reason 613 (... of reported death).
	TD05 MED ENTRY RSN	Enter M.
	TD05 MED STATUS	Enter N.
	TD05 MED RSN2	Enter 613.

WORKER-INITIATED ACTIONS
Canceling Ongoing Eligibility
 Revised February 23, 2007

Iowa Department of Human Services
Title 14 Management Information
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ACTION	SCREEN FIELDS USED	INSTRUCTIONS
<p>Program (Cont.)</p> <p>Individual</p>	<p>TD05 MED DATE</p>	<p>Enter the date of death. If the person is associated with more than one case, the system:</p> <ul style="list-style-type: none"> ◆ Removes the person from all cases with the person in an active status. ◆ Recalculates benefits. ◆ Sends notices, when appropriate. <p>Message 970 is issued to you when the person was on more than one case.</p> <p>Note: If the case consists of one person, you can use the program entries only.</p>
	<p>TD03 ENTRY RSN</p>	<p>Enter M.</p>
	<p>TD03 MED ST</p>	<p>Enter N.</p>
	<p>TD03 MED RSN</p>	<p>Enter 613.</p>
	<p>TD03 MED DATE</p>	<p>Enter the date of death. The system recalculates benefits and sends a notice when appropriate.</p> <p>If the person was also active on the same case number for FIP or Food Assistance, also make these entries.</p> <p><u>For FIP</u></p>
	<p>TD03 FIP ST</p>	<p>Enter N.</p>
	<p>TD03 FIP RSN</p>	<p>Enter 613.</p>
	<p>TD03 FOOD ASSISTANCE ST</p>	<p><u>For Food Assistance</u></p> <p>Enter N.</p>
	<p>TD03 FOOD ASSISTANCE RSN</p>	<p>Enter 613.</p>

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
Individual (Cont.)	TD01	If the death makes the others on the case ineligible for Medicaid, close the program in a second step.
	TD01	If the case remains open for another program and the deceased person's state ID number was in the TD01 CNID field, a new case name ID is required.
	TD01 ENTRY RSN	Enter H.
	TD01 CASE: LAST and FIRST	Enter the new case name.
Due to Failure to File Out-of-Cycle RRED	TD01 CNID	Enter the state ID number of the "case name" person. This entry will update the case name fields. See Case Name ID and 14-B-Appendix, TD01 CNID .
	TD05 MED ENTRY RSN	Enter H if Medicaid is to be canceled for failure to file a complete RRED.
	TD05 MED STATUS	Enter N if Medicaid is to be canceled for failure to file a complete RRED.
Worker-Generated System Notice	TD05 MED RSN2	Enter 610 when FMAP-related Medicaid benefits are to be canceled.

WORKER-INITIATED ACTIONS
Canceling Ongoing Eligibility
 Revised October 6, 2006

Iowa Department of Human Services
Title 14 Management Information
Chapter B(7) FMAP-Related Medicaid Case Actions

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
Individuals		<p>Do not cancel individuals from Medicaid at the same time you make entries to add other individuals to Medicaid on the case. Note: See Sanctions or Excluded Persons for specialized case actions.</p> <p>TD01</p> <p>If the person’s state ID number was the case name ID on TD01’s CNID field, a new case name ID is required.</p> <p>TD01 ENTRY RSN</p> <p>Enter H.</p> <p>TD01 CNID</p> <p>Enter the state ID number of the “case name” person. Entry in this field will update the case name fields. See Case Name ID and 14-B-Appendix, TD01 CNID.</p> <p>TD03</p> <p>Enter any needed demographic information. See 14-B-Appendix, TD03, for valid codes.</p> <p>TD03 ENTRY RSN</p> <p>Enter G or H.</p> <p>TD03 MED ST</p> <p>Enter N. See Sanctions or Excluded Persons for specialized case actions.</p> <p>TD03 MED RSN</p> <p>Enter code for notice. See 14-B-Appendix, NOTICE CODES.</p>
Issuing Another Notice Regarding New Information		<p>Use these instructions when a case has been canceled for one reason but ineligibility exists for another reason, and you can give timely notice of the new reason for cancellation.</p> <p>TD05 MED ENTRY RSN</p> <p>Enter “R” (send notice only). When “R” is used, no other entries are allowed on that case in that day’s processing.</p> <p>TD05 MED RSN1</p> <p>Enter 171.</p> <p>TD05 MED RSN2</p> <p>Enter the applicable code. See 14-B-Appendix, NOTICE CODES.</p>

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
Assigning Case Numbers (Cont.)		<p>Use FBU 21 when a case started with a <i>hawk-i</i> application.</p> <p>On a new case, the entry reasons must all be “A,” except in the following situations:</p> <ul style="list-style-type: none"> ◆ On TD01, the system changes a new case’s entry reason to “A” if another valid code is entered. ◆ On worker-determined Medicaid eligibility, entry reason “E” is allowed on TD05 and TD03.
Establishing FBUs	TD01 PREP WKR	<p>Enter the worker number of the person making the entries. PREP WORKER needs to be entered only on a new case.</p> <p>Depending on the action being taken, see Pending an Application, Approving an Application, or Denying an Application, to complete the case coding.</p> <p>It may be necessary to establish a separate case for various eligible groups in a household.</p> <p>The FBU portion of an existing case number can be changed to assign a case number that is identical to the first six-digits of the other cases for the household.</p> <p>There is no connection between cases with the same first six-digits; the numbering is only for worker convenience.</p> <p>Multiple FBUs may be used in MAC-Medically Needy composite cases and FIP-CMAP composite cases.</p> <p>Use FBU 19 only for Medicaid cases related to Iowa foster care, subsidized adoption, or subsidized guardianship.</p>

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
<p>Changing Income or Deductions for an Ongoing Program (Cont.)</p>	<p>BCW2 BENEFIT MO BCW2 PI BCW2 E/B BCW2</p>	<p>Enter the month for which a calculation is requested (usually the next system month).</p> <p>Enter C.</p> <p>Enter “A” or “E.” If you make an error in the E/B indicator, delete the data. The E/B error cannot be “fixed”; the transaction must be deleted.</p> <p>Enter any other applicable fields.</p>
<p>COLA</p>	<p>BCW2 ENTRY RSN BCW2 BENEFIT MO BCW2 PI BCW2 E/B BCW2 UNEARN 1-4 AND SR 1-4</p>	<p>“COLA” means cost-of-living adjustments to Social Security or SSI benefits. COLA processing is described in 14-B(8).</p> <p>Enter any changes to unearned income during the months involved in the COLA process as usual. Example:</p> <div style="border: 1px solid black; background-color: #e0e0e0; padding: 5px; margin-top: 10px;"> <p>A person’s social security account is changed from a survivor’s claim to a retirement claim.</p> </div>
<p>Continuing Assistance When a Timely Appeal Is Filed</p>	<p>TD05 RSCM TD03 TD01 CNID BCW SCREENS</p>	<p>When a timely appeal is filed as the result of an adverse action entered on the system, enter information to return the program or people to the status, which existed before the adverse action.</p> <p>Enter the state ID number associated to the case name if it is missing.</p> <p>When a timely appeal is filed as the result of a system-calculated adverse action, change the income or deductions to cause continuation of assistance as appropriate.</p>

WORKER-INITIATED ACTIONS
Continuous Eligibility for Children
 Revised May 8, 2009

Iowa Department of Human Services
Title 14 Management Information
Chapter B(7) FMAP-Related Medicaid Case Actions

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
<p>Continuous Eligibility for Children</p>	<p>TD05 MED ENTRY RSN</p> <p>TD05 MED STATUS</p> <p>TD05 MED RSN</p> <p>TD03 MED ENTRY RSN</p> <p>TD03 MED ST</p> <p>TD03 FUND</p>	<p>When a child has been determined eligible for Medicaid in a 308, 920, or 372 aid type, the child continues to be eligible for up to 12 months even if the household goes over income. (The child must be otherwise eligible.)</p> <p>Income entered on the BCW2 will not cancel a continuously eligible child unless the LAST REV field is also entered. Enter the REVIEW DATE and the BCW2 at the same time when completing a review.</p> <p>If the child is canceled and should not have been, reinstate or reopen the child.</p> <p>Enter B or C.</p> <p>Enter B or C.</p> <p>Enter notice reason 207, if reinstating.</p> <p>Enter B or C.</p> <p>Enter B or C.</p> <p>Enter A, C, or R, as appropriate.</p>
<p>Continuously Eligible Pregnant and Postpartum Women</p>		<p>When a pregnant woman has been determined eligible for Medicaid under MAC (aid type 92-0), she continues to be eligible throughout her pregnancy and postpartum period even if she goes over income. (She must be otherwise eligible.)</p> <p>Income entered on the BCW2 will not cancel a pregnant woman under the MAC aid type.</p>

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
Continuously Eligible Pregnant and Postpartum Women (Cont.)	<p>TD05 MED ENTRY RSN</p> <p>TD05 MED STATUS</p> <p>TD05 MED RSN</p> <p>TD03 MED ENTRY RSN</p> <p>TD03 MED ST</p> <p>TD03 FUND</p>	<p>If enough income is entered to cancel some people on the MAC case, the pregnant woman will remain active and the people who are over income will become "considered."</p> <p>If for some reason a pregnant woman is canceled and should not have been, reinstate her.</p> <p>Enter B.</p> <p>Enter B.</p> <p>Enter notice reason 207.</p> <p>Enter B.</p> <p>Enter B.</p> <p>Enter A or C, as appropriate.</p>
Denying an Application	<p>TD05 MED ENTRY RSN</p> <p>TD05 MED STATUS</p> <p>TD05 MED RSN2</p> <p>TD05 MED APP DT</p>	<p>Enter A.</p> <p>Enter M.</p> <p>Enter the applicable reason. Do not use reason 613. See 14-B-Appendix, NOTICE CODES.</p> <p>If the program was not pended, enter the date the initial application or reapplication was received in the county office, in MMDDYY format.</p>

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
Entering Income (Cont.)		See Transitional Medicaid for coding instructions when it appears that increased earnings exceed FMAP income limits on an active case.
Application	BCW2	<p>Enter BCW2s for each month of the application process for which there is non-exempt income and financial eligibility is to be determined.</p> <p>If income is not entered or is not already in the system for a month in the application process, the system assumes there is no income for that month.</p> <p>Note: You cannot enter BCW2s on a pending application.</p>
	BCW2 ENTRY RSN	Enter G or H.
	BCW2 BENEFIT MO	Enter the month associated with the FMAP-related income, in MMDDYY format.
	BCW2 THRU MO	Enter the last month in date range to generate multiple identical BCW2s.
	BCW2 PI	Enter C.
	BCW2 E/B	<p>Enter the codes for the budgeting procedures required for the case situation:</p> <p>E Eligibility calculation A All (both) calculations</p>
Earned Income	BCW2 EARNED 1-5	Enter the projected amount of each paycheck, beginning with the first earned field, or enter the projected monthly income in the first earned income field.
	BCW2 OTHER EI	Enter the total amount of monthly net self-employed income.

WORKER-INITIATED ACTIONS**Entering Income**

Revised November 5, 2004

Iowa Department of Human Services

Title 14 Management Information**Chapter B(7)** FMAP-Related Medicaid Case Actions

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
Earned Income (Cont.)	BCW2 SR	Enter "1."
	BCW2 CHILD CARE	Enter total allowable child or disabled adult care expenses.
	BCW2 UNEARN 1-4	Enter the amount of the person's unearned income.
	BCW2 OTHER UI	Enter the amount of other unearned income.
	BCW2 SR(1-4)	Enter the code that indicates the source of the unearned income in the first position. See 14-B-Appendix, BCW2 SR(1-4) .
	BCW2 DEDUCT 1	Enter the amount of support paid for dependents outside the home. This amount is deducted only for the person with a status "H."
	BCW2 DEDUCT 2	Enter the needs amount for the stepparent or self-supporting parent of a minor unmarried parent and the ineligible children in the stepparent's or self-supporting parent's unit. This amount is deducted only for the person with a status "H."
BCW2 P. DED NEED	<p>Enter the amount to be deducted from the parent's income for Standard of Need test.</p> <p>Note: This field is not applicable for MAC cases. The amount must be for:</p> <ul style="list-style-type: none"> ◆ Needs of the ineligible parent and ineligible children, or ◆ Court-ordered support paid for dependents outside the home. 	

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
Earned Income (Cont.)	BCW2 P DED PAY	<p>If entering parental income, enter the amount to be deducted from the parent’s income for the benefit standard test. The amount must be for:</p> <ul style="list-style-type: none"> ◆ Needs of the ineligible parent and ineligible children, or ◆ Court-ordered support paid for dependents outside the home.
Lump-Sum Income	BCW2	<p>Note: Do not make lump-sum income entries for Medicaid. Hand-calculate lump-sum income for proration purposes. Enter the prorated amount on the BCW2 as unearned income with source code “X.”</p>
Ongoing Case	BCW2	<p>A BCW2 may be entered to cause a calculation for the current system month and for the “next” system month.</p> <p>When income is entered for the current system month, income must be entered for the “next” system month. The system continues to use the income information that has been entered for the “next” system month until a change is entered.</p> <p>When reinstating a program, check BCW2s for the effective month of reinstatement and for the “next” system month, if different from the reinstatement month. Enter changes as needed.</p> <p>When the effective date of reinstatement is the next month, enter a “current” month BCW2 only when recalculation of current month is needed.</p>

WORKER-INITIATED ACTIONS
Foster Care and Subsidized Adoption Medicaid
 Revised September 7, 2007

Iowa Department of Human Services
Title 14 Management Information
Chapter B(7) FMAP-Related Medicaid Case Actions

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
Approving the Medicaid Case (Cont.)	TD03	Complete all TD03 coding applicable to the program being approved. See 14-B-Appendix, TD03 , for valid codes.
	TD03 ENTRY RSN	Enter A, E or C.
	TD03 US	If applicable for the program, enter the person's verification documentation code for citizenship. See 14-B-Appendix, TD03 US .
	TD03 ID	If applicable for the program, enter the person's verification documentation code for identify. See 14-B-Appendix, TD03 ID .
	TD03 REL	Enter the applicable relationship code. See 14-B-Appendix, TD03 REL , for codes.
	TD03 FACS	Enter R for non-IV-E out-of-state adoption subsidy cases from states with reciprocal Medicaid agreements. (See 8-H for states.)
	TD03 MED ST	Unless the program was pended before approval, enter the status code for the person who is included in the program approval or who is being denied.
	TD03 FUND	Enter the applicable fund code. See 14-B-Appendix, TD03 FUND , for codes.
	ICSC	Make referrals to CSRU, if appropriate, and the service worker has not done so.
	BCW2	Make BCW2 entries if any person in the eligible group has countable income, and the program is one with ABC Medicaid calculation. Exception: Do not enter earned income for IV-E cases with aid types of 30-8.
BCW2 PI	Enter "C" in the program indicator field.	

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
Approving the Medicaid Case (Cont.)	BCW2 E/B	<p>Enter “A” or “E” for the E/B field. See Entering Income for more information.</p> <p>On ABC-calculated programs, the system completes the eligibility determination. If the system determines program ineligibility, it overrides your status entry and generates a notice. You must then make new entries to approve Medicaid and re-enter the IV-E administrative and training funding codes on TD04.</p> <p>For ABC-calculated FMAP-related Medicaid applications, the date the system accepts the data entry is the date ABC uses to determine the date of decision.</p> <p>See Retroactive Medicaid Eligibility if the application includes retroactive Medicaid.</p> <p>For all 19 FBU cases only, make these TD04 entries:</p>
	TD04 ENTRY RSN	Enter H.
	TD04 BENEFIT	<p>Enter the maintenance amount for foster care or the subsidy amount for subsidized adoption. Exception: PMIC cases do not require an amount in this field.</p> <p>For a shelter care placement, no amount is displayed in FACS or on the exchange form. See 17-E, Shelter Care Payment, for the current daily shelter rate.</p> <p>For an adoption case where no cash adoption subsidy is paid, enter \$1.00.</p>

WORKER-INITIATED ACTIONS
Foster Care and Subsidized Adoption Medicaid
 Revised October 6, 2006

Iowa Department of Human Services
Title 14 Management Information
Chapter B(7) FMAP-Related Medicaid Case Actions

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
Approving the Medicaid Case (Cont.)	TD04 RETRO 1ST RETRO 2ND RETRO 3RD MO OF APP POS MO ONGOING	Entry is required on approvals and reinstatements. The code stays on the internal master file but does not appear on the display screen once updated. Valid codes are: N Not eligible Y Eligible Enter Y when the case would be IV-E maintenance-eligible except that it is an SSI case. POS MO and ONGOING fields require entries on approvals and reinstatements. RETRO fields are required on approvals when the month the child entered foster care is before the month the Medicaid application was received. Active cases require an entry into the ONGOING field when: <ul style="list-style-type: none"> ◆ The aid type changes, or ◆ You make a TD06 entry, or ◆ You receive a FACS exchange of information form that results in a change in IV-E administrative funding.
	TD04 RETRO 1ST	Entry is required if child entered foster care one or more months before the month in the TD05 MED APP DT field.
	TD04 RETRO 2ND	Entry is required if child entered foster care two or months before the month in the TD05 MED APP DT field.
	TD04 RETRO 3 RD	Entry is required if child entered foster care three or more months before the month in the TD05 MED APP DT field.

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
<p>Approving the Medicaid Case (Cont.)</p> <p>Changing Aid Types</p> <p>FACS Case Closes</p>	TD04 MO OF APP	Make no entry into this field if the month in TD05 MED APP DT is the same as the month in the TD05 MED POS DT field.
	TD04 POS MO	Entry is required.
	TD04 ONGOING	<p>Entry is required. The code stays on the internal master file, but does not appear on the display screen once updated.</p> <p>Enter Y when the case would be IV-E eligible except that it is an SSI case.</p>
	TXNS PF5	Check on-line edits to verify that aid type and IV-E administration coding are correct. If coding is not compatible, WAR 660 is generated.
	TD01	See Aid Type Change .
	TD04 ONGOING	On 19 FBU cases, enter the code to indicate eligibility for IV-E.
Four-Month Extended Medicaid	<p>TD01</p> <p>TD01 ENTRY RSN</p>	<p>Any case canceled from FMAP due to receipt of child or spousal support may become an “extended” Medicaid case if the family received FMAP in three of the previous six months. Extended Medicaid eligibility is limited to four months.</p> <p>Enter the state ID number associated to the case name, if it is missing.</p> <p>Enter H.</p>

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
Reopening		Follow this procedure when the system did not automatically determine eligibility for the extended Medicaid (because your BCW1 entries failed to allow for the extended eligibility).
	TD01 ENT RSN	Enter H.
	TD01 AID TD01 MED AID	Enter the applicable aid type.
	TD01 AID CHG DT TD01 MED CHG DT	Enter the first date of extended Medicaid eligibility.
	TD01 CNID	Enter the state ID number of the “case name” person, if it is missing. Entry in this field updates the case name fields. See Case Name ID and 14-B-Appendix, TD01 CNID .
	TD05 MED ENTRY RSN	Enter C.
	TD05 MED STATUS	Enter C.
	TD05 POS DT	Enter the first day of the extended Medicaid period.
	TD03 ENTRY RSN	Enter C.
	TD03 MED ST	Enter C.
	TD03 FUND	Enter A or C.
	BCW1 ENTRY RSN	Enter H.
	BCW1 BENEFIT MO	Enter the next system month.
BCW1 EXT MED	Enter the number of months Medicaid is to be extended (the number of months remaining in the extended period).	

WORKER-INITIATED ACTIONS**Ineligible Aliens**

Revised October 6, 2006

Iowa Department of Human Services

Title 14 Management Information**Chapter B(7)** FMAP-Related Medicaid Case Actions

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
Ineligible Aliens	TD01 MED AID RSCM BCW2	When adding an ineligible alien to a case be certain to review and update, if appropriate, the MED AID type, RSCM and BCW2 screens for the ineligible alien or household. Note: Do not pend an ineligible alien. Do not make ineligible alien children “considered” persons in the household.
Adding an Ineligible Alien	TD03 TD03 ENTRY RSN TD03 MED ST TD03 MED RSN TD03 FUND	Enter any needed demographic information. See 14-B-Appendix, TD03 , for valid codes. Enter A. Enter F. Enter the notice reason code. See 14-B-Appendix, NOTICE CODES . Enter S.

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
Approving a Case with an Ineligible Alien	TD03	Enter any needed demographic information. See 14-B-Appendix, TD03 , for valid codes.
	TD03 ENTRY RSN	Enter A.
	TD03 MED ST	Enter F.
	TD03 MED RSN	Enter the notice reason code. See 14-B-Appendix, NOTICE CODES .
	TD03 FUND	Enter S.
Canceling an Ineligible Alien	TD03	<u>Individual</u> Enter any needed demographic information. See 14-B-Appendix, TD03 , for valid codes.
	TD03 ENTRY RSN	Enter G.
	TD03 MED ST	Enter N.
	TD03 MED RSN	Enter the notice reason code. See 14-B-Appendix, NOTICE CODES .
		Note: After these entries update, the MED ST code will update to F and the FUND code to 9.
	TD05 MED ENTRY	<u>Program</u> Enter G.
	TD05 MED STATUS	Enter N.
TD05 RSN2	Enter the notice reason code. See 14-B-Appendix, NOTICE CODES .	

WORKER-INITIATED ACTIONS**Ineligible Aliens**

Revised November 5, 2004

Iowa Department of Human Services

Title 14 Management Information**Chapter B(7)** FMAP-Related Medicaid Case Actions

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
Changing Medical Status		Make sure the medical aid type is correct. Update any demographic information appropriate for the person.
	TD03 ENTRY RSN	Enter A or C.
	TD03 MED ST	Enter A or C.
	TD03 MED RSN	When the person will remain as a considered person, do not enter a notice reason. When the person will be eligible for Medicaid, enter a notice reason code. See 14-B-Appendix, NOTICE CODES .
	TD03 MED DATE	Enter the date the medical status changes.
	TD03 FUND	Enter the appropriate fund code. See 14-B-Appendix, TD03 FUND .
Reinstating an Ineligible Alien	TD03 ENTRY RSN	Enter B.
	TD03 MED ST	Enter F.
	TD03 MED RSN	Re-enter the notice reason code. See 14-B-Appendix, NOTICE CODES .
	TD03 FUND	Enter S.
Reopening an Ineligible Alien	TD03 ENTRY RSN	Enter C.
	TD03 MED ST	Enter F.
	TD03 MED RSN	Re-enter the notice reason code. See 14-B-Appendix, NOTICE CODES .
	TD03 MED DATE	If only the ineligible alien is being reopened, enter the date.
	TD03 FUND	Enter S.

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
LPR Child under Age 19 Exempt from the Five-Year Bar	TD03	Enter any needed demographic information. See 14-B-Appendix, TD03 LPR , for valid codes.
	TD03 LPR DT	Enter the date the LPR child who is exempt from the five-year bar entered the U.S. Use MM/CCYY format.
Making a Considered Person Active on an Ongoing Case		Note: For MAC-only cases and for cases going from MAC to FMAP, you must manually calculate income for the current and past system months.
		If the case is within income limits, add the person using these instructions. If the case is over income limits, close the case and manually issue a <i>Notice of Decision</i> .
	TD03 ENTRY	Enter H.
	TD03 MED ST	No entry required, unless you need to make a new entry to change status “I” or “F.” See Excluded Persons , Ineligible Aliens , or Sanctions for instructions.
	TD03 MED RSN	Enter notice reason 933.
	TD03 MED DATE	Enter the applicable date in MMDDYY format.
	TD03 FUND	Enter a valid fund code. See 14-B-Appendix, TD03 FUND .
TD03 PF 06 = REF MENU	If applicable, check to see if a HIPP referral has been made.	

WORKER-INITIATED ACTIONS**Medical Cards**

Revised November 9, 2012

Iowa Department of Human Services

Title 14 Management Information**Chapter B(7)** FMAP-Related Medicaid Case Actions

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
Medical Cards Issuance Replacement Special Updates		Form 470-1911, <i>Medical Assistance Eligibility Card</i> , is automatically issued to eligible people. If the <i>Medical Assistance Eligibility Card</i> needs to be replaced, use the web-based card replacement system. The person must be active on SSNI before a replacement card can be issued. A card is not issued when form 470-0397, <i>Request for Special Update</i> , is used to add eligibility for prior months.

Page 53 is reserved for future use.

WORKER-INITIATED ACTIONS
Newborn Children of Medicaid-Eligible Mothers
 Revised August 28, 2009

Iowa Department of Human Services
Title 14 Management Information
Chapter B(7) FMAP-Related Medicaid Case Actions

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
Newborn Children of Medicaid-Eligible Mothers		<p>A child in “newborn status” remains eligible for one year after birth as long as the child remains an Iowa resident.</p> <p>See Postpartum Period for instructions on entries for a Medicaid-eligible pregnant woman who gives birth.</p> <p>Add a newborn child of a Medicaid eligible mother to the mother’s Medicaid case without an application. (See also Adding a Person to a Case for an Active Program.)</p>
	TD03	Assign a state ID to the newborn. See State ID Numbers: Assigning State IDs.
	TD03 ENTRY RSN	Enter A.
	TD03	Enter needed demographic information. See 14-B-Appendix, TD03 , for codes.
	TD03 MED ST	Enter A.
	TD03 MED RSN	Enter notice reason code 812.
	TD03 MED DATE	On ABC-calculated FMAP-related Medicaid aid types, the start date can be no earlier than the first day of the second prior system month. Do not add a person with a positive date earlier than the last program positive date.
	TD03 FUND	Enter C.
	TD03 UNB	A child in newborn status is not counted in the household size. Zero out the code on the Medicaid-eligible mother’s UNB field and zero out the UNB/DUE field on TD03 after the birth of the newborn.

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
<p>Newborn Children of Medicaid-Eligible Mothers (Cont.)</p>	<p>TD03 NWBN</p> <p>ICSC</p> <p>TD05 MED ENTRY RSN</p> <p>TD05 MED STATUS</p> <p>TD05 MED RSN</p> <p>TD03 MED ENTRY RSN</p> <p>TD03 MED STATE</p> <p>TD03 FUND</p>	<p>Enter code “Y” for each child who is receiving Medicaid as a newborn child of a Medicaid-eligible mother.</p> <p>Enter code “N” for each child who is not receiving Medicaid as a newborn child.</p> <p>If applicable, make referrals to CSRU and complete REFER information. See XIV-D(1), ICAR/IABC REFERRAL.</p> <p>If for some reason a newborn is canceled incorrectly, reinstate the newborn.</p> <p>Enter B.</p> <p>Enter B.</p> <p>Enter notice reason 293.</p> <p>Enter B.</p> <p>Enter B.</p> <p>Enter C.</p>
<p>Next Review Date</p>		<p>When no entry is made in the next rev field, the system generates the review date based on the:</p> <ul style="list-style-type: none"> ◆ APP DT, ◆ LAST REV date, and ◆ FIP annual review date (or Food Assistance END CERT date, if there is no FIP on the case).

WORKER-INITIATED ACTIONS

Next Review Date

Revised May 8, 2009

Iowa Department of Human Services

Title 14 Management Information

Chapter B(7) FMAP-Related Medicaid Case Actions

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
Determining	TD05 NEXT REV	<p>The system calculates the NEXT REV dates from the application date or the last review date, whichever is later.</p> <p>When the application date is the later date, the month of application counts as “month 1.” For reviews, the month after the last review date counts as “month 1.”</p> <p>If the Food Assistance program is opened, or already active on the case, the system aligns the medical NEXT REV and the Food Assistance END CERT dates.</p> <p>This alignment may change your entries, but is done to limit the number of reviews you must do in a year, while complying with program requirements.</p> <p>You may enter a date that is earlier than the system-generated date. The system will not accept a date later than the system-generated date.</p> <p>New cases that are opened for a continuously eligible child should have the review dates adjusted to coincide with the last review date on the previous case.</p> <p>Certain Medicaid programs do not require reviews. When changing aid types from those programs, enter or change the review dates to avoid overdue reviews.</p>
Entering	<p>TD05 MED ENTRY RSN</p> <p>TD05 LAST REV</p>	<p>To change review dates, enter the current month in the last rev field.</p> <p>Enter H.</p> <p>Enter the month and year of the last review.</p>

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
Entering (Cont.)	BCW2	Enter the data for the next system month.
Pending an Application	TD01 TD01 AID TD01 MED AID TD01 CO RES TD01 CNID TD01 ENTRY RSN TD01 AID CHG DT TD01 MED CHG DT TD05 MED ENTRY RSN TD05 MED STATUS TD05 MED APP DT TD05 MED MR TD03 ENTRY RSN TD03 TD03 MED ST TD03 FUND	<p>If a new case, see Case Numbering: Assigning Case Numbers, Aid Type Priority, and Case Name ID, to complete TD01 case identifying information.</p> <p>If you have an application with an excluded person or a sanctioned person, do not pend these individuals. See Excluded Persons or Sanctions for instructions.</p> <p>See 14-B-Appendix, TD01 Case Information and TD01: Section I, Identification, to complete screen.</p> <p>Enter A or H.</p> <p>If this is not a new case, see Aid Type Change.</p> <p>Enter A.</p> <p>Enter D.</p> <p>Enter the date the application was received in the county office.</p> <p>Enter N.</p> <p>Enter A.</p> <p>Enter any needed demographic information. See 14-B-Appendix, TD03, for valid codes.</p> <p>Enter D.</p> <p>Enter the applicable code. See 14-B-Appendix, TD03 FUND, for codes.</p>

WORKER-INITIATED ACTIONS
Pending an Application
Revised October 6, 2006

Iowa Department of Human Services
Title 14 Management Information
Chapter B(7) FMAP-Related Medicaid Case Actions

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
Responsible Relatives	<p>TD03</p> <p>TD03 MED ST</p> <p>TD03 FUND</p>	<p>“Responsible” relatives (stepparents, self-supporting parents, and ineligible family members) can be pended.</p> <p>The TD03 coding in the pending process is the same as for members of the eligible group. However, take care at the time of approval to apply different MED ST codes and FUND codes to responsible relatives.</p> <p>Enter D.</p> <p>Enter S or 7.</p> <p>If the responsible relatives are already pended, you must enter the appropriate status code when approving program.</p> <p>Note: If the appropriate status code is not entered, the approval coding will roll and activate the responsible relatives in error.</p>
Postpartum Period	<p>TD03 ENTRY RSN</p> <p>TD03 MED RSN</p> <p>TD03 MED LIMIT</p> <p>TD03 UNB</p> <p>TD03 UNB/DUE</p> <p>TD03 NWBN</p>	<p>Use this procedure when a Medicaid-eligible pregnant woman gives birth or when the pregnancy ends for any reason.</p> <p>If this procedure is used, reason 818 will automatically be generated and sent when the 60-day postpartum period expires.</p> <p>Enter H.</p> <p>Enter 819.</p> <p>Enter the month and year in which the 60-day period will expire.</p> <p>Enter zero.</p> <p>Enter zeros.</p> <p>Enter P.</p>

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
Refugee Medical Assistance	TD01 AID TD01 MED AID TD01 CNID TD05 TD03 FUND	Enter 06-0, 06-1, or 06-3. Enter the state ID number of the “case name” person. See Case Name ID and 14-B-Appendix, TD01 CNID . Entry in this field updates the case name fields. Enter as Refugee Medical Assistance. Use fund code “1” for people 21 and over. Use fund code “R” for people under 21.
Refugee Cash/Medicaid (Non-CMAP) Approving	TD01 ENTRY RSN TD01 AID TD01 MED AID TD01 CNID TD02 RSCA TD03 FUND	Use this procedure to establish eligibility records for Refugee Cash Assistance (RCA) recipients who, because they meet the categorical requirements of Medicaid, are not eligible for Refugee Medical Assistance (RMA). Enter A or H. Enter 06-0 or 06-1. Enter the correct Medicaid aid type (not Refugee Medical Assistance). Enter the state ID number of the person who has a PER code of “01” and a REL code of “0” on the TD03 screen. Entry in this field updates the case name fields. See Case Name ID and 14-B-Appendix, TD01 CNID . Enter as Refugee Cash Assistance. See 14-B(6), FIP CASE ACTIONS . Enter as Refugee Cash Assistance. See 14-B(6), FIP CASE ACTIONS . Code people eligible for RCA on this aid type with a fund code of “A” or “C.”

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
Reinstating Eligibility (Cont.)	TD05 MED STATUS	Enter B.
	TD05 RSN1	Enter the notice reason code (usually 207).
	RSCM	Enter any changes.
	TD03 ENTRY RSN	Enter B for each person to be reinstated.
	TD03 INHOME	When FIP is active at the case level (on TD02), you must enter Y even if FIP is not active for this person. If FIP is not active at the case level (TD02), enter N if there is already a Y in this field or make no entry if this field is blank.
	TD03 MED ST	Enter B. (Enter M to deny reinstatement.) Do not reinstate an already active person or reinstate a person to an active program.
	TD03 FUND	Check that the fund code is correct. For codes, see 14-B-Appendix, TD03 FUND . Enter all other applicable changes.
	BCW1 ENTRY RSN BCW2 ENTRY RSN BCW1 AND BCW2	Enter H if making changes to BCW1 or BCW2. Do not enter income on Transitional Medicaid cases, except in the seventh and tenth months. Enter any changes.
Removing Data	TD03 SSN	Use these instructions only when you must remove data without entering new data. In a field that allows any letter codes, use the space bar to remove the data. In a field that allows only numbers, use zeroes to remove other numbers. Exception: Enter zeroes if no application has been made for a social security number. Enter nines if application for a number has been made.

WORKER-INITIATED ACTIONS

Removing Data

Revised October 29, 2010

Iowa Department of Human Services

Title 14 Management Information

Chapter B(7) FMAP-Related Medicaid Case Actions

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
Removing Data (Cont.)	TD03 UNB	If the UNB field is changed to zero without any other entry that would cause a recalculation of eligibility, then you must enter a BCW to cause a recalculation.
Restricted Medical Card (Lock-In)		Entries for restricted Medicaid cards can be made only in Central Office. These entries are reflected on the SSNI screen.
Retroactive Medicaid Eligibility	<p>TD01 MED AID</p> <p>TD05 MED ENTRY RSN</p> <p>TD05 MED STATUS</p> <p>TD05 RETRO</p> <p>BCW2</p>	<p>Note: The system calculates retroactive Medicaid eligibility (except for the MAC coverage group) for all months of the retroactive eligibility period based on the TD01 MED AID type. Note: Retroactive months are determined from the APP DT</p> <p>Exceptions for MAC: Manually determine retroactive Medicaid eligibility. BCW entries are not allowed.</p> <p>Enter “A” to process retroactive eligibility with an application.</p> <p>Enter “H” to process retroactive eligibility on an ongoing case.</p> <p>Enter “B” to process retroactive eligibility with a reinstatement.</p> <p>Enter “A” on applications. Enter “B” with reinstatements. Otherwise, leave blank.</p> <p>Enter the code for the combination of months for which retroactive medical applies and eligibility factors are met.</p> <p>Enter “Z” if citizenship and identity have not been verified at time of approval.</p> <p>If there is income (and the person is not in a MAC coverage group), you must enter a separate BCW2 for each month for which a calculation is desired.</p>

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
Retroactive Medicaid Eligibility (Cont.)		<p>Use the THRU MO field to generate multiple, identical BCW2s. The system will generate BCW2s for each month from the date in the BEN MO field through the date in the THRU MO field. If the THRU MO field is blank or 00 00, the system will generate a single BCW2 for the month entered in the BEN MO field.</p> <p>If you use the system to determine ongoing eligibility and the case is approved, the system also can determine eligibility for the retroactive months (except for the MAC coverage group). The system generates the notice.</p> <p>The system does not examine retroactive Medicaid when you deny the application.</p>
	BCW2 ENTRY RSN	Enter H.
	BCW2 BEN MO	Enter the applicable month. Enter in MMY format.
	BCW2 THRU MO	Enter the last month in date range to generate multiple identical BCW2s.
	BCW2 PI	Enter C.
	BCW2 E/B	All countable income must be entered with an E/B code of "A" for each retroactive month. This income is used for the eligibility tests.
3 Months Before Current System Month for a Recipient	TD03 ENTRY	<p>If you are changing the Medicaid start date to an earlier date (for a retroactive month), you need to do both of the following:</p> <ul style="list-style-type: none"> ◆ Determine that the person is Medicaid eligible for ALL the retroactive months. ◆ Determine if the MED AID type is correct for the retroactive months.

WORKER-INITIATED ACTIONS
Retroactive Medicaid Eligibility
 Revised November 3, 2006

Iowa Department of Human Services
Title 14 Management Information
Chapter B(7) FMAP-Related Medicaid Case Actions

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
<p>3 Months Before Current System Month for a Recipient (Cont.)</p> <p>4 to 12 Months Before Current System Month for a Recipient</p>	<p>TD03 ENTRY RSN</p> <p>TD03 MED DATE</p> <p>TD03 FUND</p> <p>TD03 ENTRY RSN</p> <p>TD03 FUND</p> <p>BCW2</p>	<p>Enter H.</p> <p>Enter the date you want to backdate Medicaid. Enter in MM/DD/YY format.</p> <p>Re-enter the fund code.</p> <p>Make sure that the current aid type is the correct aid type for all the months you are backdating Medicaid for and that the client is eligible for all the retroactive months.</p> <p>There must be continuous eligibility from the month of update through the current month. If not, complete form 470-0397, <i>Request for Special Update</i>.</p> <p>Issue a manual <i>Notice of Decision</i>.</p> <p>Enter H.</p> <p>Re-enter the fund code.</p> <p>Enter the income for each month you want to update Medicaid. If there is no income, enter zeros to force a recalculation.</p> <p>The current aid type is assigned to the updated months. If the eligibility is actually under a different coverage group, complete form 470-0397, <i>Request for Special Update</i>.</p>
<p>Sanctions</p>		<p>Sanction case actions apply to the following aid types: 06-0, 06-1, 06-3, 14-0, 14-2, 14-3, 14-4, 30-8, 37-E (zero SD), 37-0, 37-2, 38-0, 64-0, 64-2, 64-3, 64-4, and 92-0.</p>

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
Sanctions (Cont.)	TD01 MED AID RSCM BCW2	When adding a sanctioned person to a case, review the MED AID type, RSCM, and BCW2 screens for the sanctioned person or household and update, if appropriate. Note: Do not pend a sanctioned person.
Adding a Sanction on a Person	TD03 ENTRY RSN	Enter G.
	TD03 MED ST	Enter I.
	TD03 MED RSN	Enter the notice reason code. See 14-B-Appendix, NOTICE CODES .
	TD03 FUND	Enter S.
	TD03 MED DIS	Enter 00.
Adding a Sanction on a Case	TD05 MED ENTRY RSN	Enter G.
	TD05 MED ST	Enter I.
	TD05 RSN2	Enter the case notice reason code. See 14-B-Appendix, NOTICE CODES .
	TD05 MED NEG DT	When using the MED ST code of "I," you must enter the date Medicaid will cancel.
Approving an Application with a Sanctioned Person	TD03 ENTRY RSN	Enter A.
	TD03 MED ST	Enter I.
	TD03 MED RSN	Re-enter the existing sanction notice reason code. See 14-B-Appendix, NOTICE CODES .
	TD03 FUND	Enter S.
	TD03 MED DIS	Enter 00.
Canceling the Sanctioned Person	TD03 ENTRY RSN	Enter G.
	TD03 MED ST	Enter N.

WORKER-INITIATED ACTIONS

Sanctions

Revised November 3, 2006

Iowa Department of Human Services

Title 14 Management Information

Chapter B(7) FMAP-Related Medicaid Case Actions

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
Canceling the Sanctioned Person (Cont.)	TD03 MED RSN	Enter the notice reason code. See 14-B-Appendix, NOTICE CODES . Note: After these entries update, the system will change the person’s medical status to an “T” and the fund code to a “9.”
Failure to Comply with Third-Party Liability		If a person fails to comply with instructions from the Third-Party Liability Unit, sanction that person’s Medicaid eligibility. This action requires timely notice. See Sanctions for instructions.
	TD03 ENTRY RSN	Enter G.
	TD03 MED ST	Enter I.
	TD03 MED RSN	Enter 960.
	TD03 FUND	Enter S.
	TD03 MED DIS	Enter 00.
		When there is only one person on the case, use these instructions to close the program line after the individual entries update. Then enter the following:
	TD05 MED ENTRY RSN	Enter G.
	TD05 MED STATUS	Enter N.
	TD05 MED RSN2	Enter 000. Do not enter notice reason 960, since notice was previously issued.
Failure to Cooperate with Child Support		<u>Program</u>
	TD05 MED ENTRY RSN	Enter G.
	TD05 MED STATUS	Enter I.
	TD05 MED RSN2	Enter notice reason 306.
TD05 MED NEG DATE	Enter the date the case will close.	

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
Failure to Cooperate with Child Support (Cont.)	TD03 ENTRY RSN	<u>Individual</u> Enter G.
	TD03 MED ST	Enter I.
	TD03 MED RSN	Enter notice reason code 945.
	TD03 FUND	Enter S.
	TD03 MED DIS	Enter 00.
Failure to Cooperate with HIPP	TD03 ENTRY RSN	Enter G.
	TD03 MED ST	Enter I.
	TD03 MED RSN	Enter notice reason 847. On a one-person only MAC aid type case, enter notice reason 000 and manually issue a <i>Notice of Decision</i> .
	TD03 FUND	Enter S.
	TD03 MED DIS	Enter 00.
		When there is only one person on the case, close the program line after the individual entries update.
	TD05 MED ENTRY RSN	Enter G.
	TD05 MED STATUS	Enter N.
	TD05 MED RSN2	Enter 000. Do not use a notice reason code because a notice was previously issued.

WORKER-INITIATED ACTIONS**Sanctions**

August 28, 2009

Iowa Department of Human Services

Title 14 Management Information**Chapter B(7)** FMAP-Related Medicaid Case Actions

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
Failure to Cooperate with Investigation	TD05 MED ENTRY RSN	<u>Program</u> Enter G.
	TD05 MED STATUS	Enter I.
	TD05 MED RSN2	Enter notice reason code 203.
	TD05 MED NEG DATE	Enter the date the case will cancel.
		<u>Individual</u>
	TD03 ENTRY RSN	Enter G.
	TD03 MED ST	Enter I.
	TD03 MED RSN	Enter notice reason code 946.
	TD03 FUND	Enter S.
	TD03 MED DIS	Enter 00.
Failure to Cooperate with Quality Control		<u>Program</u>
	TD05 MED ENTRY RSN	Enter G.
	TD05 MED STATUS	Enter I.
	TD05 MED RSN2	Enter notice reason code 203.
	TD05 MED NEG DATE	Enter the date the case will cancel.

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
Failure to Cooperate with Quality Control (Cont.)	TD03 ENTRY RSN	<u>Individual</u> Enter G.
	TD03 MED ST	Enter I.
	TD03 MED RSN	Enter notice reason code 946.
	TD03 FUND	Enter S.
	TD03 MED DIS	Enter 00.
Lifting a Sanction	TD03	Note: No entry is needed for a person who will have the considered person fund code of "S."
	TD03 ENTRY RSN	Enter A or C.
	TD03 MED ST	Enter A or C.
	TD03 MED RSN	Enter the applicable notice reason code. See 14-B-Appendix, NOTICE CODES .
	TD03 MED DATE	Enter the date the person is eligible. This date is the first of the month that the person cooperated.
Reinstating a Person with an Existing Sanction	TD03 FUND	Enter the appropriate fund code. See 14-B-Appendix, TD03 FUND .
	TD03 ENTRY RSN	Enter B.
	TD03 MED ST	Enter I.
	TD03 MED RSN	Re-enter the existing sanction notice reason code. See 14-B-Appendix, NOTICE CODES .
	TD03 FUND	Enter S.
TD03 MED DIS	Enter 00.	

WORKER-INITIATED ACTIONS**Sanctions**

Revised August 28, 2009

Iowa Department of Human Services

Title 14 Management Information**Chapter B(7)** FMAP-Related Medicaid Case Actions

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
Reopening a Person with an Existing Sanction	TD03 ENTRY RSN TD03 MED ST TD03 MED RSN TD03 MED DATE TD03 FUND TD03 MED DIS	Enter C. Enter I. Re-enter the sanction notice reason code. See 14-B-Appendix, NOTICE CODES . Enter the date. Note: Do not enter a date if you are reopening an entire case. Enter S. Enter 00.
State ID Numbers	TD00 (or other screen) ST01	When processing application or adding a person to an existing case, check ST01 to see if a state identification number exists for any applicant. Enter "ST01" for OPTION and "UNK" for the state identification number. Enter the person's social security number, religious beliefs (RB) indicator (if the social security number is all zeroes), name, date of birth, and sex, and select OPTION 4 in the CD/SCRN area or use the PF4 key. The system searches first on social security number only and then on the other data. Match the information on the person with the information on the screen. If a match is made, use that state identification number. If the information is close, investigate further. The person may have changed a last name or be using a nickname.

WORKER-INITIATED ACTIONS

State ID Numbers

Revised April 22, 2005

Iowa Department of Human Services

Title 14 Management Information

Chapter B(7) FMAP-Related Medicaid Case Actions

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
Cross-Referencing State IDs		If you find that a person has more than one state identification number, send e-mail or form 470-0271, <i>Quality Assurance Transmittal</i> , to Quality Assurance to remove the incorrect number. See 6-Appendix, Quality Assurance Transmittal, Form 470-0271 .
Transferring Cases to Another County	<p>TD01 ENTRY RSN</p> <p>TD01 CO</p> <p>TD01 WKR</p> <p>TD01 INFO</p> <p>TD01 RE</p> <p>TD01 LOC</p>	<p>When an office requests case transfer, complete the transfer entries as soon as possible.</p> <p>Do not transfer a case to an office staffed less than full time. Transfer it to the designated local office.</p> <p>The sending office makes the transfer entries. Do not transfer case folders until these entries update.</p> <p>Enter H.</p> <p>Enter the new county's number.</p> <p>Enter the new worker number. If you don't know the new worker number, enter zeroes in the third and fourth positions.</p> <p>Enter the number of the sending county in the first two positions of the field.</p> <p>Enter TR.</p> <p>Enter the county number entered in CO.</p>

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
Transferring Cases to Another County (Cont.)	TD01 CO RES TD01 ENT RSN TD01 CNID TD01 ADDRESS 1 & 2, CITY, ST, ZIP WAR1 AND WAR3	<p>Enter the two-digit code for the county where the household resides.</p> <p>Enter “H” in the Name/Address section.</p> <p>Enter the state ID number of the “case name” person, if it is missing.</p> <p>Enter the address changes.</p> <p>The worker receiving the case will get message 328 when these entries update.</p> <p>If the requesting county does not receive the case file within five working days, notify the area income maintenance administrator.</p>
Transitional Medicaid	BCW1 ENTRY RSN	<p>These instructions cover Transitional Medicaid for increased earnings. The instructions apply when FMAP is canceled or may be canceled.</p> <p>Any case canceled from FMAP for increased earnings may become a Transitional Medicaid case if the family received FMAP in three of the previous six months.</p> <p>(If the cancellation is due to the receipt of child support, see Four-Month Extended Medicaid for instructions.)</p> <p>When it appears that increased earnings on an active FMAP case exceed FMAP income limits, and you determine that the family has received FMAP in at least three of the last six months, make the following entries:</p> <p>Enter H.</p>

WORKER-INITIATED ACTIONS
Transitional Medicaid
 Revised February 23, 2007

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ACTION	SCREEN FIELDS USED	INSTRUCTIONS
Transitional Medicaid (Cont.)	BCW1 EXT MED	Enter 12 or the eligible number of months. Valid codes are: "12" down to "01."
	BCW1 BEN MO	Enter the eligible month in MM/YY format.
	BCW2	See Entering Income .
		The BH01 screen displays data on the current extended or Transitional Medicaid period of the case. See 14-B-Appendix, BENEFITS HISTORY INFORMATION .
Allowing for Transitional Medicaid	BCW1 ENTRY RSN	Enter H.
	BCW1 EXT MED	Enter the appropriate number of months ("12" down to "01"). If the number of months is 1, 2, 3, or 4, see Reopening to Transitional Medicaid for instructions.
		If the EXT MED code is omitted on BCW1, the system cancels the case. See Reopening to Transitional Medicaid or Good Cause , later in this case action.
	BCW2	Enter income data.
		If the system determines that an FMAP case is ineligible due to excess income and you have made the correct entries, the system automatically:
		<ul style="list-style-type: none"> ◆ Cancels the FMAP. ◆ Changes the aid type and fund codes to the appropriate codes for the months of Transitional Medicaid.
	LF01	If appropriate, create tickler message to generate a quarterly report.

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
Quarterly Reports	BCW1 or BCW2	<p>The system looks at the quarterly report code entered as of system cutoff to determine whether to cancel or not.</p> <p>When a quarterly report is returned, enter the code that indicates the report's status. Valid status codes are:</p> <p>C Complete I Incomplete (but neither D nor W apply) D No eligible child (used to cancel TM) W No income without good cause (used to cancel TM). This code is not appropriate for the first report.</p>
Quarterly Reports: Entering Income	BCW2 BCW2 ENTRY RSN BCW2 BEN MO BCW2 THRU MO BCW2 PI BCW2 E/B	<p>No income is entered in the first six months of the transitional period.</p> <p>In the seventh and tenth months of the transitional period, enter income from the quarterly report. Enter income for each month in the reporting period, by system cutoff of the report month.</p> <p>Enter H.</p> <p>Enter the eligible month in MM/YY format.</p> <p>Enter the last month in date range to generate multiple identical BCW2s.</p> <p>Enter C.</p> <p>Enter A or E.</p>

WORKER-INITIATED ACTIONS
Transitional Medicaid
 Revised March 26, 2010

Iowa Department of Human Services
Title 14 Management Information
Chapter B(7) FMAP-Related Medicaid Case Actions

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
Quarterly Reports: Entering Income (Cont.)	BCW2 EARNED 1-5	Enter the gross amount of earned income for each person in the eligible group. Note: If there is zero income in a month and good cause has been established, enter \$.05 in one of the earned income fields.
	BCW2 CHILD CARE	Enter the <u>total</u> amount of child care for the children in the eligible group.
Good Cause	BCW2 TM	Enter the number of people in the eligible group for each month.
	BCW1 or BCW2	In the first six-month period, if the quarterly report is not returned timely in the fourth month, but good cause exists, code the case for good cause: If it is still before ABC cutoff and good cause exists, code the quarterly report with a "C" on the BCW1 or BCW2 screen.
		If it is after ABC cutoff, make these entries to grant good cause:
	TD05 MED ENTRY RSN	Enter H.
	TD05 POS DATE	Enter the first day of the current calendar month.
	BCW1 ENTRY RSN	Enter H.
	BCW1 EXT MED	Enter the number of months left, counting the positive date as month one.
	BCW1 BEN MO	Enter the next system month.
		If a transitional Medicaid case is canceled in the second six months, manually calculate to determine if reopening is appropriate. See Reopening to Transitional Medicaid for instructions.

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
Reopening to Transitional Medicaid		Follow this procedure when the system did not automatically determine eligibility for the transitional Medicaid (because you failed to allow for it on BCW1 or because FMAP was already canceled).
	TD01 ENT RSN	Enter H.
	TD01 AID TYP	Enter the applicable aid type.
	TD01 AID CHG DT	Enter the first date of transitional Medicaid eligibility.
	TD01 MED AID	Enter 37-0.
	TD01 MED CHG DT	Enter the first date of transitional Medicaid eligibility.
	TD05 MED ENTRY RSN	Enter C.
	TD05 MED STATUS	Enter C.
	TD05 MED POS DT	Enter the first day of the transitional Medicaid period, in MMDDYY format.
	TD03 ENTRY RSN	Enter C.
	TD03 MED ST	Enter C.
	TD03 FUND	Enter A or C.
	TD03 POV	Enter the poverty level.
	BCW1 ENTRY RSN	Enter H.
	BCW1 BEN MO	Enter the next system month (MMYY).
BCW1 EXT MED	Enter the number of months Medicaid is to be extended (the number of months remaining in the transitional period).	

WORKER-INITIATED ACTIONS
Transitional Medicaid
 Revised November 3, 2006

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ACTION	SCREEN FIELDS USED	INSTRUCTIONS
Reopening to Transitional Medicaid for Four or Fewer Months	TD05 MED ENTRY RSN	Note: If the number entered in EXT MED is 1, 2, 3, or 4, the system regards the entry as extended Medicaid.
	TD05 MED STATUS	Enter C.
	TD05 MED RSN1	Enter C.
	TD05 MED POS DT	Enter 000. Send a manually issued notice.
Household Reapplies for FMAP	TD01 AID TD01 MED AID	Enter the first day of the transitional Medicaid period, in MMDDYY format.
	TD01 AID CHG DT TD01 MED CHG DT	If the system denies the FMAP application, make the following entries after that denial has updated:
	TD01 AID CHG DT TD01 MED CHG DT	Enter the transitional Medicaid aid type. See 14-B-Appendix, TD01 AID and TD01 MED AID , for valid codes.
	TD05 MED ENTRY RSN	Enter the next system month.
	TD05 MED STATUS	Enter C.
	TD05 MED POS DT	Enter C.
	TD03 ENTRY RSN	Enter the first day of the next system month.
	TD03 MED ST	Enter C.
	TD03 FUND	Enter C.
	BCW1 EXT MED	Enter A or C.
	BCW1 BEN MO	Enter remaining transitional Medicaid months. Count TD05 POS DT month as the first remaining month.

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
Household Becomes Eligible for Another Coverage Group	<p>TD01 MED AID</p> <p>TD01 MED AID CHG</p> <p>RSCM</p> <p>BCW2</p>	<p>When a transitional Medicaid household applies for a new coverage group, enter income in the next system's month BCW2. Note: If there is no income, enter zeros. These entries are required to force an eligibility determination.</p> <p>Change to the new aid type.</p> <p>Enter the date of the next system month.</p> <p>If there are countable resources, enter the next system's month RSCM.</p> <p>Enter income or enter zeros.</p>
Work Transition Period (WTP)	<p>LF01</p>	<p>There are no fields on ABC screens for the establishment or tracking of a Medicaid WTP.</p> <p>The worker must establish eligibility for a WTP and track the WTP months. It is suggested that you use the tickler system to assist in the tracking the WTP months.</p> <p>Enter a tickler with a due date of the end of the third month of the four-month period.</p>

SYSTEM-INITIATED ACTIONS**Automatic Aid Type Changes**

Revised October 29, 2010

Iowa Department of Human Services

Title 14 Management Information

Chapter B(7) FMAP-Related Medicaid Case Actions**SYSTEM-INITIATED ACTIONS**

ACTION	EXPLANATION
Automatic Aid Type Changes	<p>When FMAP closes and transitional Medicaid or extended Medicaid applies, the system changes aid type 30-8 to 37-0.</p> <p>When RMA closes and extended Medicaid applies, the system changes aid types 06-0 and 06-1 to 37-0.</p>
<p>Automatic Changes to Cases</p> <p>COLA Changes</p>	<p>Income that has been changed by cost-of-living adjustments causes a recalculation and a notice to be sent.</p>
<p>Automatic Program Closings</p> <p>Automatic Redetermination</p> <p>Expiration of 90-Day Period</p> <p>COLA Changes</p>	<p>After two months in the automatic redetermination aid type, the system closes Medicaid on the case.</p> <p>An adult or child will be changed to “considered” at the end of the 90-day period when inconsistency in evidence of citizenship or identity has not been resolved and valid codes have not been entered on TD03. The case will recalculate.</p> <p>When the cost-of-living adjustments occur, the revised social security or SSI amount is added to other income on cases with ABC automated calculations for COLA. If this results in ineligibility due to excess income, the program is closed automatically and a notice is sent. If this results in decreased benefits, the change is made and a notice sent.</p>

ACTION	EXPLANATION
Failure to Return a Quarterly Report	<p>If the quarterly report is not recorded as returned complete by TM Reminder Date, the system generates form 470-2716, <i>Transitional Medicaid Quarterly Report Reminder</i>, to the client saying the report form must be returned by the twenty-first day of the month.</p> <p>If no completion code is entered by the system cutoff of that month, Medicaid is canceled either at the end of the first six months or at the first of the eighth month, or at the first of the eleventh month.</p>
Transitional Medicaid	<p>The Transitional Medicaid case is required to quarterly report. The case may be canceled before the end of the transitional period if:</p> <ul style="list-style-type: none"> ◆ The quarterly report is not received. ◆ The specified relative does not have income without good cause. ◆ There are no eligible children on the case. ◆ The case no longer meets eligibility requirements. <p>A notice is issued when the case is converted and again when eligibility ends. Otherwise, at the end of the Transitional Medicaid period, the program is automatically closed. Notice 628 is sent.</p>