SSI-RELATED MEDICAID AND FACILITY CASE ACTIONS

Iowa Department of Human Services

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OVERVIEW

This chapter describes the ABC case actions for all SSI-related cases with worker-initiated actions, including:

- Medicaid cases
- State Supplementary Assistance cases
- Medicaid home- and community-based waiver cases
- Facility cases, authorizing payment for care in:
  - Hospice
  - Nursing facilities
  - Intermediate care facilities for people with an intellectual disability (ICFs/ID)
  - Intermediate care facilities for people with mental illness (ICFs/MI)
  - State mental health institutes (MHIs)
  - Psychiatric hospitals
  - Psychiatric medical for children (PMICs)

The purpose of this chapter is:

- To provide income maintenance workers with coding instructions necessary for the ABC system to process worker-initiated actions in these cases, and

- To identify ABC system-initiated case actions that affect these programs.

The first sections of the chapter describe worker-initiated actions for each area. 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 contains specific instructions.

The last section of the chapter describes 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 affects system codes (e.g., aid types).

Note: When instructions for TD03 read "Complete any needed demographic information," check the following screen fields and make entries, if necessary: (See 14-B-Appendix, TD03.)

STATE ID	SEX	MAR	SSN	COS
FIRST NAME	DSTR	OHP	SSN CLAIM NO	QMB
LAST NAME	PER	HAND	MP	POV
TI	CIT	H W B A I N	WVR	SCR
BIRTH	US	ID GEN	SRV	HEALTH
ST	ID	RB		

"System months" run from ABC cutoff to ABC cutoff and do not directly correspond to calendar months. The system "next" month could be the second calendar month after the current calendar month, if the current date is after ABC cutoff. (See 14-B, *AUTOMATED BENEFIT CALCULATION SYSTEM*, for discussion of system months.)

Payment for nursing facility care in a month is made according to data on file as of the last day of the calendar month and according to billing data submitted by the facility.

Time Limits

Medicaid claims can be submitted, paid, or adjusted when the time elapsed between the date of service and the Iowa Medicaid Enterprise's receipt of the claim does not exceed 365 days. Exceptions are allowed when it is established that eligibility on new approvals came late to the system (meaning the new approval went back more than a year).

The Medicaid eligibility file SSNI screens display historical data for two years from the current system month. ELVS (the audio response eligibility verification system) has six months of Medicaid historical data.

Other Resources Available

Many systems can provide information for you to consider before creating transactions on ABC. The ABC system may interface with these systems directly or indirectly, or allow access between the 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), through the option "BINC=Beginning Income Screen" or the IVER menu.

- ◆ The MEPD Premium Change system, through the option "MEPC=MEPD Premium Change."

See 14-B(4), *SYSTEM SCREEN INSTRUCTIONS*, for a description of these screens.

The LINK MENU allows access to other systems. Options displayed on Link that you may consider viewing for facility, State Supplementary Assistance, or waiver case actions are the following:

♦ SSNI (Medicaid eligibility file). See 14-C.
♦ IEVS (Income Eligibility Verification System). See 14-G.
♦ MMIS (Medically Needy subsystem). See 14-I(1).
♦ OVPY (Overpayment recovery). See 6-G.
♦ ICAR (Child support recovery). See XIV-D.
♦ SDXD (State Data Exchange). See 14-E.
♦ SSBI (Medicare buy-in system). See 14-C.

The CICS system allows viewing access to the Iowa Workforce Development screens. The Internet allows access to the Vehicle Registration and Titling (VRT) screens. The DHS Intranet currently allows you access to the Eligibility Tracking System (ETS), the Change Reporting System, and VRT.

ALL CASES WORKER-INITIATED ACTIONS

ACTION	SCREEN FIELDS USED		INSTRUCTIONS
Aid Type Change	TD01	ENT RSN	Enter H.
	TD01	AID	Enter the code for the cash assistance, State Supplementary Assistance, or facility payment, using priorities listed in Aid Type Priority.
	TD01	AID CHG DT	Enter the first day of the next system month.
	TD01	MED AID	Enter the code for the Medicaid coverage group.

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ACTION	SCREEN FIELDS USED	INSTRUCTIONS
Aid Type Change (Cont.)	TD01 MED CHG DT	Enter the first day of the next system month.
	TD01 AID MED AID	Some aid changes require additional entries. Facility aid type changes require TD05 screen entries on FACILITY VENDOR NUMBER field, FACILITY STATUS field, and date entries.
		State Supplementary Assistance aid type changes require entry of an open State Supplementary status.
		When changing from a facility or State Supplementary aid type to a nonfacility or non-State Supplementary Medicaid aid type, the facility or State Supplementary and Medicaid programs must be closed, and then the Medicaid can be reopened.
		See FACILITY CASE ACTIONS: Closing a Program: Client Leaves Facility for instructions.
		When an aid type was incorrectly recorded for a previous period, complete form 470-0397, *Request for Special Update*, only if the client should be provided with **more** Medicaid coverage than with the previous aid type. Examples:
		♦ The aid type was Medically Needy with an unmet spenddown and a non-Medically Needy coverage group has been found for that period.
		♦ An aid type is changed from any copayment aid type to a facility noncopayment aid type.

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
Aid Type Change (Cont.)		Otherwise, retroactively, changing aid types has no reliable effect on Medicaid eligibility or funding.
Aid Type Priority	TD01 AID	If more than one assistance program is pended or approved using the same ABC case, enter the aid type which corresponds to the program with the highest priority: Priority 1: State Supplementary Assistance or facility (including PMIC or waiver) Priority 2: Medicaid Priority 3: Food Assistance
Assigning Medicaid Review Due Dates		When programs are active at timely notice day, the ABC system generates form 470-3118, *Medicaid Review*, for the annual review and assigns the due date. The *Medicaid Review* is automatically generated after timely notice day of the month before the annual review date. The system prints the due date on the form. Workers must generate and track *Medicaid Review* forms for the following: ♦ Reinstatements done after timely notice day. ♦ Closed Medicaid cases. ♦ Medically Needy cases with a spenddown. **Note:** The Medicaid Review form is not generated automatically for spenddown cases.

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
Assigning Medicaid Review Due Dates (Cont.)		Coding to generate a *Medicaid Review* form on demand is as follows:
	TD01 ENT RSN	Enter code H.
	TD01 MR DEMAND 1 OR 2 MO	Enter the month for which the *Medicaid Review* form is required. This cannot be a future month.
	TD01 MR DEMAND 1 OR 2 CD	Enter code M.
	TD01 MR DEMAND 1 OR 2 CYC	Do not enter a CYC code for the *Medicaid Review* form.
	TD01 MR DEMAND 1 OR 2 DT	Enter the date the *Medicaid Review* form is due. **Note:** You must track the due date for timely return.
Case Name ID	TD01 CNID	All cases require a CNID. The CNID is the state identification number of the "case name" person.

If appropriate, you can change the CNID by entering a new state identification number in the field and changing the case name to reflect this state ID. |
| Case Numbering | | Use ST01 to search for a case number to which a person's state identification number is associated.

A state identification number is needed if one is not found on ST01. See State ID Numbers for instructions. |

Iowa Department of Human Services   **ALL CASES WORKER-INITIATED ACTIONS**
Title 14 Management Information   **Case Numbering**
Chapter B(9) SSI-Related Medicaid and Facility Case Actions   Revised December 22, 2006

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
Case Numbering (Cont.)		Case numbers with all programs in an inactive status can be re-used. Exceptions:
		♦ Do not use a foster care or subsidized adoption case that has an FBU of 19 or 18 except for the original foster care or subsidized adoption case.
		♦ Do not use a Medicaid for independent young adults (MIYA) case that has an FBU of 17.
Assigning Case Numbers	TD00	If a case number cannot be found, assign a new case number. On the main menu screen, enter TD01 for OPTION and the literal NEW for CASE #.
		The system will assign (left to right) a six-digit serial number, an FBU, a MULT, and a check digit.
		On a new case, entry reasons must all be A, except in two situations:
		♦ On TD01, the system will change a new case's entry reasons to A if another valid code is entered.
		♦ Entry reason E is allowed on TD05 and TD03 for worker-determined Medicaid eligibility.
Establishing FBUs		It may be necessary to establish a separate case for various eligible groups in a household.
		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.

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
Establishing FBUs (Cont.) Other Case Number Information	 TD00 CASE NUMBER	Situations in which multiple FBUs are used include FIP-SSI composite cases, households with both Food Assistance and Medically Needy, and RCF and waiver received for the same times. **Note:** Do not pend or approve HCBS waiver services on a Food Assistance case. Create another case with a different FBU. To establish an additional FBU, enter the case number, consisting of the original six-digit serial number, the new FBU, and zero in the ninth position. Make no entry in the tenth position. The system assigns this number. Once the case is established, enter the rest of the data as in any other new case. **Note:** FBU "19" is used for cases in foster care or subsidized adoption that have an interface with FACS system. See 14-B(4), DROPPED CASES ON-LINE DISPLAY, for information on dropped cases.
Changing a Worker Number	TD01 ENT RSN TD01 CO TD01 WKR	Enter H. Enter the county number. Enter your worker number. **Note:** If the worker number change is for staff in a county designated as "less than full-time," follow field office procedures.

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ACTION	SCREEN FIELDS USED	INSTRUCTIONS
Changing Income or Deductions for an Ongoing Program		(See also FACILITY CASE ACTIONS: Changing Client Participation: Automated.)
	BCW2	Any amounts or codes that are no longer applicable must be removed. If an amount no longer applies, replace it with zero.
		Source codes (SR) on BCW2 screens not removed by worker entry are automatically removed in month-end processing when amounts are zero.
	BCW2 ENTRY RSN	Enter G if the change will require timely notice and the answer is adverse. Enter H if the change will not require timely notice, even if the answer is adverse.
	BCW2 BENEFIT MO	Enter the applicable month.
	BCW2 PI	Enter:
		C for Medicaid
		D for facility, State Supplementary Assistance, or waiver
	BCW2 E/B	Enter codes corresponding to the budgeting procedure required for the case situation. Codes are:
		E Eligibility calculation
		B Client participation calculation
		A All (both) calculations
		When using both the E and B indicators, do not push ENTER between entering the E and B. If you make an error in the E/B indicator, delete the transaction and reenter the data. (The E/B error cannot be "fixed." It must be deleted.)
		It does not matter which indicator is entered on which line, but all indicators for one program must be entered on the same screen.

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
Changing Income or Deductions for an Ongoing Program (Cont.)	BCW2	Enter any other applicable fields. See Medicare Premium for information on nonstandard Medicare premiums.
COLA		COLA means cost-of-living adjustments to social security or SSI benefits. COLA processing is described in 14-B(8), *COLA PROCESSING*. COLA processing is automated for all cases except dependent person, QMB, SLMB, E-SLMB, QDWP, and Medically Needy. Facility cases are calculated in COLA processing, unless the OHP field on TD03 indicates a couple case.
	BCW2 ENTRY RSN BCW2 BENEFIT MO BCW2 PI BCW2 E/B BCW2 UNEARN 1-4 and SR 1-4	Enter changes to unearned income during the months involved in the COLA processing as usual. See Medicare Premium.
Continuing Benefits When a Timely Appeal Is Filed	TD05 TD03 BCW2 SCREENS	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. This may include entries to change client participation. A vendor adjustment may be necessary if payment was made between the effective date of the adverse action and this action to continue benefits. When a timely appeal is filed as the result of an adverse action due to a change in income or deductions, change the income or deductions to cause continuation of eligibility as applicable.

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ACTION	SCREEN FIELDS USED	INSTRUCTIONS
Entering Income		(See also FACILITY CASE ACTIONS: Changing Client Participation.)
	BCW2　ENTRY RSN BCW2　BENEFIT MO BCW2　PI BCW2　E/B	When making income entries, review any existing income data on the BCW2 screens for the month, program, and calculation purpose.
	BCW2	Do not enter BCW2s on a pending application.
		Enter BCW2s for each program for each month of the application process for which there is nonexempt income. If no income is in the system or entered for a month in the application process, the system assumes there is no income for that month.
Unearned Income: Combining Amounts	BCW2　UNEARN 1-4, OTHER UI	BCW2 has five fields for unearned income amounts and source codes. If a person has more than five sources of unearned income, you combine two or more, enter in one amount field and code as "other."
	BCW2　SR 1-4	**Exception:** Because the system automatically processes COLAs for social security and SSI, these amounts must always be entered separately.
Social Security Income	BCW2	Enter as unearned income the amount of the social security before the Medicare premium deduction is taken. Enter this amount even when buy-in is not complete.

Determining this amount requires adding the Medicare premium amount and any overpayment deduction amount to the net Social Security income figure. |

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
Social Security Income (Cont.)		When TD03 MEDICARE PREMIUM field (MP) is Y, the system will subtract the Medicare premium amount from the income to determine client participation.
Excluded Persons	TD03 ENTRY RSN	Enter A or C.
	TD03 MED ST	Enter F.
	TD03 FUND	Enter 7.
	BCW2 P DED NEED	Enter applicable income on applications for the Standard of Need Test (Test 2). **Note:** Do not enter on MAC cases.
	BCW2 P DED PAY	Enter applicable income for Payment Standard Test (Test 3).
Ineligible Aliens	TD01 MED AID RSCM BCW2	When adding an ineligible alien to a case, review the MED AID type and RSCM and BCW2 screens for the ineligible alien or household and update, if appropriate. **Note: Do not pend an ineligible alien.**
Approving a Case With an Ineligible Alien	TD03 ENTRY RSN	Enter A or C.
	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		<u>Program</u>
	TD05 MED ENTRY RSN	Enter G.
	TD05 MED STATUS	Enter N.
	TD05 RSN2	Enter the case-level notice reason code. See 14-B-Appendix, NOTICE CODES.

Iowa Department of Human Services   **ALL CASES WORKER-INITIATED ACTIONS**
Title 14 Management Information   **Ineligible Aliens**
Chapter B(9) SSI-Related Medicaid and Facility Case Actions   Revised November 9, 2012

ACTION	SCREEN FIELDS USED		INSTRUCTIONS
Canceling an Ineligible Alien (Cont.)			<u>Individual</u>
	TD03	ENTRY RSN	Enter G.
	TD03	MED ST	Enter N.
	TD03	MED RSN	Enter the notice reason code. See 14-B-Appendix, <u>NOTICE CODES</u>. After these entries update, the MED ST code will update to F and the FUND code to 9.
Changing Medical Status			Make sure the medical aid type is correct and update any demographic information.
	TD03	ENTRY RSN	Enter A or C.
	TD03	MED ST	Enter A or C.
	TD03	MED RSN	Enter the notice reason code. See 14-B-Appendix, <u>NOTICE CODES</u>.
	TD03	FUND	Enter 1, A, R, S, or C (for minor parents only).
Reinstating 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, <u>NOTICE CODES</u>.
	TD03	FUND	Enter S.
Re-opening 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, <u>NOTICE CODES</u>.
	TD03	FUND	Enter S.

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
Medicare Premium		The Medicare premium code indicates whether the client pays the premium. It is automatically changed when buy-in or buy-out occurs. The standard premium amount is used in calculations when the MP code is Y.
		Sometimes a recipient is charged a premium that is higher or lower than the standard premium. The difference is recorded on the BCW. Whenever a nonstandard premium exists, document the actions taken in the case record.
Premium Higher Than the Standard	BCW2 DEDUCT 2	If the Medicare premium is higher than the standard, enter the excess deduction (actual premium minus standard premium amount) in this field.
Premium Lower Than the Standard	BCW2 UXNEARN 1-4	If the Medicare premium is lower than the standard, enter the difference (standard premium amount minus the actual amount) in an unearned income field.
	BCW2 SR 1-4	Enter X for the corresponding source code.
Removing Data		Use these instructions only when you must remove data without entering new data.
		For a field that allows any letter codes, use the space bar to remove the data. For a field that allows only numbers, use zeros to remove other numbers.
	TD03 SSN	**Exception:** Enter zeros if the person has not applied for a social security number. Enter nines if the person has applied for a social security number.

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Title 14 Management Information   **Redetermination**
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ACTION	SCREEN FIELDS USED		INSTRUCTIONS
Redetermination			Use these instructions **only** when eligibility under another coverage group has not been established before the effective date of cancellation.
			If eligibility under another coverage group is known, place the case in that aid type immediately.
			Medicaid is canceled automatically during the month-end processes for the second month of a case's eligibility in an automatic redetermination aid type.
	TD01	ENT RSN	Enter H.
	TD01	AID	Enter 14-4 or 64-4.
	TD01	AID CHG DT	Enter the first day of the next system month.
	TD01	MED AID	Enter 14-4 or 64-4.
	TD01	MED CHG DT	Enter the first day of the next system month.
	TD05	MED ENTRY RSN	Enter B to reinstate or C to reopen Medicaid program eligibility.
	TD05	MED STATUS	Enter B to reinstate or C to reopen Medicaid program eligibility.
	TD05	FAC/ST SUPP/ WAV ENTRY	Enter B to reinstate or C to reopen program eligibility.
	TD05	FAC/ST SUPP/WAV STATUS	Enter B to reinstate or C to reopen program eligibility.
	TD03	ENTRY RSN	Enter B to reinstate or C to reopen.

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ACTION	SCREEN FIELDS USED		INSTRUCTIONS
Redetermination (Cont.)	TD03	MED/ST FAC/ST/WV	Enter B to reinstate or C to reopen program eligibility.
	TD03	MED RSN	The notice reason is system-generated.
	TD03	FUND	Enter the applicable fund code. (See 14-B-Appendix, TD03 Fund.)
	BCW1	ENTRY RSN	Enter H.
	BCW1	EXT MED	Enter the number of months the case can be eligible in this aid type.
Retroactive Medicaid Eligibility	TD05	MED ENTRY RSN	Enter H only if the retroactive entry is made after the case is active. Otherwise, enter A.
	TD05	RETRO	Determine retroactive eligibility, including financial factors. After that determination, enter the code that corresponds with retroactive months' eligibility. The code relates to the application month.

If you are approving retroactive months for MEPD, make entries on the MEPD system under the RETR screen option. |
| Sanctions | TD01 RSCM BCW2 | MED AID | The case actions for sanctions should be used only for the following aid types: 06-0, 06-1, 06-3, 14-0, 14-2, 14-3, 14-4, 30-8, 37-E (zero spenddown), 37-0, 37-2, 38-0, 64-0, 64-2, 64-3, 64-4, 92-0.

When adding a sanctioned person to a case, review the MED AID type and RSCM and BCW2 screens for the sanctioned person or household and update, if appropriate. **Note: Do not pend a sanctioned person.** |

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Title 14 Management Information   **Sanctions**
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ACTION	SCREEN FIELDS USED		INSTRUCTIONS
Adding a Sanction on a Case	TD05	MED ENTRY RSN	Enter G.
	TD05	MED STATUS	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," enter the date Medicaid will be canceled.
Failure to Comply With Third-Party Liability			If the person fails to comply with instructions from the Third-Party Liability Unit, cancel Medicaid eligibility. This action requires timely notice.
	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	FAC ENTRY RSN	Enter G (if active).
	TD05	FAC STATUS	Enter N (if active).
	TD05	FAC RSN 1	Enter 000. Do not enter a notice reason code since the notice has been issued.
	TD05	FAC NEG DT	Enter the last day of the month, allowing for timely notice.

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ACTION	SCREEN FIELDS USED		INSTRUCTIONS
Failure to Cooperate With Child Support			Program
	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 be canceled.
			Individual
	TD03	MED ENTRY RSN	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.
	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.
	TD05	MED ENTRY RSN	Enter G.
	TD05	MED STATUS	Enter N.
	TD05	RSN2	Enter 000. Do not use a notice reason code because the notice has been issued.

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ACTION	SCREEN FIELDS USED		INSTRUCTIONS
Failure to Cooperate With Investigation			<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 be canceled.
Failure to Cooperate With Quality Control	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 be canceled.
State ID Numbers			When a new application or an application to add a person to an existing case is received, you **must** check ST01 to see if a state ID exists for any of the applicants.
	TD00	(OR OTHER SCREEN)	Enter ST01 for OPTION and the literal UNK for the state ID number.
	ST01		Enter the social security number, religious belief (RB) indicator (if the social security number is all zeros), name, date of birth, and sex. Enter 4 in the CD/SCRN field 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 client with the information that appears on the screen. If a match is made, use that state ID. If the information is close, do further investigation. The client may have changed a last name or be using a nickname.

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
State ID Numbers (Cont.)		The county number tells where a case file was last located. The person may have moved, so do not assign a new state ID just because the county is different.
		If the search does not bring up a state ID number, remove all but the first letter in the client first name field (leave the last name) and search again.
		Be very careful **not** to assign duplicate state IDs. Check both ABC and SRS information. The client may have been on SRS, but not ABC, or vice versa. A state ID would be assigned on either system.
Assigning State IDs		If there is no match, enter the literal NEW in the STATE ID field, the social security number, religious belief (RB) indicator (if the social security number is all zeros), full name, birth date, and sex. To facilitate IEVS matches, the name should match the name on available Social Security Administration records.
		Press ENTER. The system assigns a state ID number. Use PF4 to confirm it.
Correcting State IDs		If you make a mistake when assigning the state ID, correct it by making an entry on TD03. The name, birth date, and sex can be corrected. Social security numbers can also be corrected if the number entered is not already on the system.
		Corrections on TD03, including the RB field, also update ST01.

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
Cross-Referencing State IDs		If you find that a client has more than one state ID number, send a *Quality Assurance Transmittal* designating the correct and incorrect state ID numbers. See 6-Appendix, Quality Assurance Transmittal, 470-0271.
Transferring Cases to Another County		The sending county makes these entries. Do not transfer case folders until the entries update.
		When the county where the household has moved requests case transfer, complete the transfer as soon as possible. If the requesting county does not receive the case timely, refer to field procedures.
		Do not transfer a case to a county staffed less than full time. Transfer it to the full-time office associated with that county.
	TD01 RSN	Enter H.
	TD01 CO	Enter the new county's number.
	TD01 WKR	Enter the new worker number. If the new number is not known, enter zeros in the third and fourth positions of the field.
	TD01 INFO	Enter the number of the sending county in the first two positions of the field.
	TD01 RE	Enter TR.
	TD01 LOC	Enter the county number entered in CO.
	TD01 CO RES	Enter the two-digit code for the county where the applicant resides.

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
Transferring Cases to Another County (Cont.)	TD01 ENT RSN TD01 ADDRESS 1 & 2, CITY, ST, ZIP	Enter H in the Name/Address section. Enter address changes. The worker receiving the case gets message 328 when these entries update.
Trusts		If the income from a Medicaid qualifying trust is designated for medical payments, report this information on a *Supplemental Insurance Questionnaire*, 470-2826. If the income from a Medicaid qualifying trust makes an applicant ineligible for all programs, deny the application as instructed at **Denying an Application** under MEDICAID CASE ACTIONS or FACILITY CASE ACTIONS.
State Supplementary Assistance Eligibility Continues		If the applicant remains eligible for a cash assistance payment despite income from a Medicaid qualifying trust, approve the application, but use fund code of 7 on the TD03. This blocks Medicaid eligibility.

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FACILITY CASE ACTIONS
Pending an Application
Revised November 15, 2013

FACILITY CASE ACTIONS

ACTION	SCREEN FIELDS USED		INSTRUCTIONS
Pending an Application			Pend both the facility and Medicaid programs. Considered people can be pended. This facilitates IEVS matches during the application process for spousal impoverishment cases. (See Spousal Impoverishment.)
	TD01		For a new case, see Case Numbering: Assigning Case Numbers, Aid Type Priority, and Case Name ID for TD01 instructions. See 14-B-Appendix, TD01 Case Information and TD01: Section I, Identification, to complete the screen.
	TD01	AID	
	TD01	MED AID	
	TD01	CO RES	
	TD01	CNID	
	TD01	ENT RSN	Enter A or H.
	TD01	AID CHG	If using an existing case number, see Aid Type Change.
	TD01	MED CHG	
	TD05	MED ENTRY RSN	Enter A.
	TD05	MED STATUS	Enter D.
	TD05	MED APP DT	Enter the date the application was received in the local office.
	TD05	FAC ENTRY RSN	Enter A.
	TD05	FAC STATUS	Enter D.
	TD05	FAC APP DT	Enter the date the application was received in the office.
	TD05	MR	Enter N.
	TD05	CO	For an ICF/ID case, enter the code for county that has financial responsibility.

ACTION	SCREEN FIELDS USED		INSTRUCTIONS
Pending an Application (Cont.)	TD03	ENTRY RSN	Enter A.
	TD03		Enter the demographic information needed for the program pended.
	TD03	WVR	Enter code. See 14-B-Appendix, TD03 WVR, for valid facility codes.
	TD03	COS	For an ICF/ID case, enter the code for county that has financial responsibility.
	TD03	MED ST	Enter D.
	TD03	FUND	Enter either: 1 Adult receiving SSI. A Adult who is Medicaid only. 2 Child receiving SSI. C Child who is receiving Medicaid only (except for CMAP-children). **Note:** If there is an active fund code on the system, an entry of a different fund code with pended status coding will not replace the original fund code.
	TD03	FAC ST	Enter D.
Approving an Application			**Note:** The system determines eligibility and client participation based on system entries unless: ♦ The date of beginning eligibility is more than one month before the current system month. ♦ A person under age 21 is in an MHI. ♦ A couple is sharing a room in a facility. (See Couple Cases: Spouse in Same Room.)

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ACTION	SCREEN FIELDS USED		INSTRUCTIONS
Approving an Application (Cont.)			Eligibility and client participation must be manually determined in these cases.
			The system will automatically determine eligibility for the supplement for Medicare and Medicaid eligibles group under aid types 60-M, 13-6, 63-6, 64-5, 73-1, 73-2, 73-3, 73-4, and 73-5.
			The eligibility requirements include a specific poverty level for recipients.
			♦ Clients with aid types 13-6, 63-6, 64-5, 73-1, 73-2, 73-3, 73-4, or 73-5 must have a poverty level of 120% or above.
			♦ Clients with aid type 60-M must have a poverty level of 120% to 149%.
Automated Nursing Facility, ICF/MI, ICF/ID, MHI, Psychiatric Hospital, Hospice	TD01 TD01 TD01 TD01 TD01	 AID MED AID CO RES CNID	For a new case, see Case Numbering: Assigning Case Numbers, Aid Type Priority, and Case Name ID for TD01 instructions. See 14-B-Appendix, TD01 Case Information and TD01: Section I, Identification, to complete the screen.
	TD01	ENT RSN	Enter A or H.
	TD01 TD01	AID CHG DT MED CHG DT	If the Medicaid is currently in an active status, see Aid Type Change. **Note:** Remove the WVR code on TD03 by using the space bar.
	TD05	MED ENTRY RSN	Enter H if the master MED STATUS is A, B, or C. Otherwise, enter A to approve or C for approval, no application.
	TD05	MED STATUS	If the master MED STATUS is A, B, or C, leave blank. Otherwise, enter A if MED ENTRY RSN is A. Enter C if MED ENTRY RSN is C.

ACTION	SCREEN FIELDS USED		INSTRUCTIONS
Automated (Cont.)	TD05	MED APP DT	Enter the date the application was received in the local office. If the date was entered to pend the application, recoding is not necessary. If MED ENTRY RSN was H, leave blank.
	TD05	MED POS DT	Enter the first day of the month in which the client becomes eligible. If MED ENTRY RSN was H, leave blank.
	TD05	MED AD	Enter the code that indicates the timeliness of any approved medical application. Entry is required when entering an "A" in MED STATUS. If the application is processed timely, use code "A." If the application is untimely, enter the reason for the processing delay.
	TD05	MR	Enter N.
	TD05	RETRO	Code TD05 RETRO for all the months you have determined the client to be eligible for retroactive medical assistance.
			Note: If medical eligibility predates the retroactive Medicaid period and was not previously recorded, submit a *Request for Special Update*, 470-0397, or enter an SSI-related Medicaid approval without the pending step and without entering an X in RETRO.
	TD05	FAC ENTRY RSN	Enter A to approve. Enter C for approval, no application.
	TD05	FAC STATUS	Enter A to approve.

Enter C for reopen, no application. |
| | TD05 | FI | Enter a space. (Press spacebar key.) |

ACTION	SCREEN FIELDS USED		INSTRUCTIONS
Automated (Cont.)	TD05	FAC APP DT	Enter the date the application was received in the local office. If the date was entered to pend the application, recoding is not necessary.
	TD05	FAC POS DT	Enter the date the client became eligible for payment for facility care.
	TD05	FAC AD	Enter the code that indicates the timeliness of any approved facility application. Entry is required when entering an "A" in FAC STATUS. If the application is processed timely, use code "A." If the application is untimely, enter the reason for the processing delay.
	TD05	FAC MED CP CD	Enter the facility type code.
	TD05	VENDOR	Enter the vendor number. Obtain the number from the facility. See also 14-B(4), INPI Screen.
	TD05	FLH	For aid types 13-0, 13-1, 63-0, 63-1, 63-2, 63-3, 63-7, and 63-8 only, enter any amount to be issued for monthly additional personal needs allowance for clients with income of less than $50 per month.
			For aid type 73-1, the state-funded payment must be manually issued each month.
			See also Issuing Additional Personal Needs Allowance for Past and Current Months.
	TD05	CO	For an ICF/ID case, enter the code for county that has financial responsibility. Any entry made here must also be made in cos field on TD03.

ACTION	SCREEN FIELDS USED		INSTRUCTIONS
Automated (Cont.)	RSCM	BENEFIT MONTH	Enter RSCM screens from the month of the facility positive date forward. The months entered must include the next system month. They cannot be further in the future than the next system month. Select the RSCM screen by entering the benefit month. The earliest benefit month entered is the facility positive date.
	RSCM	AMOUNTS	Enter the countable amount for each specific type of resource listed. If the countable resources are zero, enter zeros in the fields for at least one of the types.
	RSCS	BENEFIT MONTH	Enter RSCS screens from the month of the facility positive date forward. The months entered must include the next system month. They cannot be further in the future than the next system month. Select the RSCS screen by entering the benefit month. The earliest benefit month entered is the facility positive date.
	RSCS	AMOUNTS	Enter the countable amount for each specific type of resource listed. If the countable resources are zero, enter zeros in the fields for at least one of the types.
	TD03	ENTRY RSN	**Note:** Approvals will not roll from the program line to the individual's programs even when previously pended. Enter H if the master MED ST is A, B, or C. Otherwise, enter A to approve or C to reopen. This entry must be the same as the MED ENTRY RSN used on TD05.
	TD03		Complete any needed demographic information. See 14-B-Appendix, TD03, for valid codes.

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ACTION	SCREEN FIELDS USED		INSTRUCTIONS
Automated (Cont.)	TD03	OHP	Enter the applicable code. See 14-B-Appendix, TD03 OHP.
	TD03	MP	Enter Y if the Medicare premium is withheld from the social security check. Enter N if the premium is not withheld.
	TD03	WVR	Check this field for existing waiver codes to avoid errors. If the waiver code displayed is no longer valid, remove the code. (Press space bar key to remove.)
	TD03	COS	For an ICF/ID case, enter the code for county that has financial responsibility.
	TD03	MED ST	If the master displays A, B, or C, make no entry. Otherwise, enter A to approve or C to reopen.
	TD03	FUND	Enter either: 1 Adult receiving SSI. A Adult who is Medicaid only. 2 Child receiving SSI. C Child who is receiving Medicaid only (except for CMAP-children).
	TD03	POV	Enter the percentage of the federal poverty level for the client, if required. (See 14-B-Appendix, TD03 POV, for aid types where no entry is needed in this field.)
	TD03	FAC ST	Enter A to approve. Enter C to reopen.
	TD03	HEALTH	Enter the applicable code for Medicare coverage.
	BCW2	BENEFIT MONTH	Enter BCW2 income and deductions from the month of the facility positive date forward. The months entered must include the next system month. They cannot be further in the future than the next system month.

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
Automated (Cont.)		Select the applicable BCW2 by entering the person's state ID number and the benefit month. The earliest benefit month entered is the facility positive date. There may be entries for up to three months:
		♦ The next system month only.
		♦ The current and next system months.
		♦ The first prior month, the current month, and the next system month.
		(If more than three months' BCW2s are needed, manual calculation is required.)
	BCW2 THRU MO	You can 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 entered 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.
		When BCW2s are entered for three benefit months, the *Notice of Decision* covers all three months. If the results vary, the system does the client participation updates to ABC and the facility system in a two-step sequence.
	BCW2 ENTRY RSN	Enter H.
	BCW2 PI	Entries of both D and C are needed.
	BCW2 E/B	Code all income as A, unless different amounts are used to determine eligibility and benefits.

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
Automated (Cont.)		If different amounts are used, code E on one line and B on another line. It does not matter which indicator is used on which line, but all indicators for one program must be entered on one screen.
		When using both E and B codes, do not push ENTER between entering the E and B lines. If you make an error in the entry, delete the transaction and reenter the data.
	BCW2 EARNED 1-5	Enter gross earned income. (The system will subtract the applicable earned income deduction.)
	BCW2 UNEARN 1-4 OTHER UI	Enter the amount of unearned income.
		Enter the social security amount before deduction for the Medicare premium. Determine this amount by adding the Medicare premium amount and any overpayment deduction amount to the net social security income figure. Enter the total even if the buy-in is not complete.
	BCW2 SR 1-4, SR	Enter the code to identify the source of unearned income.
	BCW2 DEDUCT 1	Enter the amount of expenses of the home in the month of entry or discharge, client participation owed elsewhere, and expenses of a previous living arrangement.
	BCW2 DEDUCT 2	Enter the amount of any unmet medical expenses, health insurance premiums, and unmet medical needs.

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
Automated (Cont.)		When the TD03 MP entry is Y, the system automatically deducts the Medicare premium in the calculations for medical institution cases. If the premium exceeds the standard, enter the excess here. See Medicare Premium for more information.
	BCW2 P DED NEED	Enter the veteran's $90 income exemption, if applicable. See 8-I, Residents of the Iowa Veterans Home. For PMIC, enter the amount retained by the state.
	BCW2 P DED PAY	Enter the amounts for diversion to the community spouse and dependents. (The personal needs allowance is deducted automatically.)
		Enter the trust administration fee on cases with a medical assistance income trust.
PMIC		Use the instructions for other facilities (above), except for the following:
	TD01 AID	Enter 37-7.
	TD05 FAC MED CP CD	Enter H.
	TD05 VENDOR	Enter the PMIC vendor number. See also 14-B(4), INPI Screen, and 8-K, Facility Participation in Medicaid.
		If the child leaves the facility before a Medicaid determination is made, Quality Assurance must create a Medicaid file (SSNI screen).
		For instructions, see 6-Appendix, Request for ISIS Changes, Form 470-3924.
		The Field Operations Support Unit will assist in updating ISIS upon receipt of e-mailed form 470-3924.

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ACTION	SCREEN FIELDS USED		INSTRUCTIONS

Manual
    Nursing Facility,
    ICF/MI,
    ICF/ID,
    MHI,
    Psychiatric
    Hospital,
    Hospice,
    PMIC
	TD01
	TD01
	TD01
	TD01
	TD01
		
		AID
		MED AID
		CO RES
		CNID
			For a new case, see Case Numbering: Assigning Case Numbers, Aid Type Priority, and Case Name ID for TD01 instructions. See 14-B-Appendix, TD01 Case Information and TD01: Section I, Identification, to complete the screen.

	TD01	AID CHG DT MED CHG DT	If the Medicaid is currently in an active status, see Aid Type Change. **Note:** Any waiver case must be closed before opening the client on a facility case. Remove the WVR code on TD03 by using the space bar.
	TD05	MED ENTRY RSN	Enter H if the master MED STATUS is A, B, or C. Otherwise, enter E.
	TD05	MED STATUS	If the master MED STATUS is A, B, or C, leave blank. Otherwise, enter A to approve or C to reopen, no application.
	TD05	MED APP DT	Enter the date the application was received in the local office. If the date was entered to pend the application, recoding is not necessary. If MED ENTRY RSN was H, leave blank.
	TD05	MED POS DT	Enter the first day of the month in which the client becomes eligible. If MED ENTRY RSN was H, leave blank.
	TD05	MED AD	Enter the code that indicates the timeliness of any approved medical application. Entry is required when entering an "A" in MED STATUS. If the application is processed timely, use code "A." If the application is untimely, enter the reason for the processing delay.
	TD05	MR	Enter N.

ACTION	SCREEN FIELDS USED		INSTRUCTIONS
Manual (Cont.)	TD05	RETRO	Code TD05 RETRO for all the months you have determined the client to be eligible for retroactive medical. **Note:** If medical eligibility predates the retroactive Medicaid period and was not previously recorded, submit a *Request for Special Update*, 470-0397, or enter an SSI-related Medicaid approval without the pending step and without entering an X in RETRO field.
	TD05	FAC ENTRY RSN	Enter E.
	TD05	FAC STATUS	Enter A to approve. Enter C to reopen, no application.
	TD05	FI	Enter X. Send a manually prepared notice of decision, using form 470-0490, *Notice of Decision: Medical Assistance or State Supplementary Assistance.*
	TD05	FAC RSN 1	Enter facility action code 070 for approval. See 14-B-Appendix, ACTION CODES. Do not use 000 for facility. The subsystem does not recognize 000.
	TD05	FAC APP DT	Enter the date in the local office received the application, unless the date was already entered to pend the application.
	TD05	FAC POS DT	Enter the date the client became eligible for payment for facility care.
	TD05	FAC AD	Enter the code that indicates the timeliness of any approved facility application. Entry is required when entering an "A" in FAC STATUS. If the application is processed timely, use code "A." If the application is untimely, enter the reason for the processing delay.

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ACTION	SCREEN FIELDS USED		INSTRUCTIONS
Manual (Cont.)	TD05	FAC MED CP CD	Enter the facility type code.
	TD05	VENDOR	Enter the vendor number. (Obtain this number from the vendor.)
	TD05	1ST CP AMT	Enter the amount of client participation for the month of the FAC POS DT.
	TD05	ONGOING CP	Enter the amount of client participation for the month after the FAC POS DT.
	TD05	FLH	For aid types 13-0, 13-1, 63-0, 63-1, 63-2, 63-3, 63-7, and 63-8 only, enter the amount to be issued for monthly additional personal needs allowance for clients with income of less than $50 per month. For aid type 73-1, the state-funded payment must be manually issued each month. See also Issuing Additional Personal Needs Allowance for Past and Current Months.
	TD05	CO	For an ICF/ID case, enter the code for county that has financial responsibility. Any entry made here must also be made in the COS field on TD03.
	TD03	ENTRY RSN	Enter H if the master MED ST is A, B, or C. Otherwise, enter E. **Note:** Approvals and denials will not roll from the program line to the individual's programs even when previously pended.
	TD03		Complete any needed demographic information. See 14-B-Appendix, TD03, for valid codes.
	TD03	OHP	Enter applicable code. See 14-B-Appendix, TD03, for valid codes.

ACTION	SCREEN FIELDS USED		INSTRUCTIONS
Manual (Cont.)	TD03	MP	Enter Y if the Medicare premium is withheld from the check. Enter N if it is not withheld.
	TD03	WVR	Check the WVR field for existing waiver codes to avoid errors. If a waiver code is displayed and is no longer valid, remove it. (Press space bar key to remove.)
	TD03	COS	For an ICF/ID case, enter the code for county that has financial responsibility.
	TD03	MED ST	If the master displays A, B, or C, make no entry. Otherwise, enter A to approve or C to reopen.
	TD03	FUND	Enter either: 1 Adult receiving SSI. A Adult who is Medicaid only. 2 Child receiving SSI. C Child who is receiving Medicaid only (except for CMAP-children).
	TD03	POV	Enter the percentage of the federal poverty level for the client, if required. (See 14-B-Appendix, TD03 POV, for aid types where no entry is needed in this field.)
	TD03	FAC ST	Enter A to approve. Enter C to reopen.
	TD03	HEALTH	Enter applicable code.
			Note: After the client participation has updated (if the restrictions on automated calculations do not apply to the case ongoing), make entries to change to automated client participation with the facility positive date of the first month that allows automated client participation. (See Changing Client Participation.)

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ACTION	SCREEN FIELDS USED	INSTRUCTIONS
Manual (Cont.)		If the case is not automated when the buy-in or some other action is done, the income on the BCW2 will be zero. Consequently, the client participation calculation is zero.
QMB Eligibles in a Medicare-Certified Nursing Facility or MHI		People who are QMB-eligible and live in a Medicare-certified nursing facility have client participation of zero while Medicare or Medicaid pays the entire cost or participates in costs of care. (The first 20 days, Medicare pays 100%. Days 21 through 100, Medicaid pays the coinsurance.)
		People who apply for QMB but are not eligible under the QMB program when they enter skilled level of care shall be charged client participation for any of the 21st through 100th days in the facility that are before QMB eligibility.
		These instructions are for people who are currently QMB-eligible in other than a QMB aid type. (QMB aid types (90-0 or 90-2) are excluded, because client participation does not apply to them.)
	TD05 1ST CP AMT	Enter the amount for days 21 through 100, if any of these days are before QMB eligibility.
	TD05 ONGO CP	Enter zeros.

Once Medicare is exhausted, client participation must be changed on the TD05 screen if the client qualifies for facility payment under the 300% group. |

ACTION	SCREEN FIELDS USED		INSTRUCTIONS
Denying an Application	TD01		For new cases, see Case Numbering: Assigning Case Numbers, Aid Type Priority, and Case Name ID to set up the identification and address sections.
	TD01	AID	
	TD01	MED AID	
	TD01	CO RES	
	TD01	CNID	
			See 14-B-Appendix, TD01 Case Information and TD01: Section I, Identification, to complete screen.
	TD01	ENT RSN	Enter A or H.
	TD01	AID CHG DT	If you are using an existing case number, see Aid Type Change.
	TD01	MED CHG DT	
	TD05	MED ENTRY RSN	Enter A.
	TD05	MED STATUS	Enter M.
	TD05	FAC ENTRY RSN	Enter A.
	TD05	FAC STATUS	Enter M.
	TD05	FI	Enter a space. (Press the spacebar key.)
	TD05	FAC RSN 2	Enter the notice reason. Do not use 613. "000" notice reason may be used to block the notice when a manual notice is issued for denial.
	TD05	FAC APP DT	Enter the date the local office received the application. If this was entered to pend the application, reentry is not necessary.
	TD03	ENTRY RSN	**Note:** Denials will not roll from the program line to the individual's programs even when previously pended.
	TD03		Complete any needed demographic information. See 14-B-Appendix, TD03, for valid codes.
	TD03	MED ST	Enter M.
	TD03	FAC ST	Enter M.

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ACTION	SCREEN FIELDS USED	INSTRUCTIONS

Reopening Case
 	
   Automated
 	
      Nursing Facility,
      Hospice,
      ICF/MI,
      ICF/ID,
      MHI,
      Psychiatric
      Hospital
		Note: The system determines eligibility and client participation based on system entries unless:
		
		♦ The date of beginning eligibility is more than one month before the current system month.
		
		♦ A person under age 21 is in an MHI.
		
		♦ A couple is sharing a room in a facility. (See Couple Cases: Spouse in Same Room.)
		
		In these cases, eligibility and client participation must be manually determined.
		
		If the Medicaid is currently in an active status, see Aid Type Change.

	TD05 MED ENTRY RSN	Enter H if the master MED STATUS is A, B, or C. Otherwise, enter C to reopen.
	TD05 MED STATUS	If the master MED STATUS is A, B, or C, leave blank. Otherwise, enter C if MED ENTRY RSN is C.
	TD05 MED APP DT	Enter the date the application was received in the local office. If the date was entered to pend the application, reentry is not necessary. If MED ENTRY RSN was H, leave blank.
	TD05 MED POS DT	Enter the first day of the month in which the client becomes eligible. If the MED ENTRY RSN was H, leave blank.
	TD05 MED AD	Enter the code that indicates the timeliness of any approved medical application. Entry is required when entering an "A" in MED STATUS. If the application is processed timely, use code "A." If the application is untimely, enter the reason for the processing delay.

ACTION	SCREEN FIELDS USED		INSTRUCTIONS
Automated (Cont.)	TD05	MR	Enter N.
	TD05	RETRO	Code TD05 RETRO for all the months you have determined the client to be eligible for retroactive medical assistance.
			Enter "Z" if citizenship and identity have not been verified at time of approval.
			Note: If Medicaid eligibility predates the retroactive period and was not previously recorded, submit a *Request for Special Update*, 470-0397, or enter an SSI-related Medicaid approval without the pending step and without entering an X in RETRO.
	TD05	FAC ENTRY RSN	Enter C to reopen.
	TD05	FAC STATUS	Enter C to reopen.
	TD05	FI	Enter a space. (Press spacebar key.)
	TD05	FAC APP DT	Enter the date the application was received in the local office. If the date was entered to pend the application, recoding is not necessary.
	TD05	FAC POS DT	Enter the date the client became eligible for payment for facility care.
	TD05	FAC MED CP CD	Enter the facility type code.
	TD05	VENDOR	Enter the vendor number. (Obtain this number from the vendor.)
	TD05	FLH	For aid types 13-0, 13-1, 63-0, 63-1, 63-2, 63-3, 63-7, and 63-8 only, enter the amount to be issued for monthly additional personal needs allowance for clients with income of less than $50 per month.

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ACTION	SCREEN FIELDS USED	INSTRUCTIONS
Automated (Cont.)		For aid type 73-1, the state-funded payment must be manually issued each month.
		See also Issuing Additional Personal Needs Allowance for Past and Current Months.
	RSCM BENEFIT MONTH	Enter RSCM screens from the month of the facility positive date forward. The months entered must include the next system month. They cannot be further in the future than the next system month.
		Select the applicable RSCM screen by entering the benefit month. The earliest benefit month entered is the facility positive date.
	RSCM AMOUNTS	Enter the countable amount for each specific type of resource listed. If the countable resources are zero, enter zeros in the fields for at least one of the types.
	RSCS BENEFIT MONTH	Enter RSCS screens from the month of the facility positive date forward. The months entered must include the next system month. They cannot be further in the future than the next system month.
		Select the applicable RSCS screen by entering the benefit month. The earliest benefit month entered is the facility positive date.
	RSCS AMOUNTS	Enter the countable amount for each specific type of resource listed. If the countable resources are zero, enter zeros in the fields for at least one of the types.

ACTION	SCREEN FIELDS USED		INSTRUCTIONS
Automated (Cont.)	TD03	ENTRY RSN	**Note:** Approvals and denials will not roll from the program line to the individual's programs even when previously pended.
			Enter H if the master MED ST is A, B, or C. Otherwise, enter C to reopen. This entry must be the same as the MED ENTRY RSN used on TD05.
	TD03		Complete any needed demographic information. See 14-B-Appendix, TD03, for valid codes.
	TD03	OHP	Enter the applicable code.
	TD03	MP	Enter Y if the Medicare premium is withheld from the social security check. Enter N if the premium is not withheld.
	TD03	MED ST	If the master displays A, B, or C, make no entry. Otherwise, enter C to reopen.
	TD03	FUND	Enter either:
			1 Adult receiving SSI. A Adult who is Medicaid only. 2 Child receiving SSI. C Child who is receiving Medicaid only (except for CMAP-children).
	TD03	POV	Enter the percentage of the federal poverty level for the client, if required. See 14-B-Appendix, TD03 POV, for aid types where no entry is needed in this field.
	TD03	FAC ST	Enter C to reopen.
	TD03	HEALTH	Enter applicable code for Medicare coverage.

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
Automated (Cont.)	BCW2 BENEFIT MONTH	Enter BCW2 income and deductions from the month of the facility positive date forward. The months entered must include the next system month. They cannot be further in the future than the next system month.
		Select the applicable BCW2 by entering the person's state ID and the benefit month. The earliest benefit month entered is the facility positive date. There may be entries for one, two, or three months:
		♦ The next system month only. ♦ The current and next system months. ♦ The first prior month, current month, and next system months.
		(If more than three months BCW2s are needed, manual calculation is necessary.)
	BCW2 THRU MO	You can 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 entered 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.
		When BCW2s are entered for three benefit months, the *Notice of Decision* covers all three months. If the results vary, the client participation updates to ABC and the facility system are done by the system in a two-day sequence.

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
Automated (Cont.)	BCW2 ENTRY RSN	Enter H.
	BCW2 PI	Entry of both D and C are needed.
	BCW2 E/B	Code all income as A, unless different amounts are used to determine eligibility and benefits.
		If different amounts are used, enter code E on one line and code B on another line. It does not matter which code is used on which line, but all indicators for one program must be entered on one screen.
		When using both E and B codes, do not push ENTER between entering the E line and the B line. If you make an error in the E/B entry, delete the transaction and reenter the data.
	BCW2 EARNED 1-5	Enter gross earned income. (The system subtracts the earned income deduction.)
	BCW2 SR 1-4, SR	Enter the code to identify the source of unearned income.
	BCW2 UNEARN 1-4 OTHER UI	Enter the amount of unearned income.
		Enter the social security amount before deduction for the Medicare premium. Determine this amount by adding the Medicare premium amount and any overpayment deduction amount to the net social security income figure. Enter the total even if the buy-in is not complete.

Iowa Department of Human Services   **FACILITY CASE ACTIONS**
Title 14 Management Information   **Reopening Case**
Chapter B(9) SSI-Related Medicaid and Facility Case Actions   Revised November 15, 2013

ACTION	SCREEN FIELDS USED		INSTRUCTIONS
Automated (Cont.)	BCW2	DEDUCT 1	Enter expenses of the home in the month of entry or discharge, client participation owed elsewhere, and expenses of a previous living arrangement.
	BCW2	DEDUCT 2	Enter health insurance premiums and any unmet medical expenses or needs.
			When TD03 MP is Y, the system automatically deducts the Medicare premium in the calculations for medical institution cases. If the premium exceeds the standard, enter the excess here. See Medicare Premium for more information.
	BCW2	P DED NEED	Enter the veterans' additional $90 deduction, if applicable. For PMIC, enter the amount retained by the state.
	BCW2	P DED PAY	Enter amounts for diversion to the community spouse and dependents. (The personal needs allowance is deducted automatically.)
			Enter the trust administration fee on cases with a medical assistance income trust.
PMIC			Follow instructions for other facilities, above, except as noted:
	TD01	ENT DT	Enter H.
	TD01	AID, MED AID	Enter 37-7.
	TD05	FAC MED CP CD	Enter H.
	TD05	VENDOR	Enter the PMIC vendor number. See also 14-B(4), INPI Screen, and 8-K, Facility Participation in Medicaid.

ACTION	SCREEN FIELDS USED		INSTRUCTIONS
PMIC (Cont.)			If the child leaves the facility before a Medicaid determination is made, Quality Assurance must create a Medicaid eligibility file (SSNI screen).
			The Field Operations Support Unit will assist in updating ISIS upon receipt of e-mailed form 470-3924. For instructions, see 6-Appendix, Request for ISIS Changes, Form 470-3924.
Manual	TD01	ENT RSN AID AID CHG DT MED AID MED CHG DT	If the Medicaid is currently in an active status, see Aid Type Change.
Nursing Facility, Hospice, ICF/MI, ICF/ID, MHI, Psychiatric Hospital, PMIC	TD05	MED ENTRY RSN	Enter H if the master med status is A, B, or C. Otherwise, enter E.
	TD05	MED STATUS	If the master MED STATUS is A, B, or C, leave blank. Otherwise, enter A to approve or C to reopen.
	TD05	MED APP DT	Enter the date the application was received in the local office, unless the date was entered to pend the application. If MED ENTRY RSN was H, leave blank.
	TD05	MED POS DT	Enter the first day of the month in which the client becomes eligible. If MED ENTRY RSN was H, leave blank.
	TD05	MED AD	Enter the code that indicates the timeliness of any approved medical application. Entry is required when entering an "A" in MED STATUS. If the application is processed timely, use code "A." If the application is untimely, enter the reason for the processing delay.
	TD05	MR	Enter N.

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
Manual (Cont.)	TD05 RETRO	Code TD05 RETRO for all the months you have determined the client to be eligible for retroactive medical.
		Note: If medical eligibility predates the retroactive Medicaid period and was not previously recorded, submit a *Request for Special Update*, 470-0397, or enter an SSI-related Medicaid approval without the pending step and without entering an X in RETRO field.
	TD05 FAC ENTRY RSN	Enter E.
	TD05 FAC STATUS	Enter C to reopen.
	TD05 FI	Enter X. Send a manually prepared *Notice of Decision: Medical Assistance or State Supplementary Assistance*, form 470-0490.
	TD05 FAC RSN 1	Enter the code for reopening. For codes, see 14-B-Appendix, ACTION CODES.
		Do not use 000 for facility, because the subsystem does not recognize 000.
	TD05 FAC APP DT	Enter the date the application was received in the local office, unless the date was already entered to pend the application.
	TD05 FAC POS DT	Enter the date the client became eligible for payment for facility care.
	TD05 FAC AD	Enter the code that indicates the timeliness of any approved facility application. Entry is required when entering an "A" in FAC STATUS. If the application is processed timely, use code "A." If the application is untimely, enter the reason for the processing delay.

ACTION	SCREEN FIELDS USED		INSTRUCTIONS
Manual (Cont.)	TD05	FAC MED CP CD	Enter the facility type code.
	TD05	VENDOR	Enter the vendor number. (Obtain the number from the vendor.)
	TD05	1ST CP AMT	Enter the amount of client participation for the month of the FAC POS DT.
	TD05	ONGOING CP	Enter the amount of client participation for the month after the FAC POS DT.
	TD05	FLH	For aid types 13-0, 13-1, 63-0, 63-1, 63-2, 63-3, 63-7, and 63-8 only, enter any amount to be issued for monthly additional personal needs allowance for clients with income of less than $50 per month.
			For aid type 73-1, the state-funded payment must be manually issued each month.
			See also Issuing Additional Personal Needs Allowance for Past and Current Months.
	TD03	ENTRY RSN	Enter H if the master MED ST is A, B, or C. Otherwise, enter E. **Note:** Approvals and denials will not roll from the program line to the individual's programs even when previously pended.
	TD03		Complete any needed demographic information. See 14-B-Appendix, TD03, for valid codes.
	TD03	OHP	Enter the applicable code. See 14-B-Appendix, TD03, for valid codes.

Iowa Department of Human Services   **FACILITY CASE ACTIONS**
Title 14 Management Information   **Reopening Case**
Chapter B(9) SSI-Related Medicaid and Facility Case Actions   Revised August 18, 2006

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
Manual (Cont.)	TD03 MP	Enter Y if the Medicare premium is withheld from the check. Enter N if the premium is not withheld.
	TD03 MED ST	If the master displays A, B, or C, make no entry. Otherwise, enter A to approve or C to reopen.
	TD03 FUND	Enter either: 1 Adult receiving SSI. A Adult who is Medicaid only. 2 Child receiving SSI. C Child who is receiving Medicaid only (except for CMAP-children).
	TD03 POV	Enter the percentage of the federal poverty level for the client, if required. (See 14-B-Appendix, TD03 POV, for aid types where no entry is needed in this field.)
	TD03 FAC ST	Enter C to reopen. **Note:** After client participation has updated, make entries to change to automated client participation with the facility positive date of the first month that allows automated client participation (if the restrictions on automated calculations do not apply to the case ongoing). (See Changing Client Participation.) If the case is not automated when the buy-in or some other action is done, the income on the BCW2 will be zero. Consequently, the client participation calculation is zero.
	TD03 HEALTH	Enter the applicable code.

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ACTION	SCREEN FIELDS USED	INSTRUCTIONS
QMB Eligibles in a Medicare-Certified Nursing Facility		People who are QMB-eligible and reside in a Medicare-certified nursing facility have client participation of zero while Medicare or Medicaid pays the entire cost or participates in costs of care. (Medicare pays 100% for the first 20 days. Medicaid pays the coinsurance for days 21-100.)
		People who apply for QMB and are not eligible under the QMB program when they enter the facility shall be charged client participation for any of the 21st through 100th days in the Medicare-certified nursing facility that are before QMB eligibility.
		These instructions are for people who are currently QMB-eligible in other than a QMB aid type. QMB aid types (90-0 or 90-2) are excluded, because client participation does not apply to them.
	TD05 1ST CP AMT	Enter the amount for days 21 through 100, if any of these days are before QMB eligibility.
	TD05 ONGO CP	Enter zeros.
		Once Medicare is exhausted, client participation must be changed on the TD05 screen if the client qualifies for facility payment under the 300% group.

Iowa Department of Human Services   **FACILITY CASE ACTIONS**
Title 14 Management Information   **Closing a Program**
Chapter B(9) SSI-Related Medicaid and Facility Case Actions   Revised November 5, 2004

ACTION	SCREEN FIELDS USED		INSTRUCTIONS
Closing a Program			**Note:** If a later positive or negative date is already entered, see Changing or Inserting Negative Date.
Client Leaves Facility			Step 1
			If the client will return home and does not have a spouse at home, allow a deduction from the client participation for expenses of a home for the month of discharge.
			Complete a client participation change to deduct the SSI home living expense benefit amount for the month of discharge.
	TD05	MED ENTRY RSN	Enter H.
	TD05	FAC ENTRY RSN	Enter H.
	TD05	FI	Enter a space. (Press spacebar key.)
	TD05	FAC POS DT	Enter the effective date of the change.
	BCW2		Make entries to change the income and deductions.
			Allow entries to update on ABC and ISIS before starting Step 2.
			Step 2
			Close facility assistance.
	TD05	MED ENTRY RSN	Enter G.
	TD05	MED STATUS	Enter N.
	TD05	FAC ENTRY RSN	Enter H.
	TD05	FAC STATUS	Enter N.

FACILITY CASE ACTIONS   Iowa Department of Human Services
Closing a Program   **Title 14** Management Information
Revised April 10, 2001   **Chapter B(9)** SSI-Related Medicaid and Facility Case Actions

ACTION	SCREEN FIELDS USED		INSTRUCTIONS
Client Leaves Facility (Cont.)	TD05	FI	If the client is canceled from Medicaid, enter a space with the spacebar key.
			If the client will remain eligible for Medicaid, enter X and manually send a notice about facility care using form 470-0490.
	TD05	FAC RSN 2	Enter a notice reason even when you don't want a system notice. This entry is necessary for the facility system. (See 14-B-Appendix, NOTICE CODES.)
	TD05	FAC NEG DT	Enter the date the client leaves the facility.
	TD03	ENT RSN	Enter H.
	TD03	MED ST	Enter N.
	TD03	FAC ST	Enter N.
			Step 3
			Reinstate Medicaid if the client is eligible even though no longer residing in a facility.
	TD01	ENT RSN	Enter H.
	TD01	AID MED AID	If the client receives SSI, or would be eligible for SSI if not in a medical institution, enter another SSI aid type.
			If the facility aid type was 300% group, use the automatic redetermination aid type, unless other eligibility can be determined.
	TD01	AID CHG DT MED CHG DT	Enter the first day of the month after the negative date.

Iowa Department of Human Services   **FACILITY CASE ACTIONS**
Title 14 Management Information   **Closing a Program**
Chapter B(9) SSI-Related Medicaid and Facility Case Actions   Revised July 8, 2003

ACTION	SCREEN FIELDS USED		INSTRUCTIONS
Client Leaves Facility (Cont.)	TD05	MED ENTRY RSN	Enter B.
	TD05	MED STATUS	Enter B.
	TD05	MED CP CD	Enter a space. (Press spacebar key.)
	TD05	MED RSN1	Enter 207.
	TD03	ENTRY RSN	Enter B.
	TD03	MED ST	Enter B.
	TD03	FUND	Enter A, unless A shows on the master file then no entry required.
Client No Longer Meets Program Requirements	TD05	MED ENTRY RSN	Enter G.
	TD05	MED STATUS	Enter N.
	TD05	FAC ENTRY RSN	Enter H.
	TD05	FAC STATUS	Enter N.
	TD05	FI	Enter a space. (Press spacebar key.)
	TD05	FAC RSN2	Enter the notice reason.
	TD05	FAC NEG DT	Enter the day after the last date the client is eligible.
	TD03	ENTRY RSN	Enter H.
	TD03	MED ST	Enter N.
	TD03	FAC ST	Enter N.

ACTION	SCREEN FIELDS USED		INSTRUCTIONS
Death	TD05	MED ENTRY RSN	Enter M.
	TD05	MED STATUS	Enter N.
	TD05	MED RSN2	Enter 613.
	TD05	MED NEG DT	Enter the date of death.
	TD05	FAC ENTRY RSN	Enter M.
	TD05	FAC STATUS	Enter N.
	TD05	FI	Enter a space. (Press spacebar key.)
	TD05	FAC RSN 2	Enter 613.
	TD05	FAC NEG DT	Enter the date of death. Press the F6 function key and complete the estate recovery referral, if appropriate.
Changing Address	TD01	ENT RSN	Enter H.
	TD01	NAME ADDRESS	Enter changes.
Changing Client Participation			**Note:** If a later negative date is already on the facility system, send an e-mail to DHS, ISIS-Facilities.
			Remember that you must send a timely Notice of Decision when client participation increases.
			When a vendor adjustment is necessary, always review payment data on the facility system to prepare the adjustment request.

Iowa Department of Human Services
Title 14 Management Information
Chapter B(9) SSI-Related Medicaid and Facility Case Actions

FACILITY CASE ACTIONS
Changing Client Participation
Revised January 14, 2005

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
Changing Client Participation (Cont.)		When buy-in or buy-out occurs, the ABC system changes the client participation for the next month.
Automated		When you use the automated option, the system determines the client participation amounts and generates a notice. Notice reason code 612 is generated when the system-calculated client participation amount is more than the facility's per diem rate times 31 days.
	TD05 MED ENTRY RSN	Enter H.
	TD05 FAC ENTRY RSN	Enter H.
	TD05 FI	Enter a space. (Press spacebar key.)
	TD05 FAC POS DT	Enter the effective date of the change.
	BCW2	Make applicable entries to change the income or deductions for the first month of the change. This first month must be the same month as was just entered in the FAC POS DT.
		When the first month of the change is the next system month, no additional entries are needed. When the first month is the current system month, entry is required for the current and next system month.
		See ALL CASES WORKER-INITIATED ACTIONS: Entering Income and Medicare Premium for more information.

ACTION	SCREEN FIELDS USED		INSTRUCTIONS
Manual			When you use the manual option, you determine client participation and issue the notice of decision.
	TD05	MED ENTRY RSN	Enter H.
	TD05	FAC ENTRY RSN	Enter H.
	TD05	FI	Enter X. Send a manually prepared notice of decision, form 470-0490.
	TD05	FAC RSN1	Enter 075 when the FAC POS DT is changed. Enter 074 when the FAC POS DT is not changed. (The system edits and corrects these action code entries.) Do not enter 000, because the facility subsystem does not recognize 000.
	TD05	FAC POS DT	Enter the effective date of the change, even when it is the same date as on the master file.
	TD05	FAC MED CP CD	Enter the facility type code if it is different from the one on the master file.
	TD05	1ST CP AMT	Enter the amount of client participation for the month of the FAC POS DT.
	TD05	ONGO CP	Enter the amount of client participation for the month after the FAC POS DT month. **Note:** After the varied client participation amounts are entered and the system has processed the data, enter the BCW2 data for ongoing as a client participation change. This prepares the case for COLA processing, and any other system-generated calculation.

Iowa Department of Human Services
Title 14 Management Information
Chapter B(9) SSI-Related Medicaid and Facility Case Actions

FACILITY CASE ACTIONS
Changing Client Participation
Revised February 4, 2005

ACTION	SCREEN FIELDS USED		INSTRUCTIONS
QMB Eligibles in a Medicare-Certified Nursing Facility or MHI	TD05	MED ENTRY RSN	Enter H.
	TD05	FAC ENTRY RSN	Enter H.
	TD05	FI	Enter X. Send a manually prepared notice of decision, form 470-0490.
	TD05	FAC RSN 1	Enter 075. Do not enter 000, because the facility subsystem does not recognize 000.
	TD05	1ST CP AMT	Enter the client participation amount for the first month that client participation is being charged.
			If you are changing client participation because Medicare is exhausted in the middle of the month, enter the amount of client participation for the remainder of that month.
	TD05	ONGO CP	Enter the full monthly amount of client participation for the month after the FAC POS DT month.
	TD05	FAC POS DT	Enter the date for which the 1ST CP AMT is effective (the day after the 100-day or 190-day period, only when client participation is changed due to Medicare being exhausted).
Changing or Inserting Negative Date			Use this action only when the change cannot be passed to ISIS by entering the action in the ABC system.
			Changes that have effective dates before the current calendar month will not be passed to ISIS when there are later dates already on the ISIS file.
			OR

FACILITY CASE ACTIONS   Iowa Department of Human Services
Changing or Inserting Negative Date   **Title 14** Management Information
Revised April 29, 2005   **Chapter B(9)** SSI-Related Medicaid and Facility Case Actions

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
Changing or Inserting Negative Date (Cont.)		Changes that have an effective date <u>in</u> the current month <u>will be passed</u> to ISIS, even when there are later dates already on the ISIS file.
		1. A change results in the FAC POS DT being updated to May 1. On April 5, the worker learns that the client was discharged April 2.
		Since April is the current calendar month, the action taken in ABC to cancel the client's case will pass to ISIS.
		The date of May 1 already shown on ISIS will be deleted, and the worker will be notified that future program request has been deleted.
		The worker must decide if information on the future program request needs to be reentered in ABC.
		2. A change results in the FAC POS DT being updated to May 1. On April 5, the worker learns that the client was discharged March 20.
		Since March is a past calendar month and ISIS already shows a later date of May 1, action taken in ABC to cancel the client's case <u>will not</u> pass to ISIS.
		When the change will not pass to ISIS, The worker must complete the following steps in addition to canceling in ABC:
		<u>Step 1</u>
		Send form 470-3924 to request changes to ISIS. See 6-Appendix, <u>Request for ISIS Changes, Form 470-3924</u>, for instructions.

Iowa Department of Human Services

Title 14 Management Information

Chapter B(9) SSI-Related Medicaid and Facility Case Actions

FACILITY CASE ACTIONS

Changing or Inserting Negative Date

Revised November 5, 2004

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
Changing or Inserting Negative Date (Cont.)		The Field Operations Support Unit will assist in updating ISIS upon receipt of e-mailed form 470-3924. Step 2 Make entries to close the case. See Closing a Program and send notice.
Changing Level of Care		The Iowa Foundation for Medical Care (IFMC) may determine that a resident of a facility does not require the level of care provided by that facility, but requires a lower level of care. If the facility does not offer the lower level of care, but it is not possible to arrange the transfer of the resident, payment continues to the facility, but at the average rate for the lower level of care. Since the person has not actually changed residence, do not consider this a change in level of care for system purposes. No new entries are needed.
Changing Vendor Number		A change in vendor number is usually due to a change in ownership. ISIS updates the vendor number automatically and notifies workers of the vendor number change. ABC changes must be entered in order for the vendor number on ABC to match ISIS. ISIS uses the full rate from the first provider to automatically calculate the split of client participation between the two provider numbers.

ACTION	SCREEN FIELDS USED		INSTRUCTIONS
Changing Vendor Number (Cont.)			Verify whether there were any bed hold days. If there were no bed-hold days during the time spent under the first provider number, the split of the client participation should be correct and you should approve the change.
			If there were bed-hold days, recalculate the client participation for the days that the client was on bed hold, using the bed-hold rate from ISIS reports.
			If the client participation amount is not correct, complete form 470-3924 to request correction. See 6-Appendix, Request for ISIS Changes, Form 470-3924, for instructions.
			The Field Operations Support Unit will assist in updating ISIS upon receipt of e-mailed form 470-3924.
Vendor Change Date Later Than Facility Positive Date	TD05	MED ENTRY RSN	Enter H.
	TD05	FAC ENTRY RSN	Enter H.
	TD05	FI	Enter X.
	TD05	FAC RSN1	Enter 077.
	TD05	FAC POS DT	Enter the effective date of the vendor number change.
	TD05	VENDOR	Enter the new vendor number. (Obtain this number from the vendor.)
	TD05	1ST CP AMT	Enter the amount of client participation for the month of the FAC POS DT.
	TD05	ONGO CP	Enter the amount of client participation for the month after the FAC POS DT month.

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
Vendor Change Date Same as or Before Facility Positive Date		Use these instructions only if:
		♦ The effective date of the vendor number change is the same as the master facility positive date or an earlier date, and
		♦ The effective date is for a past month
		Regardless of whether the payment has been made, follow these steps to change the vendor in ISIS and ABC:
		Step 1
		Send form 470-3924 to change the vendor number in ISIS. See 6-Appendix, Request for ISIS Changes, Form 470-3924, for instructions.
		The Field Operations Support Unit will assist in updating ISIS upon receipt of e-mailed form 470-3924.
		Step 2
		Make entries in ABC to close the case. See Closing a Program.
		Step 3
		Make entries to reopen the case in ABC with the correct vendor number. (See Reopening Case.) For the FAC POS DT, enter the effective date of the vendor number change.

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
Vendor Change Date Before Facility Negative Date and Facility Status Is N		Send form 470-3924 to change the vendor number in ISIS. See 6-Appendix, Request for ISIS Changes, Form 470-3924, for instructions. The Field Operations Support Unit will assist in updating ISIS upon receipt of e-mailed form 470-3924.

Iowa Department of Human Services
FACILITY CASE ACTIONS
Title 14 Management Information
Correcting Vendor Number
Chapter B(9) SSI-Related Medicaid and Facility Case Actions
Revised May 25, 2007

ACTION	SCREEN FIELDS USED		INSTRUCTIONS
Correcting Vendor Number			Use this action when the original vendor number was incorrect. These entries cannot be made with any other entries. Dates cannot be changed with the 073 action code.
	TD05	MED ENTRY RSN	Enter H.
	TD05	FAC ENTRY RSN	Enter H.
	TD05	FI	Enter X.
	TD05	FAC RSN1	Enter action code 073.
	TD05	FAC POS DT	The date entered must be the same as the date on the master file.
	TD05	VENDOR	Enter the correct vendor number. (Obtain this number from the facility. See also 14-B(4), INPI Screen.
	TD05	1ST CP AMT	Reenter the client participation that shows on the screen. Do not **change** the amount, just **reenter**.
	TD05	ONGO CP	Reenter the client participation that shows on the screen. Do not **change** the amount, just **reenter**.
Couple Cases			
Noninstitutionalized Spouse	TD03	OHP	Enter code 1 when a client in a facility has a spouse or dependent children.

This blocks the system-generated notice of decision during any mass change (like COLA). Worker Action Reports are generated to remind you review the case for other actions. |

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
Spouse in Same Room	TD03 OHP	Enter code 2 when a client in a facility has a spouse who lives in the same room. This blocks the system-generated notice of decision during any mass change (like COLA). Worker Action Reports are generated to remind you to review the case for other actions.
First Six Months		For the first six months after the month of entry, treat the couple as one household. Add all of the income from each spouse, compare to two times the 300% amount. If the couple is income eligible, manually calculate the client participation by applying the proper deductions to the total income. Divide the total client participation amount by two.
	TD05	Set up a separate case for each spouse. Enter each case as a manual calculation. Apply one-half of the client participation to each case.
After Six Months		After six months in the facility, the couple may choose to be treated as a couple or as individuals. If they choose to be treated as **individuals**, treat each case in the same manner as the directions outlined in approving an application for an individual. If they choose to be treated as a **couple**, treat the couple as one household. Add all of the income from each spouse and compare to two times the 300% amount.

Iowa Department of Human Services   **FACILITY CASE ACTIONS**
Title 14 Management Information   **Couple Cases**
Chapter B(9) SSI-Related Medicaid and Facility Case Actions   Revised April 25, 2000

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
After Six Months (Cont.)		If the couple is income eligible, manually calculate the client participation by applying the proper deductions to the total income. Divide the total client participation amount by two.
		Enter each case as a manual calculation. Apply one-half of the client participation to each case.
Spouse in Same Facility but Different Room		
Month of Entry		Treat the couple as one household. Add all of the income from each spouse. Compare to two times the 300% amount.
		If the couple is income eligible, manually calculate the client participation by applying the proper deductions to the total income. Divide the total client participation amount by two.
	TD05	Set up a separate case for each spouse. Enter each case as a manual calculation. Apply one-half of the client participation to each case.
First Six Months After Entry		Effective the month after the month of entry, treat each person as an individual. Follow the directions for approving an application for an individual.
		Determine eligibility and calculate client participation separately for each spouse, based on each one's income and resources.

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
More than Six Months		After six months in the facility, the couple may choose to be treated as a couple or as individuals.
		If they choose to be treated as individuals, continue to treat each case in the same manner as during the previous period.
		If they chose to be treated as a couple, treat them as one household. Add all of the income from each spouse, compare to two times the 300% amount.
		If the couple is income eligible, manually calculate the client participation by applying the proper deductions to the total income.
		Divide the total client participation amount by two. Enter each case as a manual calculation and apply one-half of the client participation to each case.
Spouse in Different Facility		Treat each person as an individual, treating each case in the same manner as the directions outlined in approving application for an individual.
Entering Income or Client Participation	TD05 BCW2	Make either BCW2 entries or worker-determined client participation entries for the month of the FAC POS DT on TD05 and the month after. See Medicare Premium for more information.
	TD05 1ST CP AMT	When you enter amounts, but BCW2 data are in the system, the system will revert to the BCW2 data when other entries or system actions cause computer calculation of client participation.

Iowa Department of Human Services   **FACILITY CASE ACTIONS**
Title 14 Management Information   **Entering Income or Client Participation**
Chapter B(9) SSI-Related Medicaid and Facility Case Actions   Revised November 5, 2004

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
Entering Income or Client Participation (Cont.)		For this and other reasons, make TD05 client participation entries only when BCW2 entries will not have correct results (transfer between facilities when the positive date is too far in the past, etc.).
		When you enter client participation on TD05, follow up with a BCW2 change after the TD05 entries have updated. Enter new income records with the facility positive date of the most recent deductions to bring client participation up to date.
		When these subsequent BCW2 entries are made, these TD05 fields must always have entries: MED ENTRY RSN, FAC ENTRY RSN, AND FAC POS DT.
		These TD05 entries carry the new data to the facility systems. The updates are displayed on ISIS. See Changing Client Participation: Automated for more information.
VA Aid and Attendance and Other Third-Party Payments		Select the applicable BCW2 by entering the person's state ID number and the benefit month.
	BCW2 ENTRY RSN	Enter H.
	BCW2 PI	Enter C and D.
	BCW2 E/B	For aid and attendance income, and certain nursing facility insurance and medical assistance income trust vendor payments, enter separate income lines for eligibility and for benefit (client participation).
		Enter the aid and attendance, insurance amounts, or vendor payment amount in the line with an indicator of B and zeros in the line with an indicator of E.

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
VA Aid and Attendance and Other Third-Party Payments (Cont.)	BCW2 UNEARN 1-4	Enter the amount of the person's unearned income. See 14-B-Appendix, BCW2 UNEARN 1-4.
	BCW2 SR (1-4)	Enter D for aid and attendance. Enter Z for third-party payments.
Issuing Additional Personal Needs Allowance for Past and Current Month		If monthly amounts vary, enter each month's payment as a separate TD06 transaction.
	TD06 IMM/CAN	Enter Z.
	TD06 AID TP	Enter the case aid type.
	TD06 EFFECT DT	The effective date is the earliest month the benefits are issued for.
	TD06 # MONTHS	Enter the total number of months for which issuances of the same amount are needed, including current month. If entering into system after cutoff, include the next calendar month.
	TD06 AMT	Enter the monthly amount.

Iowa Department of Human Services   **FACILITY CASE ACTIONS**
Title 14 Management Information   **Move**
Chapter B(9) SSI-Related Medicaid and Facility Case Actions   Revised May 25, 2007

ACTION	SCREEN FIELDS USED		INSTRUCTIONS
Move			**Note:** If a later positive or negative date is already on the facility system, contact the Field Operations Support Unit.
Same Day			Make the following entries if the client leaves one facility and enters another on the same day or is returning to skilled nursing care from a hospital:
	TD05	MED ENTRY RSN	Enter H.
	TD05	FAC ENTRY RSN	Enter H.
	TD05	FI	Enter X. Send a manually prepared notice of decision using form 470-0490.
	TD05	FAC RSN1	Enter code. See 14-B-Appendix, ACTION CODES. Do not use 000. The facility subsystem does not recognize 000.
	TD05	FAC POS DT	Enter the date of entry to the next facility.
	TD05	FAC MED CP CD	Enter the code identifying the type of the second facility. See 14-B-Appendix, TD05 FAC MED CP CD, for codes.
	TD05	VENDOR	Enter the vendor number of the second facility. (Obtain this from the facility. See also 14-B(4), INPI Screen.)
	TD05	1ST CP AMT	Enter the amount of client participation due the second facility.
	TD05	ONGO CP	Enter the full ongoing client participation for the month after the FAC POS DT month. After entries process, make BCW2 entries.

Iowa Department of Human Services **FACILITY CASE ACTIONS**
Title 14 Management Information **Move**
Chapter B(9) SSI-Related Medicaid and Facility Case Actions Revised April 10, 2001

ACTION	SCREEN FIELDS USED		INSTRUCTIONS
Not on Same Day			If the client moves from one facility to another, but not on the same day, make the following entries.
			Step 1
	TD05	MED ENTRY RSN	Enter H.
	TD05	MED STATUS	Enter N.
	TD05	FAC ENTRY RSN	Enter H.
	TD05	FAC STATUS	Enter N.
	TD05	FI	Enter X. Send a manually prepared notice of decision using form 470-0490.
	TD05	FAC RSN 2	Enter 080.
	TD05	FAC NEG DT	Enter the date the client left the first facility.
			Step 2
	TD05	MED ENTRY RSN	Enter C.
	TD05	MED STATUS	Enter C.
	TD05	MED POS DT	Enter the first day of the month of the FAC POS DT.
	TD05	FAC ENTRY RSN	Enter C.
	TD05	FAC STATUS	Enter C.
	TD05	FI	Enter X.
	TD05	FAC RSN 1	Enter code. See 14-B-Appendix, ACTION CODES. Do not enter 000, because the facility subsystem doesn't recognize 000.

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
Not on Same Day (Cont.)	TD05 FAC POS DT	Enter the date the client entered the second facility or returned to a facility.
	TD05 FAC MED CP CD	Enter the code identifying the type of the second facility. See 14-B-Appendix, TD05 FAC MED CP CD, for codes.
	TD05 VENDOR	Enter the vendor number. (Obtain this number from the vendor.)
	TD05 1ST CP AMT	Enter the amount of client participation due to the new facility for the month of entry.
	TD05 ONGOING CP	Enter the ongoing client participation amount.
	TD03 ENTRY RSN	Enter C.
	TD03 MED ST	Enter C.
	TD03 FUND	Enter the applicable code: 1 Adult receiving SSI 2 Child receiving SSI A Adult receiving Medicaid only C Child receiving Medicaid only (except CMAP) R CMAP
Penalty Due to Transfer of Assets		
Application for Facility		If an applicant is disqualified for payment for facility care due to a transfer of assets: Step 1 Deny the facility aid type as instructed under Denying an Application. Enter 000 in the notice reason. Issue a manual notice of decision.

Iowa Department of Human Services   **FACILITY CASE ACTIONS**
Title 14 Management Information   **Penalty Due to Transfer of Assets**
Chapter B(9) SSI-Related Medicaid and Facility Case Actions   Revised April 10, 2001

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
Application for Facility (Cont.)		Step 2
		Approve Medicaid under a non-facility coverage group. (See MEDICAID CASE ACTIONS: Approving an Application.)
	TD03 COPAY	Enter Y if the institutionalized person transferred the asset. Enter T if another person made the transfer.
		Enter a tickler for the month before the penalty ends as a reminder to do an automatic redetermination.
Ongoing Facility		If a recipient is disqualified for payment for facility care due to a transfer of assets:
		Step 1
		Cancel the facility aid type as instructed under Closing a Program: Client No Longer Meets Program Requirements. Enter 000 in the notice reason and issue a manual notice of decision.
		Step 2
		Reinstate Medicaid only under a non-facility coverage group as instructed under Closing a Program: Client Leaves Facility, Step 3.
	TD03 COPAY	Enter Y if the institutionalized person transferred the asset. Enter T if another person made the transfer.
		Enter a tickler for the month before the penalty ends as a reminder to do an automatic redetermination.
Reviews		See Reviews for Medicaid for coding instructions for Medicaid reviews.
	TD05 FAC ENTRY RSN	Enter H.

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
Reviews (Cont.)	TD05 FAC LAST REV	Enter the month and year of the last review.
	TD05 FAC NEXT REV	The system will always generate a 12-month review. If the review must be completed earlier than 12 months after last review, you must enter this date.
		The system will not generate a review for a case with aid type of 73-3. Enter a tickler for an annual review and document the review in the case record. See 14-B(4) for tickler information.
Spousal Impoverishment		
Request for Attribution With No Medicaid Application		Pend each spouse on a separate case.
	TD01 ENT RSN	Enter A.
	TD01 AID	Depending on the age of the person, enter 13-6 or 63-6 for the institutionalized spouse and 14-3 or 64-3 for the community spouse.
		(For the institutionalized spouse, see Pending an Application. For the community spouse, see MEDICAID CASE ACTIONS: Pending an Application.)
		Leave both cases pended until an IEVS match is received on both people, or two months have passed. Then deny both cases, using zeros in the notice reason.
		(For the institutionalized spouse, see Denying an Application. For the community spouse, see MEDICAID CASE ACTIONS: Denying an Application.)

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
Request for Attribution With Medicaid Application		Pend each spouse on a separate case.
	TD01 ENT RSN	Enter A.
	TD01 AID MED AID	Enter the applicable aid type for the institutionalized spouse's application. Depending on the age of the person, enter 14-3 or 64-3 for the community spouse.
		For the institutionalized spouse, see Pending an Application. For the community spouse, see MEDICAID CASE ACTIONS: Pending an Application.
		If the institutionalized spouse is <u>not</u> eligible for Medicaid, send a manually prepared *Notice of Decision* to deny application within the required time limit.
		Leave <u>both</u> cases pended until an IEVS match is received on both people, or two months have passed. Then deny both cases, entering zeros in the notice reason.
		(For the institutionalized spouse, see Denying an Application. For the community spouse, see MEDICAID CASE ACTIONS: Denying an Application.)
		If the institutionalized spouse's Medicaid application is <u>approved</u>, leave the community spouse's case pended until an IEVS match is received on both people or two months have passed.
		Then deny the community spouse's case, entering zeros in the notice reason. (See MEDICAID CASE ACTIONS: Denying an Application.)

HOME- AND COMMUNITY-BASED WAIVER…   Iowa Department of Human Services
General Instructions   **Title 14** Management Information
Revised April 29, 2005   **Chapter B(9)** SSI-Related Medicaid and Facility Case Actions

HOME- AND COMMUNITY-BASED WAIVER CASE ACTIONS

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
General Instructions	TD01 TD01 AID TD01 MED AID TD01 CO RES TD01 CNID TD01 INFO	See Case Numbering: Assigning Case Numbers, Aid Type Priority, and Case Name ID for instructions on setting up the TD01 screen on a new case. Close any medical facility case before opening the client on a waiver case. (RCF cases can be open while waiver is active.)
Pending an Application		The first section contains instructions that apply to pending an application for any HCBS waiver. Fields that have entries particular to a certain waiver are described in the sections for each waiver that follow. **Note:** Do not pend or approve waiver services on a Food Assistance case. Create a separate case with a different FBU. See Establishing FBUs.
All Waivers	TD01 TD01 AID TD01 MED AID TD01 CO RES TD01 CNID	If this is a new case, see Case Numbering: Assigning Case Numbers, Aid Type Priority, and Case Name ID for instructions on this screen. See also 14-B-Appendix, TD01 Case Information and TD01: Section I, Identification.

Iowa Department of Human Services   **HOME- AND COMMUNITY-BASED WAIVER…**
Title 14 Management Information   **Pending an Application**
Chapter B(9) SSI-Related Medicaid and Facility Case Actions   Revised May 20, 2003

ACTION	SCREEN FIELDS USED		INSTRUCTIONS
All Waivers (Cont.)	TD01	ENT RSN	Enter either:
			A Application
			C Approval, no application
			H Immediate release
	TD01	CO	Enter the number of the county processing the application.
	TD01	WKR	Enter your worker number.
	TD01	INFO	Enter the type of waiver.
	TD01	AID MED AID	Enter the waiver aid type. See the specific waiver section, below, for valid codes.
	TD01	CO RES	Enter the two-digit number for the county in which the client resides. A code of 00 indicates out-of-state placement.
	TD01	CNID	Enter the client's state identification number. See Case Name ID.
			Pend both the waiver and Medicaid programs.
	TD05	MED ENTRY RSN	Enter A.
	TD05	MED STATUS	Enter D.
	TD05	MED APP DT	Enter the date the local office received the application.
	TD05	MR	Enter N.
	TD05	WAIVER ENTRY RSN	Enter A.
	TD05	WAIVER STATUS	Enter D.
	TD05	WAIVER APP DT	Enter the date the office received the application.

HOME- AND COMMUNITY-BASED WAIVER…   Iowa Department of Human Services
Pending an Application   **Title 14** Management Information
Revised November 15, 2013   **Chapter B(9)** SSI-Related Medicaid and Facility Case Actions

ACTION	SCREEN FIELDS USED		INSTRUCTIONS
All Waivers (Cont.)	TD03	ENTRY RSN	Enter A.
	TD03		Enter any needed demographic information. See 14-B-Appendix, TD03, for valid codes.
	TD03	WVR	Enter the waiver code for the application. See the specific waiver section, below.
	TD03	MED ST	Enter D.
	TD03	FUND	If there is an active fund code on the system, entry of a different fund code with pended status coding will not replace it. See 14-B-Appendix, TD03 FUND.
	TD03	WAIVER ST	Enter D.
			Use these instructions in addition to the general instructions under All Waivers.
AIDS Waiver	TD01	AID	Enter the aid type corresponding to the person's level of care:
			13-6 NF level of care (SSI-A related) 63-6 NF level of care (SSI-D related) 73-1 SNF level of care 73-4 Hospital level of care (SSI-related)
			If eligibility is with income over the 300% group limit, enter 37-E, Medically Needy.
	TD05		If eligibility is with income over the 300% group limit, enter as Medically Needy, with or without spenddown.
	TD03	WVR	Enter B.

Iowa Department of Human Services   **HOME- AND COMMUNITY-BASED WAIVER…**
Title 14 Management Information   **Pending an Application**
Chapter B(9) SSI-Related Medicaid and Facility Case Actions   Revised November 15, 2013

ACTION	SCREEN FIELDS USED		INSTRUCTIONS
Brain Injury Waiver			Use these instructions in addition to the general instructions under <u>All Waivers</u>.
	TD01	AID	Enter the aid type for the level of care:
			63-6 NF level of care (SSI-D related) 73-1 SNF level of care 73-3 ICF/ID level of care
	TD03	WVR	Enter E.
Children's Mental Health Waiver			Use these instructions in addition to the general instructions under <u>All Waivers</u>.
	TD01	AID	Enter 377.
	TD01	MED AID	Enter the applicable medical aid type.
	TD03	OHP	Enter H.
	TD03	WVR	Enter H.
Elderly Waiver			Use these instructions in addition to the general instructions under <u>All Waivers</u>.
	TD01	AID	Enter the applicable aid type:
			13-6 NF level of care 73-1 SNF level of care
	TD03	WVR	Enter C.
Health and Disability Waiver			Use these instructions in addition to the general instructions under <u>All Waivers</u>.
	TD01	AID	Enter 64-5 if the client is disabled and at the NF or SNF level of care.
			Enter 73-3 if the client is at the ICF/ID level of care.
	TD03	WVR	Enter A.

Iowa Department of Human Services   **HOME- AND COMMUNITY-BASED WAIVER...**
Title 14 Management Information   **Pending an Application**
Chapter B(9) SSI-Related Medicaid and Facility Case Actions   Revised August 28, 2009

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
Intellectual Disabilities Waiver		Use these instructions in addition to the general instructions under All Waivers.
	TD01 AID	Enter 73-3.
	TD03 WVR	Enter D.
Physical Disability Waiver		Use these instructions in addition to the general instructions under All Waivers.
	TD01 AID	Enter the applicable aid type:
		63-6 300% nursing facility level of care.
		63-1 Receiving SSI due to disability, at nursing facility level of care.
		73-1 300% skilled nursing level of care.
	TD03 WVR	Enter P.
Approving or Reopening an Application		Begin by checking either the TD07 screen or the INFO screen to see whose name is on the first line. The person on the first line is the one for whom the waiver subsystem file is created, even though that person may not be active.
		If the wrong person is on the first line, close the case and open a new case number with the correct person entered first on TD03.
		Note: Do not pend or approve waiver services on a Food Assistance case. Create a separate case with a different FBU. See Establishing FBUs.
		The system will automatically determine eligibility for the supplement for Medicare and Medicaid eligibles group under aid types 13-6, 63-6, 64-5, 73-1, 73-2, 73-3, 73-4, and 73-5.

HOME- AND COMMUNITY-BASED WAIVER…   Iowa Department of Human Services
Approving or Reopening an Application   **Title 14** Management Information
Revised June 24, 2005   **Chapter B(9)** SSI-Related Medicaid and Facility Case Actions

ACTION	SCREEN FIELDS USED		INSTRUCTIONS
Approving or Reopening an Application (Cont.)			The eligibility requirements include a specific poverty level for recipients. Clients with aid types of 13-6, 63-6, 64-5, 73-1, 73-2, 73-3, 73-4, or 73-5 must have a poverty level of 120% or above.
	TD01		For a new case, see Case Numbering: Assigning Case Numbers, Aid Type Priority, and Case Name ID to set up the TD01 sections.
	TD01	AID	
	TD01	MED AID	
	TD01	CO RES	
	TD01	CNID	
			See also instructions in 14-B-Appendix, TD01 Case Information and TD01: Section I, Identification.
	TD01	ENT RSN	Enter:
			A Application
			C Approval, no application
			H Immediate release
	TD01	CO	Enter the number of the county processing the application.
	TD01	WKR	Enter your worker number.
	TD01	INFO	Enter the type of waiver.
			If the Medicaid is currently in an active status, see Aid Type Change.
			Note: Close any medical facility case before opening the client on a waiver case. RCF cases can remain open while a waiver is also active.

Iowa Department of Human Services   **HOME- AND COMMUNITY-BASED WAIVER...**
Title 14 Management Information   **Approving or Reopening an Application**
Chapter B(9) SSI-Related Medicaid and Facility Case Actions   Revised November 5, 2010

ACTION	SCREEN FIELDS USED		INSTRUCTIONS
Approving or Reopening an Application (Cont.)			If entries are made too early, the case may appear active on the ABC system, but the interface may not occur between ABC and the waiver subsystem.
	TD05	MED ENTRY RSN	Enter H if the master MED STATUS is A, B, or C. Otherwise, enter A to approve or C to reopen.
	TD05	MED STATUS	If the master MED STATUS is A, B, or C, leave blank. Enter A if MED ENTRY RSN is A. Enter C if MED ENTRY RSN is C.
	TD05	MED APP DT	Enter the date the application was received in the local office. If the date was entered to pend the application, recoding is not necessary. If MED ENTRY RSN was H or C, leave blank.
	TD05	MED POS DT	Enter the first day of the month in which the client becomes eligible. If MED ENTRY RSN was H, leave blank.
	TD05	MED AD	Enter the code that indicates the timeliness of any approved medical application. Entry is required when entering an "A" in MED STATUS. If the application is processed timely, use code "A." If the application is untimely, enter the reason for the processing delay.
	TD05	MR	Enter N.
	TD05	RETRO	Code TD05 RETRO for all the months you have determined the client to be eligible for retroactive medical. Enter "Z" if citizenship and identity have not been verified at time of approval.

ACTION	SCREEN FIELDS USED		INSTRUCTIONS
Approving or Reopening an Application (Cont.)			**Note:** If medical eligibility predates the retroactive Medicaid period and was not previously recorded, submit a *Request for Special Update*, 470-0397, or enter an SSI-related Medicaid approval without the pending step and without entering an X in RETRO.
	TD05	WAIVER ENTRY RSN	Enter A to approve. Enter C to reopen.
	TD05	WAIVER STATUS	Enter A to approve. Enter C to reopen.
	TD05	FI	Enter a space. (Press spacebar key.)
	TD05	WAIVER APP DT	Enter the date the application was received in the local office. If the date was entered to pend the application, recoding is not necessary.
	TD05	WAIVER POS DT	Enter the date the client became eligible for payment for waiver care.
	TD05	WAIVER AD	Enter the code that indicates the timeliness of any approved waiver application. Entry is required when entering an "A" in STATUS. If the application is processed timely, use code "A." If the application is untimely, enter the reason for the processing delay.
	TD05	WAIVER MED CP CD	Enter the waiver type code.
	TD05	VENDOR	Enter zeros.
	RSCM	BENEFIT MONTH	Enter RSCM screens from the month of the facility positive date forward. The months entered must include the next system month. They cannot be further in the future than the next system month.

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
Approving or Reopening an Application (Cont.)		Select the applicable RSCM screen by entering the benefit month. The earliest benefit month entered is the facility positive date.
	RSCM AMOUNTS	Enter the countable amount for each specific type of resource listed. If the countable resources are zero, enter zeros in the fields for at least one of the types.
	RSCS BENEFIT MONTH	Enter RSCS screens from the month of the facility positive date forward. The months entered must include the next system month. They cannot be further in the future than the next system month.

Select the applicable RSCS screen by entering the benefit month. The earliest benefit month entered is the facility positive date. |
| | RSCS   AMOUNTS | Enter the countable amount for each specific type of resource listed. If the countable resources are zero, enter zeros in the fields for at least one of the types. |
| | TD03   ENTRY RSN | Enter A to approve or C to reopen.

Note: If TD03 entries are not completed, approvals may not pass properly to ISIS, even when the case was previously pended. |
| | TD03 | Complete any demographic information needed. See 14-B-Appendix, TD03, for valid codes. |
| | TD03   OHP | Enter the applicable code. See 14-B-Appendix, TD03 OHP, for codes. |

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
Approving or Reopening an Application (Cont.)	TD03 MP	Enter Y if the Medicare premium is withheld from the social security check. Enter N if the premium is not withheld.
	TD03 WVR	Enter the application code from the following: A Health and disability waiver B AIDS/HIV waiver C Elderly waiver D Intellectual disabilities waiver E Brain injury waiver P Physical disability waiver H Children's mental health waiver Blank Non waiver
	TD03 MED ST	If the master displays A, B, or C, make no entry. Otherwise, enter A to approve or C to reopen.
	TD03 FUND	Enter either: 1 Adult receiving SSI. A Adult who is Medicaid only. 2 Child receiving SSI. C Child who is receiving Medicaid only (except for CMAP children).
	TD03 POV	Enter the percentage of the federal poverty level for the client, if required. See 14-B-Appendix, TD03, for aid types where no entry is needed in this field.
	TD03 COPAY	See 14-B-Appendix, TD03 COPAY, for the correct copayment code.
	TD03 WAIVER ST	Enter A to approve. Enter C to reopen.
	TD03 HEALTH	Enter the applicable code for Medicare coverage.

Iowa Department of Human Services   **HOME- AND COMMUNITY-BASED WAIVER…**
Title 14 Management Information   **Approving or Reopening an Application**
Chapter B(9) SSI-Related Medicaid and Facility Case Actions   Revised August 29, 2008

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
Approving or Reopening an Application (Cont.)	BCW2 BENEFIT MONTH	Enter BCW2 income and deductions for the months from the month of the waiver positive date forward through the next system month. Select the applicable BCW2 by entering the person's state ID number and the benefit month. You may make entries for up to three months: ♦ The next system month only. ♦ The current and next system months. ♦ The first prior month, the current month, and the next system month. If more than three months BCW2s are needed, manual calculation is required.
	BCW2 THRU MO	You can 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 entered 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. When BCW2s are entered for three benefit months, the *Notice of Decision* covers all three months. If the results vary, the system does the client participation updates to ABC and the facility system in a two-day sequence.
	BCW2 ENTRY RSN	Enter H.
	BCW2 PI	Entry of both D and C is needed.
	BCW2 E/B	Code all income as A, unless different amounts are used to determine eligibility and benefits.

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
Approving or Reopening an Application (Cont.)		If different amounts are used, enter code E on one line and B on another line. It does not matter which indicator is used on which line, but all indicators for one program must be entered on one screen. When using both E and B indicators, do not push ENTER between entering the E line and the B line. If you make an error in the E/B entry, delete the transaction and reenter the data.
	BCW2 EARNED 1-5	Enter the amount of gross earned income. (The system will subtract the applicable earned income deduction.)
	BCW2 UNEARN 1-4 OTHER UI	Enter the amount of unearned income. Enter the social security amount before deduction for the Medicare premium. Determine this amount by adding the Medicare premium amount and any overpayment deduction amount to the net social security income figure. Enter the total even if the buy-in is not complete.
	BCW2 SR 1-4, SR	Enter the code to identify the source of unearned income.
	BCW2 DEDUCT 2	Enter the amount of any unmet medical expenses, health insurance premiums, and unmet medical needs. When the TD03 MP entry is Y, the system automatically deducts the Medicare premium in the calculations for medical institution cases. If the premium exceeds the standard, enter the excess here. See Medicare Premium for more information.
	BCW2 P DED PAY	Enter the amounts for diversion to the community spouse and dependents. (The personal needs allowance is deducted automatically.)

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
Approving or Reopening an Application (Cont.)		Enter the trust administration fee on cases with a medical assistance income trust. **Note:** Unless the restrictions on automated calculations apply to the ongoing case, make entries to change to automated client participation after the manually calculated client participation has updated. Use a facility positive date of the first month that allows automated client participation.
Denying an Application	TD01 TD01 CASE TD01 AID TD01 MED AID TD01 CO RES TD01 CNID	For a new case, see Case Numbering: Assigning Case Numbers, Aid Type Priority, and Case Name ID for TD01 instructions. See also 14-B-Appendix, TD01 Case Information and TD01: Section I, Identification.
	TD01 AID CHG DT TD01 MED CHG DT	See Aid Type Change if using an existing case number.
	TD01 ENT RSN	Enter: A Application C Approval, no application H Immediate release
	TD01 CO	Enter the number of the county processing the application.
	TD01 WKR	Enter your worker number.
	TD01 INFO	Enter the type of waiver.
	TD05 MED ENTRY RSN	Enter A.
	TD05 MED STATUS	Enter M.
	TD05 WAIVER ENTRY RSN	Enter A.

HOME- AND COMMUNITY-BASED WAIVER…   Iowa Department of Human Services
Denying an Application   **Title 14** Management Information
Revised December 22, 2006   **Chapter B(9)** SSI-Related Medicaid and Facility Case Actions

ACTION	SCREEN FIELDS USED		INSTRUCTIONS
Denying an Application (Cont.)	TD05	WAIVER STATUS	Enter M.
	TD05	FI	Enter a space. (Press the spacebar key.)
	TD05	WAIVER RSN 2	Enter the notice reason. Do not use 613. "000" notice reason may be used to deny waiver when a manual notice is issued.
	TD05	WAIVER APP DT	Enter the date the local office received the application. If you entered this to pend the application, reentry is not necessary. **Note:** Denials will not roll from the program line to the individual's programs even when previously pended.
	TD03	ENTRY RSN	Enter A.
	TD03		Enter all demographic information needed. See 14-B-Appendix, TD03, for codes.
	TD03	MED ST	Enter M.
	TD03	WAIVER ST	Enter M.
Reviews			**Note:** See Reviews for Medicaid for coding instructions for Medicaid reviews.
	TD05	WAIVER ENTRY RSN	Enter H.
	TD05	WAIVER LAST REV	Enter the month and year of the last review.
	TD05	WAIVER NEXT REV	The system will generate a 12-month review. If the review must be completed earlier than 12 months after the last review, you must enter this date.

Iowa Department of Human Services   **HOME- AND COMMUNITY-BASED WAIVER…**
Title 14 Management Information   **Closing Waiver**
Chapter B(9) SSI-Related Medicaid and Facility Case Actions   Revised December 22, 2006

ACTION	SCREEN FIELDS USED		INSTRUCTIONS
Closing Waiver			
Client Leaves Waiver	TD05	MED ENTRY RSN	Enter G.
	TD05	MED STATUS	Enter N.
	TD05	WAIVER FAC ENTRY	Enter H.
	TD05	WAIVER STATUS	Enter N.
	TD05	FI	Enter X when a notice is not generated. Issue a manual notice.
			Enter a space (press the spacebar key) if a notice is generated.
	TD05	WAIVER RSN2	Enter the notice reason code or three-digit action code. See 14-B-Appendix, NOTICE CODES or ACTION CODES.
	TD05	WAIVER NEG DT	Enter the day the client leaves the waiver. (The last day services were provided.)
	TD03	ENTRY RSN	Enter H.
	TD03	MED STATUS	Enter N.
	TD03	FAC STATUS	Enter N.
No Longer Meets Waiver Requirements	TD05	MED ENTRY RSN	Enter G.
	TD05	MED STATUS	Enter N.
	TD05	WAIVER ENTRY	Enter H.
	TD05	WAIVER STATUS	Enter N.
	TD05	WAIVER RSN2	Enter the notice reason code or three-digit action code. See 14-B-Appendix, NOTICE CODES or ACTION CODES.

ACTION	SCREEN FIELDS USED		INSTRUCTIONS
No Longer Meets Waiver Requirements (Cont.)	TD05	FI	Enter a space (with the spacebar key) if a notice is generated. Enter X when a notice is not generated. Issue a manual notice.
	TD05	WAIVER RSN2	Enter the notice reason code or three-digit action code. See 14-B-Appendix, NOTICE CODES or ACTION CODES.
	TD05	WAIVER NEG DT	Enter the last day of the month allowing for timely notice.
	TD03	ENTRY RSN	Enter H.
	TD03	WVR	Check the existing waiver code and enter the correct code if needed. This will avoid errors in passing the action to ISIS.
	TD03	MED STATUS	Enter N.
	TD03	FAC STATUS	Enter N.
Death	TD05	MED ENTRY RSN	Enter M.
	TD05	MED STATUS	Enter N.
	TD05	MED RSN2	Enter 613.
	TD05	MED NEG DT	Enter the date of death.
			If the person is associated with more than one case, the system:
			♦ Removes the person from all cases with the person in an active status.
			♦ Recalculates benefits.
			♦ Sends notices, when appropriate.
			Message 970 is issued to you when the person was on more than one case.

Iowa Department of Human Services   **MEDICAID CASE ACTIONS**
Title 14 Management Information   **Closing Waiver**
Chapter B(9) SSI-Related Medicaid and Facility Case Actions   Revised July 18, 2008

ACTION	SCREEN FIELDS USED		INSTRUCTIONS
Death (Cont.)	TD05	WAIVER ENTRY	Enter M.
	TD05	WAIVER STATUS	Enter N.
	TD05	FI	Enter a space (press spacebar key).
	TD05	WAIVER RSN2	Enter 613.
	TD05	WAIVER NEG DT	Enter the date of death. Press the F6 function key and complete the estate recovery referral, if appropriate. If the person is associated with more than one case, the system: ♦ Removes the person from all cases with the person in an active status. ♦ Recalculates benefits. ♦ Sends notices, when appropriate. Message 970 is issued to you when the person was on more than one case.

MEDICAID CASE ACTIONS

ACTION	SCREEN FIELDS USED		INSTRUCTIONS
Pending an Application	TD01		For a new case, see Case Numbering: Assigning Case Numbers, Aid Type Priority, and Case Name ID for TD01 instructions. See also 14-B-Appendix, TD01 Case Information and TD01: Section I, Identification.
	TD01	AID	
	TD01	MED AID	
	TD01	CO RES	
	TD01	CNID	
	TD01	ENT RSN	Enter A or H.
	TD01	AID CHG DT	See Aid Type Change if you are using an existing case number.
	TD01	MED CHG DT	
	TD05	MED ENTRY RSN	Enter A.
	TD05	MED STATUS	Enter D.
	TD05	MED APP DATE	Enter the date the local office received the application.
	TD05	MR	Enter N.
	TD03	ENTRY RSN	Enter A.
	TD03		Enter any needed demographic information. See 14-B-Appendix, TD03, for valid codes.
	TD03	MED ST	Enter D.
	TD03	FUND	Enter the applicable code. See 14-B-Appendix, TD03 FUND, for codes.
Approving an Application			**Note:** If your case has also had facility care, home- and community-based waiver services, or State Supplementary Assistance eligibility, use those instructions instead of these.

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
Approving an Application (Cont.)		Coverage groups that determine eligibility by comparing countable income to the SSI (MEPD) eligibility standard can be system-calculated. You may choose to enter these cases as worker-determined.
		The system does **not** determine financial eligibility for these coverage groups:
		♦ Automatic redetermination, 14-4 and 64-4
		♦ Dependent person, 14-6, 24-6, and 64-6
		♦ Medicaid for Kids with Special Needs, 64-7
		♦ Medically Needy, 37-E
		♦ MEPD, 60-M
		♦ QDWP, 90-0 and 90-2
		♦ QMB, 90-0 and 90-2
		♦ SLMB, 90-0 and 90-2
		♦ Expanded SLMB, 90-0 and 90-2
		See specific instructions regarding case actions for these coverage groups.
		The system automatically determines eligibility for the supplement for Medicare and Medicaid eligibles group under the MEPD aid type. MEPD clients must meet the resource limit of $12,000 for a single person or $13,000 for a couple.
		The eligibility requirements for MEPD clients also include a poverty level of 120% through 149%, as determined by an internal calculation of poverty level based on the TD05 entries in the income fields.

Iowa Department of Human Services

MEDICAID CASE ACTIONS

Title 14 Management Information

Approving an Application

Chapter B(9) SSI-Related Medicaid and Facility Case Actions

Revised February 8, 2008

ACTION	SCREEN FIELDS USED		INSTRUCTIONS
Automated	TD01		For a new case, see Case Numbering: Assigning Case Numbers, Aid Type Priority, and Case Name ID for TD01 instructions. See also 14-B-Appendix, TD01 Case Information and TD01: Section I, Identification.
	TD01	AID	
	TD01	MED AID	
	TD01	CO RES	
	TD01	CNID	
	TD01	AID CHG DT	If you are using an existing case number, see Aid Type Change.
	TD01	MED CHG DT	
	TD05	MED ENTRY RSN	Enter A.
	TD05	MED STATUS	Enter A.
	TD05	MED APP DT	Enter the date the local office received the application. If you entered this to pend the application, reentry is not necessary.
	TD05	MED POS DT	Enter the first month for which all eligibility factors are met.
	TD05	MED AD	Enter the code that indicates the timeliness of any approved medical application. Entry is required when entering an "A" in MED STATUS. If the application is processed timely, use code "A." If the application is untimely, enter the reason for the processing delay.

ACTION	SCREEN FIELDS USED		INSTRUCTIONS
Automated (Cont.)	TD05	MR	Enter N.
	TD05	RETRO	Code TD05 RETRO for all the months you have determined the client to be eligible for retroactive medical.
			Enter "Z" if citizenship and identity are not verified.
			Note: If Medicaid eligibility predates the retroactive period and was not previously recorded, submit form 470-0397, *Request for Special Update*, or enter an SSI-related Medicaid approval without the pending step and without entering an X in RETRO.
	RSCM	BENEFIT MONTH	Enter RSCM screens from the month of the Medicaid positive date forward. The months entered must include the next system month. They cannot be further in the future than the next system month.
			Select the RSCM screen by entering the benefit month. The earliest benefit month entered is the Medicaid positive date.
	RSCM	AMOUNTS	Enter the countable amount for each specific type of resource listed. If the countable resources are zero, enter zeros in the fields for at least one of the types.
			Note: Approvals and denials will roll from the program line to the individual's programs when previously pended. However, if you need to make changes to data on the TD03, you must make these entries along with those changes.
	TD03		Complete any needed demographic information. See 14-B-Appendix, TD03, for valid codes.

ACTION	SCREEN FIELDS USED		INSTRUCTIONS
Automated (Cont.)	TD03	ENTRY RSN	Enter A. No entry is required if the master medical status code is "D" and the FAC/ST/WV status code is "D" and no updating of the individual's TD03 data is required since the time of pending.
	TD03	MED ST	Enter A.
	TD03	FUND	Enter either:
			1 Adult receiving SSI.
			A Adult who is Medicaid only.
			2 Child receiving SSI.
			C Child who is receiving Medicaid only (except for CMAP children).
	TD03	COPAY	Enter the code that corresponds with the client's situation. See 14-B-Appendix, TD03 COPAY, for valid codes.
			If the client has income that is not counted because of a specific coverage group policy, you must manually determine the amount that should not be counted and enter it as a deduction on the BCW2.
	TD03	HEALTH	Enter the applicable code for Medicare coverage.
	BCW2	BENEFIT MONTH	Enter BCW2 income and deductions from the month of the Medicaid positive date forward. The months entered must include the next system month. They cannot be further in the future than the next system month.

Iowa Department of Human Services   **MEDICAID CASE ACTIONS**
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Chapter B(9) SSI-Related Medicaid and Facility Case Actions   Revised December 22, 2006

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
Automated (Cont.)		Select the applicable BCW2 by entering the person's state ID number and the benefit month, starting with the Medicaid positive date. There may be entries for one, two, or three months:
		♦ The next system month only.
		♦ The current and next system months.
		♦ The first prior month, current month, and next system months.
		(If more than three months' BCW2s are needed, manual calculation is required.)
	BCW2 THRU MO	You can 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 entered 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.
	BCW2 ENTRY RSN	Enter H.
	BCW2 PI	Enter C.
	BCW2 E/B	Code all income as A, unless different amounts are used to determine eligibility and benefits.
		If different amounts are used, enter code E on one line and code B on another line. It does not matter which code is used on which line, but all indicators for one program must be entered on one screen.
		When using both E and B codes, do not push ENTER between entering the E and B. If you make an error in the E/B field, delete the transaction and reenter the data.

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ACTION	SCREEN FIELDS USED		INSTRUCTIONS
Automated (Cont.)	BCW2	EARNED 1-5	Enter gross earned income. (The system subtracts the earned income deduction.)
	BCW2	UNEARN 1-4 OTHER UI	Enter the amount of unearned income.
			Enter the social security amount before deduction for the Medicare premium. Determine this amount by adding the Medicare premium amount and any overpayment deduction amount to the net social security income figure. Enter the total even if the buy-in is not complete.
	BCW2	SR 1-4, SR	Enter the code that identifies the source of unearned income.
	BCW2	DEDUCT 1	Enter the amount of the client's income that should not be counted because of the unique coverage group policy.
	BCW2	P DED NEED	Enter the blind work expense.
	BCW2	P DED PAY	Enter the amount to be deducted due to a plan for self-support.
Manual			This is a two-step process. If you are ready to approve the case, skip Step 1.
	TD01 TD01 TD01 TD01 TD01	AID MED AID CO RES CNID	For a new case, see Case Numbering: Assigning Case Numbers, Aid Type Priority, and Case Name ID for TD01 instructions. See also 14-B-Appendix, TD01 Case Information and TD01: Section I, Identification.
			Step 1
	TD05	MED ENTRY RSN	Enter E.
	TD05	MED STATUS	Enter D.

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Title 14 Management Information   **Approving an Application**
Chapter B(9) SSI-Related Medicaid and Facility Case Actions   Revised August 18, 2006

ACTION	SCREEN FIELDS USED		INSTRUCTIONS
Manual (Cont.)	TD05	MED APP DT	Enter the date the application was received in the local office.
	TD05	MR	Enter N. Reenter this code on subsequent approvals.
			Note: Approvals and denials will roll from the program line to the individual's programs when previously pended.
	TD03		Complete any needed demographic information. See 14-B-Appendix, TD03, for valid codes.
	TD03	ENTRY RSN	Enter E. **Note:** No entry is required if the master medical status code is "D" and the FAC/ST/WV status code is "D" and no updating of the individual's TD03 data is required since the time of pending.
	TD03	MED ST	Enter D.
	TD03	FUND	Enter:
			1 Adult receiving SSI
			2 Child receiving SSI
			A Adult receiving Medicaid only
			C Child receiving Medicaid only (except CMAP children)
			P MEPD
	TD03	COPAY	Enter the code that describes the client's situation. See 14-B-Appendix, TD03 COPAY, for valid codes. Leave blank if not applicable.

ACTION	SCREEN FIELDS USED		INSTRUCTIONS
Manual (Cont.)			<u>Step 2:</u> Complete after Step 1 has updated.
	TD05	MED ENTRY RSN	Enter E.
	TD05	MED STATUS	Enter A.
	TD05	MR	Enter N.
	TD05	MED POS DT	Enter the first month for which all eligibility factors are met.
	TD05	RETRO	Enter the code for the eligible retroactive Medicaid months requested. The approval rolls to TD03.
Medicaid for Employed People with Disabilities (MEPD)	TD01 TD01 TD01	CASE NUMBER CO RES CNID	Include only one person on an MEPD case. Create a separate case for each MEPD member. If the member is also eligible for QMB or SLMB, create a separate case for that coverage. MEPD members are not eligible for E-SLMB. For TD01 instructions, see <u>Case Name ID</u> and Case Numbering: <u>Assigning Case Numbers</u> and <u>Establishing FBUs</u>. See also 14-B-Appendix, <u>TD01 Case Information</u> and <u>TD01: Section I, Identification</u>.
	TD01	ENT RSN	Enter A.
	TD01	AID	Enter 60-M.
	TD01	MEPD HR1	Enter the code for the number of hours the disabled person works. Valid codes are: A Zero through 10 hours per month. B More than 10 hours through 80 hours per month. C More than 80 hours per month.

Iowa Department of Human Services   **MEDICAID CASE ACTIONS**
Title 14 Management Information   **Approving an Application**
Chapter B(9) SSI-Related Medicaid and Facility Case Actions   Revised February 25, 2003

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
Medicaid for Employed People with Disabilities (MEPD) (Cont.)	TD01 MEPD EMP1	Enter the code for the disabled person's type of employment. Valid codes are: O Business outside the home S Self-employment I Working for an individual U Not employed
	TD01 MEPD RI	Enter the code for the resource limit to apply to resource calculations done on RSCM screens. Valid codes are: I Individual C Couple This is a required entry on a new application. Once a code is entered, you don't have to re-enter it unless you want a different resource limit applied to the case.
	TD01 ENT RSN	Enter A.
	TD01 CASE: LAST	Enter the last name or let the system enter it from the CNID entry. Do not include punctuation. See 14-B-Appendix, TD01 CASE: LAST, for instructions.
	TD01 CASE: FIRST	Enter the first name or let the system enter it from the CNID entry. Do not include punctuation. See 14-B-Appendix, TD01 CASE: FIRST, for instructions.
	TD01 CASE: INIT	Enter the middle initial. Do not include punctuation. See 14-B-Appendix, TD01 CASE: INIT, for instructions.
	TD01 CASE: TITLE	Enter the abbreviation for title, if any, or let the system enter it from the CNID entry. Do not include punctuation. See 14-B-Appendix, TD01 CASE: TITLE, for codes.

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
Medicaid for Employed People with Disabilities (MEPD) (Cont.)	TD01　PAYEE/ADDR	Enter the name of the person to whom the benefit is made on the household's behalf, if any. Do not include punctuation.
	TD01　PAYEE/MOD	If there is a payee, enter the payee modifier code. See 14-B-Appendix, TD01 PAYEE/MOD, for codes.
		If a payee modifier code is displayed but is no longer valid, remove it. For instructions, see Removing Data.
	TD01　CNID	Enter the state identification number of the "case name" person. See Case Name ID.
	TD01　ADDRESS 1 TD01　ADDRESS 2	See 14-B-Appendix, TD01 ADDRESS 1 and TD01 ADDRESS 2, for coding information. Do not include punctuation.
	TD01　CITY	Enter the name of the city. Do not include punctuation.
	TD01　STATE	Enter IA.
	TD01　ZIP	Enter the five-digit zip code.
	TD05　MED ENTRY RSN	Enter A or E.
	TD05　MED STATUS	Enter A.
	TD05　MED APP DT	Enter the date the application was received in the local office, in MM DD YY format. If the date was entered to pend the application, reentry is not necessary.
	TD05　MED POS DT	Enter the first month for which all eligibility factors are met, in MM DD YY format.

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Title 14 Management Information
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MEDICAID CASE ACTIONS
Approving an Application
Revised February 8, 2008

ACTION	SCREEN FIELDS USED		INSTRUCTIONS
Medicaid for Employed People with Disabilities (MEPD) (Cont.)	TD05	MED AD	Enter the code that indicates the timeliness of any approved medical application. Entry is required when entering an "A" in MED STATUS. If the application is processed timely, use code "A." If the application is untimely, enter the reason for the processing delay.
	TD05	MED LAST REV	Enter the first month of the annual premium period, in MM YY format.
	TD05	MED NEXT REV	Enter the last month of the premium period. Enter in MM YY format.
	TD05	CNT UI	Enter the amount of the person's gross unearned income. **Note:** You must enter an amount (zeroes, if applicable) whenever you make TD05 entries.
	TD05	CNT EI	Enter the amount of the person's gross earned income. **Note:** You must enter an amount in this field (zeroes, if applicable) whenever you make TD05 entries.
	TD05	HH SIZE	Enter 01. The MEPD premium is based on the disabled person's income.
	TD05	MEPD PM	No worker entry is required. The system will calculate the amount of the premium.
	RSCM	BENEFIT MONTH	Enter RSCM screens from the month of the Medicaid positive date forward. The months entered must include the next system month. They cannot be further in the future than the next system month.
			Select the applicable RSCM screen by entering the benefit month. The earliest benefit month entered is the month of the Medicaid positive date.

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Approving an Application   **Title 14** Management Information
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ACTION	SCREEN FIELDS USED	INSTRUCTIONS
Medicaid for Employed People with Disabilities (MEPD) (Cont.)	RSCM AMOUNTS	This is a required entry for MEPD cases. Enter the countable amount for each specific type of resource listed. If the countable resources are zero, enter $1.00 in the CASH ON HAND field.
	TD03	Approvals and denials roll from the program line to the individual programs when the case was previously pended. **Note:** If you need to change data on TD03, you must also make these entries:
		Enter all demographic information needed. See 14-B-Appendix, TD03, for codes.
	TD03 ENTRY RSN	Enter A or E.
	TD03 MED ST	Enter A.
	TD03 FUND	Enter P.
	TD03 POV	Enter poverty level based on the member's income. Use the QMB/SLMB poverty level if the member is eligible for QMB or SLMB. If the member is not eligible for QMB or SLMB, enter the poverty level from the *MEPD Income Worksheet*.
	TD03 PF 06 = HIPP REF	Make a HIPP referral, if applicable.

Iowa Department of Human Services   **MEDICAID CASE ACTIONS**
Title 14 Management Information   **Denying an Application**
Chapter B(9) SSI-Related Medicaid and Facility Case Actions   Revised February 8, 2008

ACTION	SCREEN FIELDS USED		INSTRUCTIONS
Denying an Application	TD05	MED ENTRY RSN	Enter A or E.
	TD05	MED STATUS	Enter M.
	TD05	MED RSN2	Enter the applicable notice reason code. Do not use notice reason code 613. See 14-B-Appendix, NOTICE CODES.
	TD05	MED APP DT	Enter the date the application was received in the local office, unless the date was entered when the case was pended.
	TD03		If the program and individual were pended, the denial rolls to TD03. If the application was not pended, you must make TD03 entries. Enter all demographic information needed. See 14-B-Appendix, TD03, for codes.
	TD03	ENTRY RSN	Enter E or A.
	TD03	MED ST	Enter M.
Due to an SSA Decision of Not Disabled	TD01	AID, MED AID	**Note:** Do not use the Medically needy aid type (37-E) for this case action.
	TD05	MED ENTRY RSN	Enter A.
	TD05	MED STATUS	Enter M.
	TD05	MED RSN2	Enter notice reason 799.
	TD03	ENTRY RSN	Enter A.
	TD03	MED ST	Enter M.
	TD03	MED RSN	Enter notice reason 824.

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
FIP Recipient Enters a Nursing Facility		Different actions are necessary depending on whether the person entering the nursing facility remains eligible for FIP while in the facility or not.
Recipient Remains on FIP	TD01, TD05, RSCS	Open a new case for the person entering the facility, with aid type 39-0 (or 73-1 if the person is placed at the Medicare-approved skilled level of care). Do not enter BCW2 data. See FACILITY CASE ACTIONS: Approving an Application. Do not cancel the person on the FIP case.
	TD05	The client participation is $000.00.
	TD03 ENTRY RSN	On a new case, enter A.
	TD03 OHP	Enter H.
Recipient Canceled From FIP but Case Remains Eligible for FIP		If the recipient is canceled from FIP, reexamine that FIP case's eligibility for Food Assistance (if active).
		If the case remains eligible for FIP, use these instructions to end FIP for the person who is in the nursing facility. Otherwise, cancel the program.
	TD03 ENTRY RSN	On the FIP case, enter H.
	TD03 FIP ST	Enter N.
	TD03 FIP RSN	Enter 925.
		Open a case for the person entering the facility using the FIP case number with a new FBU and the applicable aid type (not 39-0). See FACILITY CASE ACTIONS: Approving an Application.

ACTION	SCREEN FIELDS USED		INSTRUCTIONS
Hospital-Only SSI-Related Eligibility	TD01	ENT RSN	Enter A if Medicaid is not active. If Medicaid is active, enter H.
	TD01	AID	Enter 73-4.
	TD01	AID CHG DT	Enter the first of the next month.
	TD05	MED ENTRY RSN	Enter A if Medicaid is not active; otherwise, enter H.
	TD05	MED STATUS	Enter A if Medicaid is not active.
	TD05	MED APP DT	Enter the date the application was received in local office, if not pended previously.
	TD05	MED POS DT	Enter the date of eligibility.
	TD05	MED AD	Enter the code that indicates the timeliness of any approved medical application. Entry is required when entering an "A" in MED STATUS. If the application is processed timely, use code "A." If the application is untimely, enter the reason for the processing delay.
	TD05	MR	Enter N.
	TD05	RETRO	Enter the code for those months you have determined the recipient to be eligible.
	TD03		Complete any demographic information needed. See 14-B-Appendix, TD03, for codes.
	TD03	ENTRY RSN	Enter A if Medicaid is not active. Otherwise, enter H.
	TD03	MED ST	Enter A if Medicaid is not active. Otherwise, enter H.
	TD03	FUND	Enter the fund code, if Medicaid is not already active.

MEDICAID CASE ACTIONS   Iowa Department of Human Services
SSI Recipients   **Title 14** Management Information
Revised February 8, 2008   **Chapter B(9)** SSI-Related Medicaid and Facility Case Actions

ACTION	SCREEN FIELDS USED		INSTRUCTIONS
SSI Recipients			**Note:** Spouses who are both eligible for SSI have separate cases.
Pending a Case			The SDX system will generate a case for most new SSI approvals that are not already on Medicaid. See 14-E, Automated SDX Process for New SSI-Related Medicaid Case.
			Note: If an applicant household has an excluded person, an ineligible alien, or a sanctioned person, do not pend that person. See Excluded Persons, Ineligible Aliens, or Sanctions for instructions.
			Otherwise, make these entries:
	TD05	MED ENTRY RSN	Enter E.
	TD05	MED STATUS	Enter D.
	TD05	MED APP DT	Enter the MED APP DT from the SDX, if that is used to determine eligibility. Otherwise, enter the date the application was received in the local office.
	TD05	MR	Enter N.
	TD05	RETRO	If needed, enter X to generate form 470-0364 or 470-0364(S), *SSI Medicaid Information.*
	TD03		Complete any demographic information needed. See 14-B-Appendix, TD03, for codes.
	TD03	ENTRY RSN	Enter E.
	TD03	MED ST	Enter D.
	TD03	FUND	Enter 1 for an adult; 2 for a child.

Iowa Department of Human Services   **MEDICAID CASE ACTIONS**
Title 14 Management Information   **SSI Recipients**
Chapter B(9) SSI-Related Medicaid and Facility Case Actions   Revised February 8, 2008

ACTION	SCREEN FIELDS USED		INSTRUCTIONS
Ongoing Eligibility			After receiving the completed *SSI Medicaid Information*:
	TD05	MED ENTRY RSN	Enter E.
	TD05	MED STATUS	Enter A.
	TD05	POS DT	If the SDX is used to determine eligibility, enter the eligibility date from the SDX, unless the residency date is later. If so, enter the residency date.
			If DHS determines eligibility, enter the first month for which all eligibility factors are met.
	TD05	MED AD	Enter the code that indicates the timeliness of any approved medical application. Entry is required when entering an "A" in MED STATUS. If the application is processed timely, use code "A." If the application is untimely, enter the reason for the processing delay.
	TD05	MR	Enter N.
	TD05	RETRO	Enter the code for the retroactive months of eligibility. The code relates to the application month.
			The approval rolls to TD03.

ACTION	SCREEN FIELDS USED		INSTRUCTIONS
Prior Eligibility Only (No Ongoing Eligibility)			If there **is** a case record (case number and state ID number), send form 470-0397, *Request for Special Update*, to Quality Assurance via e-mail.
			Specify which months are to be updated as eligible months. Include the reason for the updates and the person's name, case number, state ID number, birth date, social security number, SS claim number, case name, Medicaid status, and fund code.
			If there is **no** case record (case number and state ID), process a current Medicaid denial using 000 in the TD05 RSN2 field.
			If there is facility eligibility in a prior period, complete form 470-3924, *Request for ISIS Changes*, and e-mail it to DHS, ISIS-Facilities
Change to MEPD Premium			
Decrease	TD05	MED ENTRY RSN	Enter R.
	TD05	MED RSN1	Enter notice reason code 487 (decrease in premium amount within the certification period.)
	TD05	LAST REV	Enter the effective date of change.
	TD05	NEXT REV	Re-enter the existing date.
	TD05	CNT UI	Enter the average monthly gross unearned income amount for the disabled person.
	TD05	CNT EI	Enter the average monthly gross earned income amount for the disabled person.

Iowa Department of Human Services   **MEDICAID CASE ACTIONS**
Title 14 Management Information   **Change to MEPD Premium**
Chapter B(9) SSI-Related Medicaid and Facility Case Actions   Revised April 18, 2008

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
Using MEPC	MEPC	Make changes on the MEPC screen to: ♦ Decrease the premium for a current or prior month, or ♦ Increase the premium for a current or prior month when you have a signed statement from the client that allows an increase without timely notice. Manually issue an NOD. **Note:** If the B/U field on the MEPC screen displays a "B" for a "blocked" month, the person has chosen to have no eligibility for this prior month. No change can be made to the premium unless the B/U field is "unblocked." To decrease a premium on the current month or a prior month, enter the lower premium amount in the NEW PREM field. Make entries in the UNEARNED INCOME, EARNED INCOME, and PCT POV fields. To increase a premium amount on the current month or a prior month, first add a block to the months that need to be changed. Make the following entries: Day 1:
	MEPC STATE ID	Enter the state identification number and press the ENTER key.
	MEPC ELIG MONTH	Place the cursor on the line of the months that require a change.
	MEPC B/U	Enter a "B" to "block" the month and press the ENTER key.

MEDICAID CASE ACTIONS   Iowa Department of Human Services
Change to MEPD Premium   **Title 14** Management Information
Revised April 18, 2008   **Chapter B(9)** SSI-Related Medicaid and Facility Case Actions

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
Using MEPC (Cont.)		Day 2:
	MEPC STATE ID	Enter the state identification number and press the ENTER key.
	MEPC ELIG MONTH	Place the cursor on the line of the months that require a change.
	MEPC NEW PREM	Enter the new three-digit premium amount, with a leading zero if necessary.
	MEPC B/U	Enter a "U" to "unblock" the months.
	MEPC UNEARNED INCOME EARNED INCOME PCT POV	**Note:** If an amount is entered on the wrong line, space out the amount using the spacebar key. **Do not use zeros**.
	MEPC UNEARNED INCOME	Enter the eight-digit amount of unearned income. Include any leading zeros required, the dollar amount, a decimal point, and any cent amount (e.g., if income is $333.33, the entry would be 00333.33).
	MEPC EARNED INCOME	Enter the eight-digit amount of earned income. Include any leading zeros required, the dollar amount, a decimal point, and any cent amount (e.g., if income is $333.33, the entry would be 00333.33).
	MEPC PCT POV	Enter the three-digit percentage of poverty. If the percentage of poverty is only two digits, insert a leading zero. Press the ENTER key.

ACTION	SCREEN FIELDS USED		INSTRUCTIONS
Reviews for Medicaid			The system does not track overdue reviews on SSI-related Medicaid aid types that do not require a review. See 8-G for more information on coverage groups that may not require a review. If a review is required, follow these instructions:
	TD05	MED ENTRY RSN	Enter H.
	TD05	MED LAST REV	Enter the month and year of the last review.
	TD05	MED NEXT REV	If the review must be completed earlier than 12 months after the last review, you must enter the next review date.
MEPD Annual Review	TD01	ENTRY RSN	Enter H.
	TD01	MEPD HR1	If applicable, update HR1 and EMP1 fields with current employment information. See 14-B-Appendix, TD01 HR1 and TD01 EMP1, for valid codes.
	TD01	MEPD EMP1	
	TD05	MED ENTRY RSN	Enter R.
	TD05	MED RSN1	Enter notice reason 492.
	TD05	MED LAST REV	Enter the first month of the new 12-month premium period.
	TD05	MED NEXT REV	Enter the last month of the new 12-month premium period.
	TD05	CNT UI	Enter the average monthly gross unearned income amount of the disabled person.
	TD05	CNT EI	Enter the average monthly gross earned income amount of the disabled person.
	TD05	HH SIZE	Enter 01. The MEPD premium is based on the disabled person's income.

ACTION	SCREEN FIELDS USED		INSTRUCTIONS
MEPD Annual Review (Cont.)	TD05	POV	Enter the poverty level on the member's income. Use the QMB/SLMB poverty level if the member is eligible for QMB or SLMB. If the member is not eligible for QMB or SLMB, enter the poverty level from the *MEPD Income Worksheet*.
Canceling Ongoing Eligibility			For instructions on canceling a person or case due to a sanction, see Sanctions.
Program	TD05	MED ENTRY RSN	Enter G.
	TD05	MED STATUS	Enter N.
	TD05	MED RSN2	Enter the applicable code. See 14-B-Appendix, NOTICE CODES. The closed status automatically rolls to the individual program area on TD03. When a case has been canceled for one reason that has been resolved, but ineligibility exists for another reason:
	TD05	MED ENTRY RSN	Enter R (send notice only). Do not enter a status code when using an entry of "R." No entries besides these are allowed in that same day's processing.
	TD05	MED RSN1	Enter 171.
	TD05	MED RSN2	Enter the applicable code.

ACTION	SCREEN FIELDS USED		INSTRUCTIONS
Due to Death	TD05	MED ENTRY RSN	Enter M.
	TD05	MED STATUS	Enter N.
	TD05	MED RSN2	Enter 613.
	TD05	MED NEG DT	Enter the date of death. Press the F6 function key and complete the estate recovery referral, if appropriate.
			If the person is associated with more than one case, the system:
			♦ Removes the person from all cases with the person in an active status.
			♦ Recalculates benefits.
			♦ Sends notices, when appropriate.
			Message 970 is issued to you when the person was on more than one case.
Due to Department Decision That Client Is Not Disabled	TD05	MED ENTRY RSN	Enter H.
	TD05	MED STATUS	Enter N.
	TD05	MED RSN2	Enter notice reason 799.
	TD03	ENTRY RSN	Enter H.
	TD03	MED ST	Enter N.
	TD03	MED RSN	Enter notice reason 817.

ACTION	SCREEN FIELDS USED		INSTRUCTIONS
Due to SSA Decision That Client Is Not Disabled	TD05	MED ENTRY RSN	Enter H.
	TD05	MED STATUS	Enter N.
	TD05	MED RSN2	Enter notice reason 799.
	TD03	ENTRY RSN	Enter H.
	TD03	MED ST	Enter N.
	TD03	MED RSN	Enter notice reason 827.
Reinstatement	TD05	MED ENTRY	Enter B.
	TD05	MED STATUS	Enter B.
	TD05	MED RSN1	Enter notice reason 207.
	TD03		Enter any changes on TD03 codes applicable for the reinstatement. See 14-B-Appendix, TD03, for valid codes.
	TD03	ENTRY RSN	Enter B.
	TD03	MED/ST	Enter B.
	TD03	FUND	Enter either: 1 Adult receiving SSI 2 Child receiving SSI A Adult receiving Medicaid only C Child receiving Medicaid only P MEPD **Note:** If the system calculates the premium to be zero, the system converts the fund code to A or C.
	BCW2	ENTRY RSN	Enter H.
	BCW2	PI	Enter C.

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
Reinstatement (Cont.)	BCW2 E/B	Code all income as A, unless different amounts are used to determine eligibility and benefits. If different amounts are used, code E on one line and B on another line. It does not matter which indicator is used on which line, but all indicators for one program must be entered on one screen. When using both the E and B indicators, do not push ENTER between entering the E and B. If you make an error in the E/B indicator, delete the transaction and reenter the data.
	BCW2 EARNED 1-5	Enter gross earned income. (The system subtracts the earned income deduction.)
	BCW2 UNEARN 1-4 OTHER UI	Enter unearned income. Enter the social security amount before deduction for the Medicare premium. Determining this amount requires adding the Medicare premium amount and any overpayment deduction amount to the net social security income figure. Enter this amount even if the buy-in is not complete.
	BCW2 SR 1-4, SR	Enter the code that identifies the source of unearned income.
	BCW2 DEDUCT1	Enter the amount of the client's income that should not be counted because of the unique coverage group policy.
	BCW2 P DED NEED	Enter the blind work expense.
	BCW2 P DED PA	Enter the amount to be deducted due to a plan for self-support.

ACTION	SCREEN FIELDS USED		INSTRUCTIONS
Reinstatement for Payment of MEPD Premium	TD05	MED ENTRY	Enter B.
	TD05	MED STATUS	Enter B.
	TD05	MED RSN1	Enter notice reason 484.
	TD05	CNT UI	Enter gross unearned income of the disabled person.
	TD05	CNT EI	Enter gross earned income of the disabled person.
	RSCM	BENEFIT MONTH	Enter RSCM screen for current month.
	RSCM	CASH ON HAND	If the countable resources are zero, enter $1.00 in the CASH ON HAND field.
	TD03	ENTRY RSN	Enter B.
	TD03	MED ST	Enter B.
	TD03	FUND	Enter P.
Reopening Medicaid	TD01		Enter the codes for TD01 if the AID or MED AID type has changed when you reopen.
	TD01	ENTRY RSN	Enter H.
	TD01	AID, MED AID	When using an existing case number, see Aid Type Change.
	TD05	ENTRY RSN	Enter C.
	TD05	MED STATUS	Enter C.
	TD05	POS D	Enter the first day of the month in which the client became eligible.
	TD05	MR	Enter code Y or N.

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
Reopening Medicaid (Cont.)	RSCM BENEFIT MONTH	Enter RSCM screens for the month of the positive date forward through the next system month.
		Select the applicable RSCM screen by entering the benefit month, starting with the month of the Medicaid positive date.
	RSCM	Enter the countable amount for each specific type of resource listed. If the countable resources are zero, enter zeros in the fields for at least one of the types.
	TD03 ENTRY RSN	Enter C.
	TD03	Complete any needed demographic information. See 14-B-Appendix, TD03, for valid codes.
	TD03 OHP	Enter the applicable code.
	TD03 MP	Enter Y if the Medicare premium is withheld from the social security check. Enter N if the premium is not withheld.
	TD03 MED ST	Enter C.
	TD03 FUND	Enter one of the following: 1 Adult receiving SSI A Adult receiving Medicaid only 2 Child receiving SSI C Child receiving Medicaid only P MEPD **Note:** If the system calculates the premium to be zero, the system converts the fund code to A or C.
	TD03 POV	Enter the percentage of the federal poverty level for the client, if required. (See 14-B-Appendix, TD03 POV, for aid types where no entry is needed in this field.)

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
Reopening Medicaid (Cont.)	TD03 HEALTH	Enter the applicable code for Medicare coverage.
	BCW2 BENEFIT MONTH	Enter BCW2 income and deductions for the month of the Medicaid positive date forward through the next system month.
		Select the applicable BCW2 by entering the person's state ID and the benefit month, starting with the month of the Medicaid positive date.
	BCW2 ENTRY RSN	Enter H.
	BCW2 PI	Enter C.
	BCW2 E/B	Code all income as A, unless different amounts are used to determine eligibility and benefits.
		When using both the E and B indicators, do not push ENTER between entering the E and B. If you make an error in the E/B indicator, delete the transaction and reenter the data.
	BCW2 EARNED 1-5	Enter gross earned income. (The system subtracts the earned income deduction.)
	BCW2 UNEARN 1-4 OTHER UI	Enter unearned income. Enter the social security amount before deduction for the Medicare premium.
		Determining this amount requires adding the Medicare premium amount and any overpayment deduction amount to the net social security income figure. Enter this amount even if the buy-in is not complete.

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Iowa Department of Human Services   **MEDICAID CASE ACTIONS**
Title 14 Management Information   **Reopening Medicaid**
Chapter B(9) SSI-Related Medicaid and Facility Case Actions   Revised February 17, 2006

ACTION	SCREEN FIELDS USED		INSTRUCTIONS
Reopening Medicaid (Cont.)	BCW2	SR 1-4, SR	Enter the code to identify the source of unearned income.
	BCW2	DEDUCT1	Enter the amount of the client's income that should not be counted because of the unique coverage group policy.
	BCW2	P DED NEED	Enter the blind work expense.
	BCW2	P DED PA	Enter the amount to be deducted due to a plan for self-support.
Reopening Due to Payment of MEPD Premium	TD05	MED ENTRY	Enter C.
	TD05	MED STATUS	Enter C.
	TD05	MED RSN1	The system automatically generates notice reason 485. If the reopening is for any reason other than the premium payment, zero out the notice reason and manually issue a notice of decision.
	TD05	POS DATE	Enter the first day of the month in which the client becomes eligible.
	TD05	CNT UI	Enter the amount of the disabled person's gross unearned income.
	TD05	CNT EI	Enter the amount of the disabled person's gross earned income.
	RSCM	BENEFIT MONTH	Enter for the current system month.
	RSCM	CASH ON HAND	If the countable resources are zero, enter $1.00 in the CASH ON HAND field.
	TD03	ENTRY	Enter C.
	TD03	MED ST	Enter C.
	TD03	FUND	Enter P.

ACTION	SCREEN FIELDS USED		INSTRUCTIONS
Qualified Medicare Beneficiary			
QMB Approvals	TD01	AID	If the applicant is eligible for or chooses to apply **only** for QMB or has a 37-E case, enter either:
			90-0 Aged 90-2 Disabled
	TD05	MED ENTRY RSN	Enter E.
	TD05	MED STATUS	Enter A or C.
	TD05	MED APP DT	Enter the actual date of application.
	TD05	MED POS DT	Enter the positive date. The QMB effective date is the first of the calendar month following the date of decision.
	TD05	MED AD	Enter the code that indicates the timeliness of any approved medical application. Entry is required when entering an "A" in MED STATUS. If the application is processed timely, use code "A." If the application is untimely, enter the reason for the processing delay.
	TD05	MR	Enter N.
	TD05	RETRO	Leave blank when the client is eligible only for QMB in retroactive months, since QMB does not allow retroactive medical eligibility. However, retroactive eligibility may exist under other coverage groups, i.e., SSI or Medically Needy.
			See Retroactive Medicaid Eligibility in this chapter or 14-I(1), Retroactive Eligibility With Spenddown or Retroactive Eligibility Without Spenddown.

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
QMB Approvals (Cont.)		**Note:** Approvals and denials will roll from the program line to the individual's programs when previously pended.
	TD03 ENTRY RSN	Enter E. **Note:** No entry is required if the master medical status code is "D" and no updating of the individual's TD03 data is required since the time of pending.
		Note: Approvals and denials will roll from the program line to the individual's programs when previously pended.
	TD03	Enter all demographic information needed. See 14-B-Appendix, TD03, for codes.
	TD03 SSN CLAIM NO	This field must be completed in order for buy-in to occur.
	TD03 MP	Enter Y if Medicare buy-in has not occurred for persons entitled to Medicare benefits. Enter N if buy-in has occurred.
	TD03 MED ST	Enter A or C.
	TD03 FUND	Enter 9. This blocks payment of full Medicaid services. For QMB persons, Medicaid pays only for the Medicare premiums, deductibles, and coinsurances.
	TD03 QMB	Enter Q for all persons who qualify as QMB eligibles. This entry requires a poverty level from 1-100. Enter zero for other considered persons on the case.

Note: Use the QMB field only on cases in QMB aid types (90-0 or 90-2) and Medically Needy cases with a zero spenddown. |

ACTION	SCREEN FIELDS USED		INSTRUCTIONS
QMB Approvals (Cont.)	TD03	POV	Enter the percentage that compares the client's income to the federal poverty level. This field requires an entry for each person who receives or is entitled to receive Medicare benefits.
	TD03	HEALTH	QMBs are entitled to Medicare Part A. The coding should reflect Medicare coverage.
			Enter 1 in the fourth position if the person has Part B only.
			Enter 2 in the fourth position if the person has Parts A and B.
			Enter A in the fourth position if the person has Part A only.
Changes in QMB Status	TD03	QMB	If eligibility exists only for Medically Needy, enter zero. If eligibility no longer exists for a QMB coverage group, enter the SLMB or E-SLMB code.
			A manual *Notice of Decision* is needed to inform the person of the change.
	TD03	POV	Enter new poverty level.
Specified Low-Income Medicare Beneficiary			
SLMB Approvals	TD01	ENT RSN	Enter A if this is a new case. Enter H, if the case existed.
	TD01	AID, MED AID	If the applicant is eligible for SLMB coverage group only or has a 37-E case, enter either:
			90-0 Aged 90-2 Disabled

Iowa Department of Human Services   **MEDICAID CASE ACTIONS**
Title 14 Management Information   **Specified Low-Income Medicare Beneficiary**
Chapter B(9) SSI-Related Medicaid and Facility Case Actions   Revised February 8, 2008

ACTION	SCREEN FIELDS USED		INSTRUCTIONS
SLMB Approvals (Cont.)	TD05	MED ENTRY RSN	Enter E.
	TD05	MED STATUS	Enter A to approve. Enter C to reopen.
	TD05	MED APP DT	Enter the actual date of application.
	TD05	MED POS DT	Enter the first day of the month in which all eligibility factors are met.
	TD05	MED AD	Enter the code that indicates the timeliness of any approved medical application. Entry is required when entering an "A" in MED STATUS. If the application is processed timely, use code "A." If the application is untimely, enter the reason for the processing delay.
	TD05	MR	Enter N.
	TD05	RETRO	Enter the applicable code. **Note:** Approvals and denials will roll from the program line to the individual's programs when previously pended.
	TD03	ENTRY RSN	Enter E. **Note:** No entry is required if the master medical status code is "D" and no updating of the individual's TD03 data is required since the time of pending.
	TD03		Enter any needed demographic information. See 14-B-Appendix, TD03, for valid codes.
	TD03	SSN CLAIM NO	This field must be completed in order for buy-in to occur.
	TD03	MP	Enter Y if Medicare buy-in has not occurred for persons entitled to Medicare benefits. Enter N if buy-in has occurred.

ACTION	SCREEN FIELDS USED		INSTRUCTIONS
SLMB Approvals (Cont.)	TD03	MED ST	Enter A or C.
	TD03	FUND	Enter 9. This blocks payment of full Medicaid services. For SLMB eligibles, Medicaid pays only Medicare Part B.
	TD03	QMB	Enter code "L" for all persons who qualify as SLMB-eligible. This requires a poverty level from 101-119. Enter zeros for other considered persons on the case. **Note:** Use the QMB field only on cases in QMB/SLMB aid types (90-0 or 90-2) and Medically Needy cases with a zero spenddown.
	TD03	POV	Enter the percentage that compares the client's income to the federal poverty level (101-119). This field requires an entry for each person who receives or is entitled to receive Medicare benefits.
	TD03	HEALTH	Make entries in the fourth position of this field only: A Medicare Part A 1 Medicare Part B 2 Medicare Part A and B
Changes in SLMB	TD03	QMB	If eligibility exists for Medically Needy, enter zero. If eligibility no longer exists for the SLMB coverage groups, enter the applicable E-SLMB or HH-SLMB code. A manual *Notice of Decision* is needed to inform the person of the change.
	TD03	POV	Enter the new poverty level.

ACTION	SCREEN FIELDS USED		INSTRUCTIONS
Expanded Specified Low-Income Medicare Beneficiary			
E-SLMB Approvals	TD01	AID	If the applicant is eligible for (or chooses to apply for) E-SLMB coverage group only, or has a 37-E case, enter either: 90-0 Aged 90-2 Disabled
	TD05	MED ENTRY RSN	Enter E.
	TD05	MED STATUS	Enter A to approve. Enter C to reopen.
	TD05	MED APP DT	Enter the actual date of application.
	TD05	MED POS DT	Enter the first day of the month in which all eligibility factors are met.
	TD05	MED AD	Enter the code that indicates the timeliness of any approved medical application. Entry is required when entering an "A" in MED STATUS. If the application is processed timely, use code "A." If the application is untimely, enter the reason for the processing delay.
	TD05	MR	Enter N.
	TD05	RETRO	Enter the applicable code. **Note:** Approvals and denials will roll from the program line to the individual's programs when previously pended.
	TD03	ENTRY RSN	Enter E. **Note:** No entry is required if the master medical status code is "D" and no updating of the individual's TD03 data is required since the time of pending.
	TD03		Enter needed demographic information. See 14-B-Appendix, TD03, for codes.

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MEDICAID CASE ACTIONS   Iowa Department of Human Services
Expanded Specified Low-Income Medicare Beneficiary   **Title 14** Management Information
Revised February 8, 2008   **Chapter B(9)** SSI-Related Medicaid and Facility Case Actions

ACTION	SCREEN FIELDS USED		INSTRUCTIONS
E-SLMB Approvals (Cont.)	TD03	SSN CLAIM NO	This field must be completed in order for buy in to occur.
	TD03	MP	Enter Y if Medicare buy-in has not occurred for persons entitled to Medicare benefits. Enter N if buy-in has occurred.
	TD03	MED ST	Enter A or C.
	TD03	FUND	Enter 9 to block payment of full Medicaid services. For E-SLMB eligibles, Medicaid pays only Medicare Part B.
	TD03	QMB	Enter code "E" for all people who qualify as E-SLMB eligibles. This code requires a poverty level from 120-134. Enter zeros for other considered people on the case. **Note:** Use the QMB field only on cases in QMB/SLMB aid types (90-0 or 90-2).
	TD03	POV	Enter the percentage that compares the client's income to the federal poverty level (120-134). This field requires an entry for each person who received or is entitled to receive Medicare benefits.
	TD03	HEALTH	Make entries in the fourth position of this field only: A Medicare Part A 1 Medicare Part B 2 Medicare Part A and B
Changes in E-SLMB	TD03	QMB	If eligibility exists for Medically Needy, enter zero. If the new poverty level justifies it, enter the applicable QMB or SLMB code. Prepare a manual *Notice of Decision* about the change.
	TD03	POV	Enter the new poverty level.

Iowa Department of Human Services   **MEDICAID CASE ACTIONS**
Title 14 Management Information   **Qualified Disabled and Working Person**
Chapter B(9) SSI-Related Medicaid and Facility Case Actions   Revised February 8, 2008

ACTION	SCREEN FIELDS USED		INSTRUCTIONS
Qualified Disabled and Working Person			
QDWP Approvals	TD01	AID	If the applicant is eligible for (or chooses to apply for) one of the QDWP coverage groups only, enter either:
			90-0 Aged
			90-2 Disabled
	TD05	MED ENTRY RSN	Enter E.
	TD05	MED STATUS	Enter A to approve. Enter C to reopen.
	TD05	MED APP DT	Enter the actual date of application.
	TD05	MED POS DT	Enter the first day of the month in which all eligibility factors are met.
	TD05	MED AD	Enter the code that indicates the timeliness of any approved medical application. Entry is required when entering an "A" in MED STATUS. If the application is processed timely, use code "A." If the application is untimely, enter the reason for the processing delay.
	TD05	MR	Enter N.
	TD05	RETRO	Enter the applicable code.
	TD03	ENTRY RSN	Enter E. No entry is required if the master medical status code is "D" and no updating of the individual's TD03 data is required since the time of pending.
			Note: Approvals and denials will roll from the program line to the individual's programs when previously pended.

ACTION	SCREEN FIELDS USED		INSTRUCTIONS
QDWP Approvals (Cont.)	TD03		Enter needed demographic information. See 14-B-Appendix, TD03, for codes.
	TD03	SSN CLAIM NO	This field must be completed in order for buy-in to occur.
	TD03	MP	Enter Y if Medicare buy-in has not occurred for persons entitled to Medicare benefits. Enter N if buy-in has occurred.
	TD03	MED ST	Enter A or C.
	TD03	FUND	Enter 9. This blocks payment of full Medicaid services. Under QDWP, Medicaid pays only Medicare Part A.
	TD03	QMB	Enter code W for all QDWP eligibles. Enter zeros for other considered people on the case. **Note:** Use this field only on cases in QMB aid types (90-0 or 90-2).
	TD03	POV	Enter the percentage that compares the client's income to the federal poverty level. Make an entry for each person who receives or is entitled to receive Medicare.
	TD03	HEALTH	Make entries in the fourth position only: A Medicare Part A 1 Medicare Part B 2 Medicare Part A and B
Changes in QDWP Status	TD03	QMB	If eligibility exists for Medically Needy, enter zero. Send a manual *Notice of Decision* to inform the person of the change.
	TD03	POV	Enter the new poverty level.

Iowa Department of Human Services   **MEDICAID CASE ACTIONS**
Title 14 Management Information   **Newborn Children of Medicaid-Eligible Mothers**
Chapter B(9) SSI-Related Medicaid and Facility Case Actions   Revised August 18, 2006

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
Newborn Children of Medicaid-Eligible Mothers		A child in "newborn status" remains eligible for one year after birth if the mother would be eligible if still pregnant. (If the mother would <u>not</u> be eligible for Medicaid if she were pregnant, "newborn status" is lost, and an automatic redetermination must be completed.) Add the newborn child to the mother's Medicaid case without an application. Do not add a newborn to a mother's SSI case. Put the newborn on a CMAP, FMAP, or MAC case, as applicable. Refer to 14-B(7), <u>Newborn Children of Medicaid-Eligible Mothers</u>.

STATE SUPPLEMENTARY ASSISTANCE CASE…   Iowa Department of Human Services
Pending an Application   **Title 14** Management Information
Revised July 4, 2008   **Chapter B(9)** SSI-Related Medicaid and Facility Case Actions

STATE SUPPLEMENTARY ASSISTANCE CASE ACTIONS

ACTION	SCREEN FIELDS USED		INSTRUCTIONS
Pending an Application	TD01		For a new case, see Case Numbering: Assigning Case Numbers, Aid Type Priority, and Case Name ID for TD01 instructions. See also 14-B-Appendix, TD01 Case Information and TD01: Section I, Identification.
	TD01	AID	
	TD01	MED AID	
	TD01	CO RES	
	TD01	CNID	
	TD01	ENT RSN	Enter A or H.
	TD01	AID CHG DT	If you are using an existing case number, see Aid Type Change.
	TD01	MED CHG DT	
			Pend both the facility and Medicaid programs.
	TD05	MED ENTRY RSN	Enter A or H if medical is active.
			Enter the demographic information needed for the program pended.
	TD05	MED STATUS	Enter D.
	TD05	MED APP DT	Enter the date the local office received the application.
	TD05	LAST REV	Enter the current month when pending application on an active SSI case.
	TD05	STATE SUPP ENTRY RSN	Enter A.
	TD05	STATE SUPP STATUS	Enter D.
	TD05	STATE SUPP APP DT	Enter the date the local office received the application.
	TD05	MR	Enter N.
	TD03	ENTRY RSN	Enter A.

Iowa Department of Human Services   **STATE SUPPLEMENTARY ASSISTANCE CASE…**
Title 14 Management Information   **Pending an Application**
Chapter B(9) SSI-Related Medicaid and Facility Case Actions   Revised February 8, 2008

ACTION	SCREEN FIELDS USED		INSTRUCTIONS
Pending an Application (Cont.)			Enter all needed demographic information. See 14-B-Appendix, TD03, for codes.
	TD03	MED ST	Enter D.
	TD03	FUND	If there is an active fund code on the system, an entry of a different fund code with pended status coding will not replace the original fund code.
	TD03	ST SUPP ST	Enter D.
Approving an Application Automated Family-Life Home	TD01 TD01 TD01 TD01 TD01	 AID MED AID CO RES CNID	For a new case, see Case Numbering: Assigning Case Numbers, Aid Type Priority, and Case Name ID for TD01 instructions. See also 14-B-Appendix, TD01 Case Information and TD01: Section I, Identification.
	TD01	ENTRY RSN	Enter H.
	TD01	AID	Enter either: 10-0 Aged 60-0 Disabled
	TD01	AID CHG DT	When using an existing case number, enter the first day of the month of approval for family-life home payment.
	TD05	MED ENTRY RSN	Enter A.
	TD05	MED STATUS	Enter A.
	TD05	STATE SUPP ENTRY RSN	Enter A.

ACTION	SCREEN FIELDS USED		INSTRUCTIONS
Family-Life Home (Cont.)	TD05	STATE SUPP STATUS	Enter A.
	TD05	FI	Enter a space. (Press the spacebar key.)
	TD05	STATE SUPP APP DT	Enter the date the local office received the application. If you entered this to pend the application, reentry is not necessary.
	TD05	STATE SUPP POS DT	Enter the first day of the month in which the client becomes eligible.
	TD05	STATE SUPP AD	Enter the code that indicates the timeliness of any approved State Supplementary Assistance application. Entry is required when entering an "A" in STATUS. If the application is processed timely, use code "A." If the application is untimely, enter the reason for the processing delay.
	TD05	FLH AMOUNT	If a state-administered payment is necessary, enter the amount of the payment.
	RSCM	BENEFIT MONTH	Enter RSCM screens from the month of the State Supplementary Assistance positive date forward. The months entered must include the next system month. They cannot be further in the future than the next system month.
			Select the applicable RSCM screen by entering the benefit month, starting with the month of the State Supplementary Assistance positive date.
	RSCM	AMOUNTS	Enter the countable amount for each specific type of resource listed. If the countable resources are zero, enter zeros in the fields for at least one of the types.

Iowa Department of Human Services   **STATE SUPPLEMENTARY ASSISTANCE CASE…**
Title 14 Management Information   **Approving an Application**
Chapter B(9) SSI-Related Medicaid and Facility Case Actions   Revised August 18, 2006

ACTION	SCREEN FIELDS USED		INSTRUCTIONS
Family-Life Home (Cont.)	RSCS	BENEFIT MONTH	Enter RSCS screens from the month of the facility positive date forward. The months entered must include the next system month. They cannot be further in the future than the next system month. Select the applicable RSCS screen by entering the benefit month. The earliest benefit month entered is the facility positive date.
	RSCS	AMOUNTS	Enter the countable amount for each specific type of resource listed. If the countable resources are zero, enter zeros in the fields for at least one of the types.
	TD03	ENTRY RSN	Enter A. No entry is required if the master medical status code is "D" and the FAC/ST/WV status code is "D" and no updating of the individual's TD03 data is required since the time of pending. **Note:** Approvals and denials will roll from the program line to the individual's programs when previously pended.
	TD03	OHP	Enter F, or enter G if receiving SSI.
	TD03	MED ST	Enter A.
	TD03	FUND	Enter 1.
	TD03	POV	Enter the percentage of the federal poverty level for the client, if required. (See 14-B-Appendix, TD03 POV, for aid types where no entry is needed in this field.)
	TD03	ST SUPP ST	Enter A.

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
Family-Life Home (Cont.)	TD03 HEALTH	Enter the applicable code for Medicare coverage.
	BCW2 BENEFIT MONTH	Enter BCW2 income and deductions for the month of the State Supplementary Assistance positive date forward. The months entered must include the next system month but cannot go beyond it. Select the applicable BCW2 by entering the person's state ID number and the benefit month, starting with the State Supplementary Assistance positive date. There may be entries for: ♦ The next system month only. ♦ The current and next system months. ♦ The first prior month, current month, and next system months. (If more than three months' BCWs are needed, manual calculation is required.)
	BCW2 THRU MO	You can 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 entered 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.
	BCW2 ENTRY RSN	Enter H.
	BCW2 PI	Entry of both D and C is needed.
	BCW2 E/B	Code all income as A, unless different amounts are used to determine eligibility and benefits.

Iowa Department of Human Services   **STATE SUPPLEMENTARY ASSISTANCE CASE...**
Title 14 Management Information   **Approving an Application**
Chapter B(9) SSI-Related Medicaid and Facility Case Actions   Revised December 22, 2006

ACTION	SCREEN FIELDS USED		INSTRUCTIONS
Family-Life Home (Cont.)			If different amounts are used, enter code E on one line and code B on another line. It does not matter which code is used on which line, but all indicators for one program must be entered on one screen.
			When entering both E and B lines, do not push ENTER between entering the E and B. If you make an error in the E/B entry, delete the transaction and reenter the data.
	BCW2	EARNED 1-5	Enter gross earned income. (The system subtracts the earned income deduction.)
	BCW2	UNEARN 1-4 OTHER UI	Enter the amount of unearned income.
			Enter the social security amount before deduction for the Medicare premium, even if buy-in is not complete. Determine this amount by adding the Medicare premium amount and any overpayment deduction amount to the net social security income
	BCW2	SR 1-4, SR	Enter the code to identify the source of unearned income.
	TD01	ENTRY RSN	Enter H.
	TD01	AID	Enter either:
			10-0 Aged
			60-0 Disabled
Family-Life Home on an Active Medicaid Case	TD01	AID CHG DT	Enter the first day of the month of approval for family-life home payment.
	TD01	MED AID	Enter the code for the coverage group.
	TD01	MED CHG DT	Enter the first day of the next system month.

ACTION	SCREEN FIELDS USED		INSTRUCTIONS
Family-Life Home on an Active Medicaid Case (Cont.)	TD05	MED ENTRY RSN	Enter H.
	TD05	STATE SUPP ENTRY RSN	Enter A.
	TD05	STATE SUPP STATUS	Enter A.
	TD05	FI	Enter a space. (Press spacebar key.)
	TD05	STATE SUPP APP DT	Enter the date the application was received in the local office.
	TD05	STATE SUPP POS DT	Enter the first day of the month in which the client becomes eligible.
	TD05	STATE SUPP AD	Enter the code that indicates the timeliness of any approved State Supplementary Assistance application. Entry is required when entering an "A" in STATUS. If the application is processed timely, use code "A." If the application is untimely, enter the reason for the processing delay.
	TD05	FLH AMOUNT	If a state-administered payment is needed, enter the amount of the payment.
	RSCM	BENEFIT MONTH	Enter RSCM screens for the month of the State Supplementary Assistance positive date forward. The months entered must include the next system month but cannot go beyond the next system month.

Select the applicable RSCM screen by entering the benefit month. |
| | RSCM | AMOUNTS | Enter the countable amount for each specific type of resource listed. If the countable resources are zero, enter zeros in the fields for at least one of the types. |

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ACTION	SCREEN FIELDS USED		INSTRUCTIONS
Family-Life Home on an Active Medicaid Case (Cont.)	RSCS	BENEFIT MONTH	Enter RSCS screens from the month of the State Supplementary Assistance positive date forward. The months entered must include the next system month but cannot go beyond the next system month. Select the applicable RSCS screen by entering the benefit month.
	RSCS	AMOUNTS	Enter the countable amount for each specific type of resource listed. If the countable resources are zero, enter zeros in the fields for at least one of the types.
	TD03	ENTRY RSN	Enter H.
	TD03		Enter all demographic information needed. See 14-B-Appendix, TD03, for codes.
	TD03	OHP	Enter F or enter G, if receiving SSI.
	TD03	FUND	Enter 1 for an adult.
	TD03	ST SUPP ST	Enter A.
	BCW2	BENEFIT MONTH	Enter BCW2 income and deductions for the month of the State Supplementary Assistance positive date forward. The months entered must include the next system month but cannot go beyond it. Select the applicable BCW2 by entering the person's state ID number and the benefit month. There may be entries for one, two, or three months: ♦ The next system month only. ♦ The current and next system months. ♦ The previous month, the current month, and the next system month. If more than three months' BCWs are needed, manual calculation is necessary.

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
Family-Life Home on an Active Medicaid Case (Cont.)	BCW2 THRU MO	You can 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 entered 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. |
| | BCW2   ENTRY RSN | Enter H. |
| | BCW2   PI | Entry of both D and C is needed. |
| | BCW2   E/B | Code all income as A, unless different amounts are used to determine eligibility and benefits.

If different amounts are used, enter code E on one line and B on another line. It does not matter which code is used on which line, but all indicators for one program must be entered on one screen.

When entering both E and B lines, do not press ENTER between entering E and B. If you make an error in the E/B entry, delete the transaction and reenter the data. |
| | BCW2   EARNED 1-5 | Enter gross earned income. (The system subtracts the earned income deduction.) |
| | BCW2   UNEARN 1-4 OTHER UI | Enter unearned income.

Enter the social security amount before deduction for the Medicare premium, even if buy-in is not complete. Determine this amount by adding the Medicare premium amount and any overpayment deduction amount to the net social security income |
| | BCW2   SR 1-4, SR | Enter the code to identify the source of unearned income. |

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ACTION	SCREEN FIELDS USED		INSTRUCTIONS
In-Home Health-Related Care			Financial eligibility and client participation under the in-home health-related care (IHHRC) program can be system-calculated with system notices.
			The service worker issues the IHHRC payment. The ABC system has no direct impact on the payment of benefits. Communicate with the service worker using form 470-0506, *Service Report*, to initiate, change, or cancel benefit payment.
	TD01		For a new case, see Case Numbering: Assigning Case Numbers, Aid Type Priority, and Case Name ID for TD01 instructions. See also 14-B-Appendix, TD01 Case Information and TD01: Section I, Identification.
	TD01	AID	
	TD01	MED AID	
	TD01	CO RES	
	TD01	CNID	
	TD01	ENTRY RSN	Enter A or H.
	TD01	AID	Enter either:
			14-1 Aged
			64-1 Disabled
	TD01	AID CHG DT	When using an existing case number, enter the first day of the month of approval for the IHHRC program.
	TD05	MED ENTRY RSN	Enter A.
	TD05	MED STATUS	Enter A.
	TD05	MED POS DT	Enter in MM/DD/YY format.
	TD05	STATE SUPP ENTRY RSN	Enter A.
	TD05	STATE SUPP STATUS	Enter A.

ACTION	SCREEN FIELDS USED		INSTRUCTIONS
In-Home Health-Related Care (Cont.)	TD05	FI	Enter a space. (Press the spacebar key.)
	TD05	STATE SUPP APP DT	Enter the date the application was received in the local office unless the date was already entered to pend the application.
	TD05	STATE SUPP POS DT	Enter the first day of the month in which the client becomes eligible.
	TD05	STATE SUPP AD	Enter the code that indicates the timeliness of any approved State Supplementary Assistance application. Entry is required when entering an "A" in STATUS. If the application is processed timely, use code "A." If the application is untimely, enter the reason for the processing delay.
	RSCM	BENEFIT MONTH	Enter RSCM screens from the month of the State Supplementary Assistance positive date forward. The months entered must include the next system month but cannot go beyond the next system month.
			Select the applicable RSCM screen by entering the benefit month, starting with the month of the program positive date.
	RSCM	AMOUNTS	Enter the countable amount for each specific type of resource listed. If the countable resources are zero, enter zeros in the fields for at least one of the types.
	RSCS	BENEFIT MONTH	Enter RSCS screens from the month of the State Supplementary Assistance positive date forward. The months entered must include the next system month but cannot go beyond the next system month.
			Select the applicable RSCS screen by entering the benefit month, starting with the month of the program positive date.

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ACTION	SCREEN	FIELDS USED	INSTRUCTIONS
In-Home Health-Related Care (Cont.)	RSCS	AMOUNTS	Enter the countable amount for each specific type of resource listed. If the countable resources are zero, enter zeros in the fields for at least one of the types.
	TD03		**Note:** Approvals will not roll from the program line to the individual's programs even when previously pended.
	TD03	ENTRY RSN	Enter A.
	TD03		Enter all demographic information needed. See 14-B-Appendix, TD03, for codes.
	TD03		If there is a considered person on the IHHRC case, make entries on the TD03 screen to open the person as a considered person. Use 999 in the MED RSN field.
	TD03	OHP	Enter N. (No entry is needed on the considered person.)
	TD03	MED ST	Enter A, or H for the considered person.
	TD03	FUND	Enter the applicable code: 1 Adult recipient 2 Child recipient S Considered person
	TD03	POV	Enter the percentage of the federal poverty level for the client, if required. See 14-B-Appendix, TD03 POV, aid types where no entry is needed in this field.
	TD03	ST SUPP ST	Enter A, or H for the considered person.
	TD03	HEALTH	Enter the applicable code for Medicare coverage.

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ACTION	SCREEN FIELDS USED	INSTRUCTIONS
In-Home Health-Related Care (Cont.)	BCW2 BENEFIT MONTH	Enter BCW2 income and deductions for the month of the State Supplementary Assistance positive date forward. The months entered must include the next system month. They cannot be further in the future than the next system month. Select the applicable BCW2 by entering the person's state ID number and the benefit month, starting with the month of the positive date. There may be entries for one, two, or three months: ♦ The next system month only. ♦ The current and next system months. ♦ The first prior month, current month, and next system months. (If more than three months' BCWs are needed, manual calculation is necessary.)
	BCW2 THRU MO	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 entered 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.
	BCW2 ENTRY RSN	Enter H.
	BCW2 PI	Entry of both D and C is needed.
	BCW2 E/B	Code all income as A, unless different amounts are used to determine eligibility and benefits.

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ACTION	SCREEN FIELDS USED	INSTRUCTIONS
In-Home Health-Related Care (Cont.)		If different amounts are used, enter code E on one line and B on another line. It does not matter which code is used on which line, but all indicators for one program must be entered on one screen.
		When entering both E and B lines, do not push ENTER between entering the E and the B. If you make an error, delete the transaction and reenter the data.
	BCW2 EARNED 1-5	Enter gross earned income. (The system subtracts the earned income deduction.)
	BCW2 UNEARN 1-4 OTHER UI	Enter unearned income.
		Enter the social security amount before deduction for the Medicare premium, even if buy-in is not complete. Determine this amount by adding the Medicare premium amount and any overpayment deduction amount to the net social security income.
	BCW2 SR 1-4, SR	Enter the code to identify the source of unearned income.
	BCW2 DEDUCT 1	Enter the amount to be deducted for a plan for self-support.
	BCW2 DEDUCT 2	Enter the unmet medical needs.
	BCW2 P DED NEED	Enter the blind work expenses.
	BCW2 P DED PAY	Enter the cost of in-home health-related care as determined by the service worker.
		Do not enter the home maintenance allowance. The system automatically subtracts this amount from income.

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ACTION	SCREEN FIELDS USED		INSTRUCTIONS
In-Home Health-Related Care on an Active Medicaid Case			Financial eligibility and client participation under the in-home health-related care (IHHRC) program can be system-calculated with system notices.
			The ABC system has no direct impact on payment of benefits. The service worker issues the IHHRC payment. To initiate, change, or cancel payment of benefits, communicate with the service worker using form 470-0506, *Service Report*.
	TD01	ENT RSN	Enter H.
	TD01	AID	Enter either:
			14-1 Aged
			64-1 Disabled
	TD01	AID CHG DT	Enter the first day of the month of approval for in-home health-related care.
	TD01	MED AID	Enter the code for the coverage group.
	TD01	MED CHG DT	Enter the first day of the next system month.
	TD05	MED ENTRY RSN	Enter H.
	TD05	STATE SUPP ENTRY RSN	Enter A.
	TD05	STATE SUPP STATUS	Enter A.
	TD05	FI	Enter a space. (Press spacebar key).
	TD05	STATE SUPP APP DT	Enter the date the application was received in the local office.
	TD05	STATE SUPP POS DT	Enter the first day of the month in which the client becomes eligible.

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ACTION	SCREEN FIELDS USED		INSTRUCTIONS
In-Home Health-Related Care on an Active Medicaid Case (Cont.)	TD05	STATE SUPP AD	Enter the code that indicates the timeliness of any approved State Supplementary Assistance application. Entry is required when entering an "A" in STATUS. If the application is processed timely, use code "A." If the application is untimely, enter the reason for the processing delay.
	RSCM	BENEFIT MONTH	Enter RSCM screens for the month of the State Supplementary Assistance positive date forward. The months entered must include the next system month but cannot go beyond the next system month. Select the applicable RSCM screen by entering the benefit month, starting with the month of the program positive date.
	RSCM	AMOUNTS	Enter the countable amount for each specific type of resource listed. If the countable resources are zero, enter zeros in the fields for at least one of the types.
	RSCS	BENEFIT MONTH	Enter RSCS screens from the month of the State Supplementary Assistance positive date forward. The months entered must include the next system month, but cannot go beyond the next system month. Select the applicable RSCS screen by entering the benefit month, starting with the month of the program positive date.
	RSCS	AMOUNTS	Enter the countable amount for each specific type of resource listed. If the countable resources are zero, enter zeros in the fields for at least one of the types.
	TD03	ENTRY RSN	Enter H.
	TD03		Enter all needed demographic information. See 14-B-Appendix, TD03, for codes.

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
In-Home Health-Related Care on an Active Medicaid Case (Cont.)	TD03	If there is a considered person for IHHRC, make entries on the TD03 screen to open the person as a considered person. Use 999 in the MED RSN field.
	TD03 OHP	Enter N. (No entry is required on the considered person.)
	TD03 MED ST	Enter H for the considered person.
	TD03 FUND	Enter the applicable code: 1 Adult recipient 2 Child recipient S Considered person
	TD03 ST SUPP ST	Enter A, or enter H for the considered person.
	BCW2 BENEFIT MONTH	Enter BCW2 income and deductions from the month of the State Supplementary Assistance positive date forward. The months entered must include the next system month, but cannot go beyond it. Select the applicable BCW2 by entering the person's state ID number and the benefit month, starting with the positive date. Entries may be for one, two, or three months: ♦ The next system month only. ♦ The current and next system months. ♦ The previous month, the current month, and the next system month. If more than three months' BCWs are needed, manual calculation is necessary.
	BCW2 THRU MO	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 entered in the THRU MO field.

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ACTION	SCREEN FIELDS USED	INSTRUCTIONS
In-Home Health-Related Care on an Active Medicaid Case (Cont.)		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.
	BCW2 ENTRY RSN	Enter H.
	BCW2 PI	Entry of both D and C is needed.
	BCW2 E/B	Code all income as A, unless different amounts are used to determine eligibility and benefits.
		If different amounts are used, enter code E on one line and B on another line. It does not matter which code is used on which line, but all indicators for one program must be entered on one screen.
		When entering both E and B lines, do not push ENTER between entering the E and the B. If you make an error, delete the transaction and reenter the data.
	BCW2 EARNED 1-5	Enter gross earned income. (The system subtracts the earned income deduction.)
	BCW2 UNEARN 1-4 OTHER UI	Enter unearned income.
		Enter the social security amount before deduction for the Medicare premium, even if buy-in is not complete. Determine this amount by adding the Medicare premium amount and any overpayment deduction amount to the net social security income
	BCW2 SR 1-4, SR	Enter the code to identify the source of unearned income.
	BCW2 DEDUCT 1	Enter the amount to be deducted for a plan for self-support.

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ACTION	SCREEN FIELDS USED		INSTRUCTIONS
In-Home Health-Related Care on an Active Medicaid Case (Cont.)	BCW2	DEDUCT 2	Enter the unmet medical needs.
	BCW2	P DED NEED	Enter the blind work expenses.
	BCW2	P DED PAY	Enter the cost of the care, as determined by the service worker.
			Do not enter the home maintenance allowance. The system automatically subtracts this amount from income.
Residential Care Facility	TD01		For a new case, see Case Numbering: Assigning Case Numbers, Aid Type Priority, and Case Name ID for TD01 instructions. See also 14-B-Appendix, TD01 Case Information and TD01: Section I, Identification.
	TD01	AID	
	TD01	MED AID	
	TD01	CO RES	
	TD01	CNID	
	TD01	ENTRY RSN	Enter A or H.
	TD01	AID CHG DT	If the Medicaid is currently in an active status, see Aid Type Change.
	TD01	MED CHG DT	
	TD05	MED ENTRY RSN	Enter H if the master MED STATUS is A, B, or C. Otherwise, enter A to approve or C for approval, no application.
	TD05	MED STATUS	Leave blank if the master MED STATUS is A, B, or C. Otherwise: Enter A if MED ENTRY RSN is A. Enter C if MED ENTRY RSN is C.
	TD05	MED APP DT	Enter the date the local office received the application, unless the date was already entered to pend the application. If MED ENTRY RSN was H, leave blank.

ACTION	SCREEN FIELDS USED		INSTRUCTIONS
Residential Care Facility (Cont.)	TD05	MED POS DT	Enter the first day of the month in which the client becomes eligible. If MED ENTRY RSN was H, leave blank.
	TD05	MED AD	Enter the code that indicates the timeliness of any approved medical application. Entry is required when entering an "A" in MED STATUS. If the application is processed timely, use code "A." If the application is untimely, enter the reason for the processing delay.
	TD05	MR	Enter N.
	TD05	RETRO	Code TD05 RETRO for all the months you have determined the client to be eligible for retroactive medical assistance.
	TD05	FACILITY ENTRY RSN	Enter A or C.
	TD05	FAC STATUS	Enter A or C.
	TD05	FI	Enter a space. (Press the spacebar key.)
	TD05	FAC APP DT	Enter the date the local office received the application, unless the date was already entered to pend the application.
	TD05	FAC POS DT	Enter the date the client became eligible for payment for facility care.
	TD05	FAC AD	Enter the code that indicates the timeliness of any approved facility application. Entry is required when entering an "A" in FAC STATUS. If the application is processed timely, use code "A." If the application is untimely, enter the reason for the processing delay.
	TD05	FAC MED CP CD	Enter M.

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ACTION	SCREEN FIELDS USED	INSTRUCTIONS
Residential Care Facility (Cont.)	TD05 VENDOR	Enter the vendor number. (Obtain this number from the facility.)
	RSCM BENEFIT MONTH	Enter RSCM screens from the month of the facility positive date forward. The months entered must include the next system month, but cannot go beyond it. Select the RSCM screen by entering the benefit month, starting with the month of the facility positive date.
	RSCM AMOUNTS	Enter the countable amount for each specific type of resource listed. If the countable resources are zero. Enter zeros in the fields for at least one of the types.
	RSCS BENEFIT MONTH	Enter RSCS screens for the month of the facility positive date forward. Select the RSCS screen by entering the benefit month, starting with the positive date. The months entered must include the next system month, but cannot go beyond it.
	RSCS AMOUNTS	Enter the countable amount for each specific type of resource listed. If the countable resources are zero, enter zeros in the fields for at least one of the types.
	TD03	**Note:** Approvals will not roll from the program line to the individual's programs even when previously pended.
	TD03 ENTRY RSN	Enter H if the master MED ST is A, B, or C. Otherwise, enter A to approve or C to reopen. This entry must be the same as the MED ENTRY RSN used on TD05.
	TD03	Enter all demographic information needed. See 14-B-Appendix, TD03, for codes.
	TD03 OHP	Enter R.

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ACTION	SCREEN FIELDS USED		INSTRUCTIONS
Residential Care Facility (Cont.)	TD03	MP	Enter Y if the Medicare premium is withheld from the social security check. Enter N if the premium is not withheld.
	TD03	MED ST	If the master displays A, B, or C, no entry required. Otherwise, enter A to approve or C to reopen.
	TD03	FUND	Enter either:
			1 Adult who is receiving SSI
			A Adult who is Medicaid only
			2 Child who is receiving SSI
			C Child who is receiving Medicaid only (except for CMAP-children)
	TD03	POV	If required, enter the percentage of the federal poverty level for the client. (See 14-B-Appendix, TD03 POV, for aid types where no entry is needed in this field.)
	TD03	FAC ST	Enter A to approve. Enter C to reopen.
	TD03	HEALTH	Enter the applicable code for Medicare coverage.
	BCW2	BENEFIT MONTH	Enter BCW2 income and deductions for the month of the facility positive date forward. The months entered must include the next system month but cannot go beyond the next system month.
			Select the applicable BCW2 by entering the person's state ID number and the benefit month, starting with the facility positive date. There may be entries for one, two, or three months:
			♦ The next system month only
			♦ The current and next system months
			♦ The previous month, the current month, and the next system month.

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
Residential Care Facility (Cont.)		(If more than three months' BCW2s are needed, manual calculation is required.)
	BCW2 THRU MO	You can 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 entered 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.
		When BCW2s are entered for three benefit months, the *Notice of Decision* covers all three months. If the results vary, the system does the client participation updates to ABC and the facility system in a two-day sequence.
	BCW2 ENTRY RSN	Enter H.
	BCW2 PI	Entries of both D and C are needed.
	BCW2 E/B	Code all income as A, unless different amounts are used to determine eligibility and benefits.

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
Residential Care Facility (Cont.)		If different amounts are used, enter code E on one line and B on another line. It does not matter which code is used on which line, but all indicators for one program must be entered on one screen.
		When entering both E and B lines, do not push ENTER between entering the E and the B. If you make an error, delete the transaction and reenter the data.
	BCW2 EARNED 1-5	Enter the gross earned income. (The system will subtract the applicable earned income deduction.)
	BCW2 UNEARN 1-4 OTHER UI	Enter the unearned income.
		Enter the social security amount before deduction for the Medicare premium, even if buy-in is not complete. Determine this amount by adding the Medicare premium amount and any overpayment deduction amount to the net social security income
	BCW2 SR 1-4, SR	Enter the code to identify the source of unearned income.
	BCW2 DEDUCT 1	Enter expenses of the home in the month of entry or discharge, client participation owed elsewhere, and diversion to spouse and dependents.
	BCW2 DEDUCT 2	Enter any health insurance premiums, and unmet medical expenses or needs.
		When TD03 MP is Y, the system automatically deducts the Medicare premium in calculations for medical institution cases.

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ACTION	SCREEN FIELDS USED		INSTRUCTIONS
Residential Care Facility (Cont.)			If the premium exceeds the standard, enter the excess here. For more information, see Medicare Premium.
	BCW2	P DED NEED	Enter deductions for blind work expense.
	BCW2	P DED PAY	Enter deductions for plan for self-support. The personal needs allowance is deducted automatically.
Manual			
Dependent Person	TD01 TD01 TD01 TD01 TD01	AID MED AID CO RES CNID	For a new case, see Case Numbering: Assigning Case Numbers, Aid Type Priority, and Case Name ID for TD01 instructions. See also 14-B-Appendix, TD01 Case Information and TD01: Section I, Identification.
	TD01	ENTRY RSN	Enter A or H.
	TD01	AID	Enter either: 14-6 Aged 24-6 Blind 64-6 Disabled
	TD01	AID CHG DT	When using an existing case number, enter the first day of the next system month.
	TD01	MED AID	Enter either: 14-6 Aged 24-6 Blind 64-6 Disabled
	TD05	MED ENTRY RSN	Enter E.
	TD05	MED STATUS	Enter A.

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ACTION	SCREEN FIELDS USED	INSTRUCTIONS
Dependent Person (Cont.)	TD05 RETRO	Code TD05 RETRO for all the months you have determined the client to be eligible for retroactive Medicaid. **Note:** If Medicaid eligibility predates the Medicaid retroactive period and was not previously recorded, submit a *Request for Special Update*, 470-0397, or enter Medicaid approval without pending and without entering an X in RETRO.
	TD05 MR	Enter N.
	TD05 STATE SUPP ENTRY RSN	Enter E.
	TD05 STATE SUPP STATUS	Enter A.
	TD05 FI	Enter X. Send a manually prepared *Notice of Decision*.
	TD05 STATE SUPP RSN1	Enter 000.
	TD05 STATE SUPP APP DT	Enter the date the local office received the application, unless the date was already entered to pend the application.
	TD05 STATE SUPP POS DT	Enter the date the client became eligible for State Supplementary Assistance. **Note:** Approvals and denials will roll from the program line to the individual's programs when previously pended.
	TD05 STATE SUPP AD	Enter the code that indicates the timeliness of any approved State Supplementary Assistance application. Entry is required when entering an "A" in STATUS. If the application is processed timely, use code "A." If the application is untimely, enter the reason for the processing delay.

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ACTION	SCREEN FIELDS USED	INSTRUCTIONS
Dependent Person (Cont.)	TD03 ENTRY RSN	Enter E. **Note:** No entry is required if the master medical status code is "D" and the FAC/ST/WV ST code is "D" and no updating of the individual's TD03 data is required since the time of pending. Make these TD03 entries on both the recipient and the dependent.
	TD03	Complete all demographic information needed for the recipient and dependent. See 14-B-Appendix, TD03, for codes.
	TD03 STATE ID	Assign a state ID number if needed. See State ID Numbers: Assigning State IDs.
	TD03 OHP	Leave this field blank for the SSI-related person. For the dependent person, enter the code that describes the person's relationship to the State Supplementary Assistance recipient: A Dependent adult child D Dependent spouse M Dependent minor P Dependent parent
	TD03 MED ST	Enter A.
	TD03 FUND	Enter the applicable code: 1 Adult State Supplementary Assistance recipient 2 Child State Supplementary Assistance recipient 3 Adult dependent (not the cash recipient) 4 Child dependent (not the cash recipient)

ACTION	SCREEN FIELDS USED		INSTRUCTIONS
Dependent Person (Cont.)	TD03	POV	Enter the percentage of the federal poverty level for the client, if required. See 14-B-Appendix, TD03 POV, for aid types where no entry is needed in this field.
	TD03	ST SUPP ST	Enter A.

Note: The system does not determine dependent person eligibility. Do not enter BCW2s or resource screens.

The Social Security Administration issues dependent person SSA payments.
Use form 470-0640, *State Supplementary Assistance Certification or Termination*, to initiate, change, or cancel the payment. |
| | TD03 | HEALTH | Enter the applicable code for Medicare coverage. |
| Dependent Person on an Active Medicaid Case | | | Step 1:   Close active case using 000 in MED RSN2.

Step 2:   Use instructions that follow. |
| | TD01 | ENTRY RSN | Enter H. |
| | TD01 | AID | Enter either:

14-6   Aged
24-6   Blind
64-6   Disabled |
| | TD01 | AID CHG DT | Enter the first day of the month of approval for the dependent person coverage group. |
| | TD01 | MED AID | Enter either:

14-6   Aged
24-6   Blind
64-6   Disabled |

ACTION	SCREEN FIELDS USED		INSTRUCTIONS
Dependent Person on an Active Medicaid Case (Cont.)	TD01	MED CHG DT	Enter the first day of the next system month.
	TD05	MED ENTRY RSN	Enter E.
	TD05	MED STATUS	Enter A.
	TD05	STATE SUPP ENTRY RSN	Enter E.
	TD05	STATE SUPP STATUS	Enter A.
	TD05	FI	Enter X. Send a manually prepared *Notice of Decision*.
	TD05	STATE SUPP RSN1	Enter 000.
	TD05	STATE SUPP APP DT	Enter the date the local office received the application, unless the date was already entered to pend the application.
	TD05	STATE SUPP POS DT	Enter the date the client became eligible for State Supplementary Assistance. **Note:** Approvals and denials will roll from the program line to the individual's programs when previously pended.
	TD05	STATE SUPP AD	Enter the code that indicates the timeliness of any approved State Supplementary Assistance application. Entry is required when entering an "A" in STATUS. If the application is processed timely, use code "A." If the application is untimely, enter the reason for the processing delay.
	TD03	ENTRY RSN	Enter E.
	TD03	MED ST	Enter A.
	TD03	ST SUPP ST	Enter A.

ACTION	SCREEN FIELDS USED		INSTRUCTIONS
Dependent Person on an Active Medicaid Case (Cont.)			For the **dependent** (the person who is being added to Medicaid) only:
	TD03	ENTRY RSN	Enter E.
	TD03	STATE ID	Assign a state ID number if needed. See State ID Numbers: Assigning State IDs.
	TD03		Enter data for the dependent person, including any needed demographic information and any codes applicable to program requirements. For valid codes, see 14-B-Appendix, TD03.
	TD03	OHP	Enter the code that describes the dependent's relationship to the recipient. (Leave this field blank for the recipient.)
			A Dependent adult child D Dependent spouse M Dependent minor P Dependent parent
	TD03	MED ST	Enter A.
	TD03	FUND	Enter the applicable code:
			3 Adult dependent 4 Child dependent
	TD03	ST SUPP ST	Enter A.
			The system does not determine dependent person eligibility. Do not enter BCW2s or resource screens.
			The Social Security Administration issues dependent person SSA payments. Use form 470-0640, *State Supplementary Assistance Certification or Termination*, to initiate, change, or cancel the payment.

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ACTION	SCREEN FIELDS USED		INSTRUCTIONS
Family-Life Home	TD01 TD01 TD01 TD01 TD01	 AID MED AID CO RES CNID	For a new case, see Case Numbering: Assigning Case Numbers, Aid Type Priority, and Case Name ID for TD01 instructions. See also 14-B-Appendix, TD01 Case Information and TD01: Section I, Identification.
	TD01	ENTRY RSN	Enter A or H.
	TD01	AID	When you are using an existing case number, see Aid Type Change.
	TD05	MED ENTRY RSN	Enter E.
	TD05	MED STATUS	Enter A.
	TD05	RETRO	Code TD05 RETRO for all the months you have determined the client to be eligible for retroactive medical. **Note:** If medical eligibility predates the retroactive Medicaid period and was not previously recorded, submit a *Request for Special Update*, 470-0397, or enter an SSI-related Medicaid approval without pending and without entering an X in RETRO.
	TD05	MR	Enter N.
	TD05	STATE SUPP ENTRY RSN	Enter E.
	TD05	STATE SUPP STATUS	Enter A.
	TD05	FI	Enter X. Manually issue the NOD.
	TD05	STATE SUPP RSN1	Enter 000.

ACTION	SCREEN FIELDS USED		INSTRUCTIONS
Family-Life Home (Cont.)	TD05	STATE SUPP APP DT	Enter the date the application was received in the local office. If the date was entered to pend the application, recoding is not necessary.
	TD05	STATE SUPP POS DT	Enter the date the client became eligible for State Supplementary Assistance. **Note:** Approvals and denials will roll from the program line to the individual's programs when previously pended.
	TD05	STATE SUPP AD	Enter the code that indicates the timeliness of any approved State Supplementary Assistance application. Entry is required when entering an "A" STATUS. If the application is processed timely, use code "A." If the application is untimely, enter the reason for the processing delay.
	TD05	1ST CP AMT	Enter amount.
	TD05	ONGOING CP AMT	Enter amount.
	TD03	ENTRY RSN	Enter E. **Note:** No entry is required when: ♦ The master medical status code is "D," ♦ The FAC/ST/WV status code is "D," and ♦ None of the person's TD03 data needs updating from when it was pended.
	TD03		Complete any needed demographic information. See 14-B-Appendix, TD03, for valid codes.
	TD03	OHP	Enter F, or enter G if an SSI recipient.
	TD03	MED ST	Enter A.

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ACTION	SCREEN FIELDS USED		INSTRUCTIONS
Family-Life Home (Cont.)	TD03	FUND	Enter 1.
	TD03	POV	Enter the percentage of the federal poverty level for the client, if required. (See 14-B-Appendix, TD03 POV, for aid types where no entry is needed in this field.)
	TD03	ST SUPP STATUS	Enter A.
	TD03	HEALTH	Enter the applicable code for Medicare coverage.
Family-Life Home on an Active Medicaid Case	TD01	ENTRY RSN	Enter H.
	TD01	AID	Enter either: 10-0 Aged 60-0 Disabled
	TD01	AID CHG DT	Enter the first day of the month of approval for family-life home payment.
	TD01	MED AID	Enter the code for the coverage group.
	TD01	MED CHG DT	Enter the first day of the next system month.
	TD05	MED ENTRY RSN	Enter H.
	TD05	STATE SUPP ENTRY RSN	Enter E.
	TD05	STATE SUPP STATUS	Enter A.
	TD05	FI	Enter X. Manually issue the NOD.
	TD05	STATE SUPP RSN1	Enter 000.
	TD05	STATE SUPP APP DT	Enter the date the local office received the application.

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ACTION	SCREEN FIELDS USED		INSTRUCTIONS
Family-Life Home on an Active Medicaid Case (Cont.)	TD05	STATE SUPP POS DT	Enter the first day of the month in which the client becomes eligible.
	TD05	STATE SUPP AD	Enter the code that indicates the timeliness of any approved State Supplementary Assistance application. Entry is required when entering an "A" STATUS. If the application is processed timely, use code "A." If the application is untimely, enter the reason for the processing delay.
	TD05	1ST CP AMT	Enter amount.
	TD05	ONGOING CP AMT	Enter amount.
	TD05	FLH AMOUNT	If a state-administered payment is necessary, enter the payment amount.
	TD03	ENTRY RSN	Enter H.
	TD03	OHP	Enter F, or enter G if an SSI recipient.
	TD03	FUND	Enter 1.
	TD03	ST SUPP ST	Enter A.
In-Home Health-Related Care			**Note:** If there is a considered person on the case, make entries on the TD03 screen to open the person as a considered person. Use 999 in the MED RSN field.
	TD01		For a new case, see Case Numbering: Assigning Case Numbers, Aid Type Priority, and Case Name ID for TD01 instructions. See also 14-B-Appendix, TD01 Case Information and TD01: Section I, Identification.
	TD01	AID	
	TD01	MED AID	
	TD01	CO RES	
	TD01	CNID	
	TD01	ENTRY RSN	Enter A or H.

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ACTION	SCREEN FIELDS USED		INSTRUCTIONS
In-Home Health-Related Care (Cont.)	TD01	AID	Enter either: 14-1 Aged 64-1 Disabled
	TD01	AID CHG DT	When using an existing case number, enter the first day of the month of approval for family-life home payment.
	TD01	AID	When you are using an existing case number, see Aid Type Change.
	TD05	MED ENTRY RSN	Enter E.
	TD05	MED STATUS	Enter A.
	TD05	MED POS DT	Enter in MM/DD/YY format. **Note:** If medical eligibility predates the retroactive Medicaid period and was not previously recorded, submit a *Request for Special Update*, 470-0397, or enter an SSI-related Medicaid approval without pending and without entering an X in RETRO.
	TD05	MR	Enter N.
	TD05	RETRO	Code TD05 RETRO for all the months you have determined the client to be eligible for retroactive medical assistance.
	TD05	STATE SUPP ENTRY RSN	Enter E.
	TD05	STATE SUPP STATUS	Enter A.
	TD05	FI	Enter X. Manually issue the NOD.
	TD05	STATE SUPP RSN1	Enter 000.

ACTION	SCREEN FIELDS USED		INSTRUCTIONS
In-Home Health-Related Care (Cont.)	TD05	STATE SUPP APP DT	Enter the date the application was received in the local office. If the date was entered to pend the application, reentry is not necessary.
	TD05	STATE SUPP POS DT	Enter the date the client became eligible for State Supplementary Assistance.
	TD05	STATE SUPP AD	Enter the code that indicates the timeliness of any approved State Supplementary Assistance application. Entry is required when entering an "A" STATUS. If the application is untimely, enter the reason for the processing delay. If the application is processed timely, use code "A."
	TD05	STATE SUPP 1ST CP AMT	Enter the amount.
	TD05	STATE SUPP ONGOING CP	Enter the amount.
			If there is a considered person for IHHRC, make entries on the TD03 screen to open the person as a considered person. Use 999 in the MED RSN field.
	TD03		**Note:** Approvals will not roll from the program line to the individual's programs even when previously pended.
	TD03	ENTRY RSN	Enter E.
	TD03		Complete any needed demographic information. See 14-B-Appendix, TD03, for valid codes.
	TD03	OHP	Enter N. (No entry is required on a considered person.)
	TD03	MED ST	Enter A, or enter H for the considered person.

ACTION	SCREEN FIELDS USED		INSTRUCTIONS
In-Home Health-Related Care (Cont.)	TD03	FUND	Enter the applicable code: 1 Adult recipient 2 Child recipient S Considered person
	TD03	POV	Enter the percentage of the federal poverty level for the client, if required. (See 14-B-Appendix, TD03 POV, for aid types that do not require an entry in this field.)
	TD03	ST SUPP ST	Enter A or H for the considered person.
	TD03	HEALTH	Enter the applicable code for Medicare coverage.
In-Home Health-Related Care on an Active Medicaid Case	TD01	ENTRY RSN	Enter H
	TD01	AID	Enter either: 14-1 Aged 64-1 Disabled
	TD01	AID CHG DT	Enter the first day of the month of approval for in-home health-related care.
	TD01	MED AID	Enter the code for the coverage group.
	TD01	MED CHG DT	Enter the first of the next system month.
	TD05	MED ENTRY RSN	Enter H.
	TD05	STATE SUPP ENTRY RSN	Enter E.
	TD05	STATE SUPP STATUS	Enter A.
	TD05	FI	Enter X. Manually issue the NOD.
	TD05	STATE SUPP RSN1	Enter 000.

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ACTION	SCREEN FIELDS USED		INSTRUCTIONS
In-Home Health-Related Care on an Active Medicaid Case (Cont.)	TD05	STATE SUPP APP DT	Enter the date the application was received in the local office.
	TD05	STATE SUPP POS DT	Enter the first day of the month in which the client becomes eligible.
	TD05	STATE SUPP AD	Enter the code that indicates the timeliness of any approved State Supplementary Assistance application. Entry is required when entering an "A" STATUS. If the application is processed timely, use code "A." If the application is untimely, enter the reason for the processing delay.
	TD05	1ST CP AMT	Enter the amount.
	TD05	ONGOING CP AMT	Enter the amount.
			Note: If there is a considered person for IHHRC, make entries on the TD03 screen to open the person as a considered person. Use 999 in the MED RSN field.
	TD03	ENTRY RSN	Enter E.
	TD03		Complete any demographic information needed. See 14-B-Appendix, TD03, for valid codes.
	TD03	OHP	Enter N. (No entry is required on a considered person.)
	TD03	MED ST	Enter H for the considered person.
	TD03	FUND	Enter the applicable code: 1 Adult recipient 2 Child recipient S Considered person
	TD03	ST SUPP ST	Enter A or enter H for the considered person.

ACTION	SCREEN FIELDS USED		INSTRUCTIONS
Residential Care Facility	TD01 TD01 TD01 TD01 TD01	 AID MED AID CO RES CNID	For a new case, see Case Numbering: [Assigning Case Numbers](), [Aid Type Priority](), and [Case Name ID]() for TD01 instructions. See also 14-B-Appendix, [TD01 Case Information]() and [TD01: Section I, Identification]().
	TD01	ENTRY RSN	Enter A or H.
	TD01	AID	Enter the applicable code: 13-4 Aged, receives SSI 13-5 Aged, income over SSI limit 63-4 Disabled, receives SSI 63-5 Disabled, income over SSI limit
	TD01	AID CHG DT	If Medicaid is currently in an active status, enter the first day of the current month.
	TD05	MED ENTRY RSN	Enter H if the master MED STATUS is A, B, or C. Otherwise, enter E.
	TD05	MED STATUS	If the master MED STATUS is A, B, or C, leave blank. Otherwise, enter A to approve or C to reopen.
	TD05	MED APP DT	Enter the date the application was received in the local office. If the date was entered to pend the application, recoding is not necessary. If MED ENTRY RSN was H, leave blank.
	TD05	MED POS DT	Enter the first day of the month in which the client becomes eligible. If MED ENTRY RSN was H, leave blank.

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ACTION	SCREEN FIELDS USED		INSTRUCTIONS
Residential Care Facility (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	RETRO	Code TD05 RETRO for all the months you have determined the client to be eligible for retroactive medical assistance.
			Note: If medical eligibility predates the retroactive Medicaid period and was not previously recorded, submit a *Request for Special Update*, 470-0397, or enter an SSI-related Medicaid approval without pending and without entering an X in RETRO field.
	TD05	MR	Enter N.
	TD05	STATE SUPP ENTRY RSN	Enter E.
	TD05	STATE SUPP STATUS	Enter A to approve. Enter C to reopen.
	TD05	FI	Enter X. Manually issue the NOD.
	TD05	STATE SUPP RSN1	Enter code. See 14-B-Appendix, NOTICE CODES. Do not use 000, because the facility subsystem does not recognize 000.
	TD05	STATE SUPP APP DT	Enter the date the local office received the application. If you entered this to pend the application, reentry is not necessary.
	TD05	STATE SUPP POS DT	Enter the date the client became eligible for payment for facility care.

ACTION	SCREEN FIELDS USED		INSTRUCTIONS
Residential Care Facility (Cont.)	TD05	STATE SUPP AD	Enter the code that indicates the timeliness of any approved State Supplementary Assistance application. Entry is required when entering an "A" FAC STATUS. If the application is untimely, enter the reason for the processing delay. If the application is processed timely, use code "A."
	TD05	STATE SUPP MED CP CD	Enter M.
	TD05	VENDOR	Enter the vendor number. (Obtain the number from the vendor.)
	TD05	1ST CP AMT	Enter the amount of client participation for the month of the STATE SUPP POS DT.
	TD05	ONGOING CP	Enter the amount of client participation for the month after the STATE SUPP POS DT. **Note:** Approvals and denials will roll from the program line to the individual's programs when previously pended.
	TD03	ENTRY RSN	Enter H if the master medical status code is A, B, or C. Otherwise, enter E. **Note:** No entry is required if the master medical status code is "D," and the FAC/ST/WV status code is "D," and no updating of the individual's TD03 data is required since the time of pending.
	TD03		Complete any needed demographic information. See 14-B-Appendix, TD03, for valid codes.
	TD03	OHP	Enter R.

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ACTION	SCREEN FIELDS USED		INSTRUCTIONS
Residential Care Facility (Cont.)	TD03	MP	Enter Y if the Medicare premium is withheld from the check. Enter N if it is not withheld.
	TD03	MED ST	If the master displays A, B, or C, make no entry. Otherwise, enter A to approve or C to reopen.
	TD03	FUND	Enter the applicable code: 1 Adult recipient 2 Child recipient
	TD03	POV	Enter the percentage of the federal poverty level for the client, if required. (See 14-B-Appendix, TD03 POV, for aid types where no entry is needed.)
	TD03	ST SUPP ST	Enter A to approve. Enter C to reopen. **Note:** Make entries to change to automated client participation with a facility positive date of the first month that is eligible for automated calculation. See FACILITY CASE ACTIONS: Changing Client Participation.
	TD03	HEALTH	Enter the applicable code.
Denying an Application	TD01 TD01 TD01 TD01 TD01	 AID MED AID CO RES CNID	For a new case, see Case Numbering: Assigning Case Numbers, Aid Type Priority, and Case Name ID for TD01 instructions. See also 14-B-Appendix, TD01 Case Information and TD01: Section I, Identification.
	TD01	ENTRY RSN	Enter A or H.
	TD01	AID	Enter the aid type for the type of assistance being denied.

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ACTION	SCREEN FIELDS USED		INSTRUCTIONS
Denying an Application (Cont.)	TD05	MED ENTRY RSN	Enter A.
	TD05	MED STATUS	Enter M.
	TD05	STATE SUPP ENTRY RSN	Enter A.
	TD05	STATE SUPP STATUS	Enter M.
	TD05	FI	Enter a space. (Press spacebar key.)
	TD05	STATE SUPP RSN2	Enter the notice reason. Do not use 613.
	TD05	STATE SUPP APP DT	Enter the date the application was received in the local office. If the date was entered to pend the application, recoding is not necessary.
	TD03	ENTRY RSN	Enter A.
	TD03		Complete any needed demographic information. See 14-B-Appendix, TD03.
	TD03	MED ST	Enter M.
	TD03	STATE SUPP ST	Enter M.

Reopening a Case
 	
   Automated
 	
      Family-Life Home			

	TD01	ENTRY RSN	Enter H.
	TD01	AID	Enter either: 10-0 Aged 60-0 Disabled

ACTION	SCREEN FIELDS USED		INSTRUCTIONS
Family-Life Home (Cont.)	TD05	MED ENTRY RSN	Enter C.
	TD05	MED STATUS	Enter C.
	TD05	STATE SUPP ENTRY RSN	Enter C.
	TD05	STATE SUPP STATUS	Enter C.
	TD05	FI	Enter a space. (Press spacebar key.)
	TD05	STATE SUPP APP DT	Enter the date of reapplication was received in the local office. If the date was entered to pend the application, recoding is not necessary.
	TD05	STATE SUPP POS DT	Enter the first day of the month in which the client become eligible.
	TD05	FLH AMOUNT	If a state-administered payment is necessary, enter the amount of the payment.
	RSCM	BENEFIT MONTH	Enter RSCM screens from the month of the state supplementary positive date forward. The months entered must include the next system month. They cannot be further in the future than the next system month. Select the applicable RSCM screen by entering the benefit month. The earliest benefit month entered is the month of the state supplementary positive date.
	RSCM	AMOUNTS	Enter the countable amount for each specific type of resource listed. If the countable resources are zero, enter zeros in the fields for at least one of the types.

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Reopening a Case
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ACTION	SCREEN FIELDS USED		INSTRUCTIONS
Family-Life Home (Cont.)	RSCS	BENEFIT MONTH	Enter RSCS screens from the month of the facility positive date forward. The months entered must include the next system month. They cannot be further in the future than the next system month.

Select the applicable RSCS screen by entering the benefit month. The earliest benefit month entered is the facility positive date. |
	RSCS	AMOUNTS	Enter the countable amount for each specific type of resource listed. If the countable resources are zero, enter zeros in the fields for at least one of the types.
	TD03	ENTRY RSN	Enter C.
	TD03		Complete any needed demographic information. See 14-B-Appendix, TD03, for valid codes.
	TD03	OHP	Enter F, or enter G if receiving SSI.
	TD03	MED ST	Enter C.
	TD03	FUND	Enter 1.
	TD03	POV	Enter the percentage of the federal poverty level for the client, if required. (See 14-B-Appendix, TD03 POV, for aid types where no entry is needed in this field.)
	TD03	ST SUPP ST	Enter C.
	TD03	HEALTH	Enter the applicable code for Medicare coverage.

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ACTION	SCREEN FIELDS USED	INSTRUCTIONS
Family-Life Home (Cont.)	BCW2 BENEFIT MONTH	Enter BCW2 income and deductions from the month of the State Supplementary Assistance positive date forward. The months entered must include the next system month, but cannot go beyond it. Select the applicable BCW2 by entering the person's state ID number and the benefit month, beginning with the program positive date. There may be entries for one, two, or three months: ♦ The next system month only. ♦ The current and next system months. ♦ The first prior month, current month, and next system months. (If more than three months' BCWs are needed, manual calculation is necessary.)
	BCW2 THRU MO	You can 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 entered 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.
	BCW2 ENTRY RSN	Enter H.
	BCW2 PI	Entry of both D and C is needed.
	BCW2 E/B	Code all income as A, unless different amounts are used to determine eligibility and benefits.

ACTION	SCREEN FIELDS USED		INSTRUCTIONS
Family-Life Home (Cont.)			If different amounts are used, enter code E on one line and B on another line. It does not matter which code is used on which line, but all indicators for one program must be entered on one screen.
			When using both the E and B codes, do not press ENTER between entering the E and B line. If you make an error, delete the transaction and reenter the data.
	BCW2	EARNED 1-5	Enter gross earned income. (The system subtracts the earned income deduction.)
	BCW2	UNEARN 1-4 OTHER UI	Enter unearned income.
			Enter the social security amount before deduction for the Medicare premium, even if buy-in is not complete. Determine this amount by adding the Medicare premium amount and any overpayment deduction amount to the net social security income
	BCW2	SR 1-4, SR	Enter the code to identify the source of unearned income.
Family-Life Home on an Active Medicaid Case	TD01	ENTRY RSN	Enter H.
	TD01	AID	Enter either:
			10-0 Aged
			60-0 Disabled
	TD01	AID CHG DT	Enter the first day of the month of approval for family-life home payment.
	TD01	MED AID	Enter the code for the coverage group.
	TD01	MED CHG DT	Enter the first day of the next system month.

ACTION	SCREEN FIELDS USED		INSTRUCTIONS
Family-Life Home on an Active Medicaid Case (Cont.)	TD05	MED ENTRY RSN	Enter H.
	TD05	STATE SUPP ENTRY RSN	Enter C.
	TD05	STATE SUPP STATUS	Enter C.
	TD05	FI	Enter a space. (Press spacebar key.)
	TD05	STATE SUPP APP DT	Enter the date the reapplication was received in the local office.
	TD05	STATE SUPP POS DT	Enter the first day of the month in which the client becomes eligible.
	TD05	STATE SUPP AD	Enter the code that indicates the timeliness of any approved State Supplementary Assistance application. Entry is required when entering an "A" STATUS. If the application is processed timely, use code "A." If the application is untimely, enter the reason for the processing delay.
	TD05	FLH AMOUNT	If a state-administered payment is necessary, enter the amount of the payment.
	RSCM	BENEFIT MONTH	Enter RSCM screens from the month of the State Supplementary Assistance positive date forward. The months entered must include the next system month, but cannot go beyond the next system month.

Select the applicable RSCM screen by entering the benefit month, starting with the month of the program positive date. |
| | RSCM | AMOUNTS | Enter the countable amount for each specific type of resource listed. If the countable resources are zero, enter zeros in the fields for at least one of the types. |

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ACTION	SCREEN FIELDS USED		INSTRUCTIONS
Family-Life Home on an Active Medicaid Case (Cont.)	RSCS	BENEFIT MONTH	Enter RSCS screens from the month of the State Supplementary Assistance positive date forward. The months entered must include the next system month, but cannot go beyond the next system month. Select the applicable RSCS screen by entering the benefit month, starting with the month of the program positive date.
	RSCS	AMOUNTS	Enter the countable amount for each specific type of resource listed. If the countable resources are zero, enter zeros in the fields for at least one of the types.
	TD03	ENTRY RSN	Enter C.
	TD03	OHP	Enter F, or enter G if receiving SSI.
	TD03	FUND	Enter 1.
	TD03	ST SUPP ST	Enter C.
	BCW2	BENEFIT MONTH	Enter BCW2 income and deductions for the month of the State Supplementary Assistance positive date forward. The months entered must include the next system month, but cannot go beyond it. Select the applicable BCW2 by entering the person's state ID number and the benefit month, starting with the program positive date. There may be entries for one, two, or three months: ♦ The next system month only. ♦ The current and next system months. ♦ The first prior month, current month, and next system months. (If more than three months' BCWs are needed, manual calculation is necessary.)

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
Family-Life Home on an Active Medicaid Case (Cont.)	BCW2 THRU MO	You can 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 entered 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.
	BCW2 ENTRY RSN	Enter H.
	BCW2 PI	Entry of both D and C is needed.
	BCW2 E/B	Code all income as A, unless different amounts are used to determine eligibility and benefits. If different amounts are used, enter code E on one line and B on another line. It does not matter which code is used on which line, but all indicators for one program must be entered on one screen. When entering both E and B codes, do not press ENTER between entering the E and B lines. If you make an error, delete the transaction and reenter the data.
	BCW2 EARNED 1-5	Enter gross earned income. (The system subtracts the earned income deduction.)

ACTION	SCREEN FIELDS USED		INSTRUCTIONS
Family-Life Home on an Active Medicaid Case (Cont.)	BCW2	UNEARN 1-4 OTHER UI	Enter unearned income.
			Enter the social security amount before deduction for the Medicare premium, even if buy-in is not complete. Determine this amount by adding the Medicare premium amount and any overpayment deduction amount to the net social security income
	BCW2	SR 1-4, SR	Enter the code to identify the source of unearned income.
In-Home Health-Related Care			Financial eligibility and client participation under the in-home health-related care (IHHRC) program can be system-calculated with system notices.
			The ABC system has no direct impact on the payment of benefits. The DHS service worker issues the IHHRC payment. To initiate, change, or cancel benefit payment, communicate with the service worker using form 470-0506, *Service Report*.
	TD01	AID	Enter either: 14-1 Aged 64-1 Disabled
	TD01	AID CHG DT	Enter the first day of the month of approval for IHHRC payment.
	TD05	MED ENTRY RSN	Enter C.
	TD05	MED STATUS	Enter C.
	TD05	MED POS DT	Enter in MM/DD/YY format.
	TD05	STATE SUPP ENTRY RSN	Enter C.

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Chapter B(9) SSI-Related Medicaid and Facility Case Actions   Revised December 22, 2006

ACTION	SCREEN FIELDS USED		INSTRUCTIONS
In-Home Health-Related Care (Cont.)	TD05	STATE SUPP STATUS	Enter C.
	TD05	FI	Enter a space. (Press spacebar key.)
	TD05	STATE SUPP APP DT	Enter the date the reapplication was received in the local office, unless the date was entered to pend the application.
	TD05	STATE SUPP POS DT	Enter the first day of the month in which the client becomes eligible.
	RSCM	BENEFIT MONTH	Enter RSCM screens for the month of the State Supplementary Assistance positive date forward. The months entered must include the next system month, but cannot go beyond the next system month.

Select the applicable RSCM screen by entering the benefit month, starting with the month of the State Supplementary Assistance positive date. |
| | RSCM | AMOUNTS | Enter the countable amount for each specific type of resource listed. If the countable resources are zero, enter zeros in the fields for at least one of the types. |
| | RSCS | BENEFIT MONTH | Enter RSCS screens from the month of the State Supplementary Assistance positive date forward. The months entered must include the next system month but cannot go beyond the next system month.

Select the applicable RSCS screen by entering the benefit month, starting with the month of the State Supplementary Assistance positive date. |

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Reopening a Case   **Title 14** Management Information
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ACTION	SCREEN FIELDS USED		INSTRUCTIONS
In-Home Health-Related Care (Cont.)	RSCS	AMOUNTS	Enter the countable amount for each specific type of resource listed. If the countable resources are zero, enter zeros in the fields for at least one of the types.

Note: If there is a considered person on case, make entries on the TD03 screen to open the person as a considered person. Use 999 in the MED RSN field. |
	TD03	ENTRY RSN	Enter C.
	TD03	OHP	Enter N. (No entry is required on a considered person.)
	TD03	MED ST	Enter C, or enter H for the considered person.
	TD03	FUND	Enter the applicable code:

1   Adult recipient
2   Child recipient
S   Considered person |
	TD03	ST SUPP ST	Enter C, or enter H for the considered person.
	TD03	POV	Enter the percentage of the federal poverty level for the client, if required. (See 14-B-Appendix, TD03 POV, for aid types where no entry is needed in this field.)
	TD03	HEALTH	Enter the applicable code for Medicare coverage.
	BCW2	BENEFIT MO	Enter BCW2 income and deductions from the month of the State Supplementary Assistance positive date forward. The months entered must include the next system month but cannot go beyond it.

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
In-Home Health-Related Care (Cont.)		Select the applicable BCW2 by entering the person's state ID number and the benefit month, starting with the program positive date. Entries may be for one, two, or three months:
		♦ The next system month only. ♦ The current and next system months. ♦ The first prior month, current month, and next system months.
		(If more than three months' BCWs are needed, manual calculation is necessary.)
	BCW2 THRU MO	You can 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 entered 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.
	BCW2 ENTRY RSN	Enter H.
	BCW2 PI	Entry of both D and C is needed.
	BCW2 E/B	Code all income as A, unless different amounts are used to determine eligibility and benefits.
		If different amounts are used, enter code E on one line and code on another line. It does not matter which code is used on which line, but all indicators for one program must be entered on one screen.

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ACTION	SCREEN FIELDS USED	INSTRUCTIONS
In-Home Health-Related Care (Cont.)		When using both the E and B codes, do not push ENTER between entering the E and the B. If you make an error, delete the transaction and reenter the data.
	BCW2 EARNED 1-5	Enter the amount of gross earned income. (The system will subtract the applicable earned income deduction.)
	BCW2 UNEARN 1-4 OTHER UI	Enter the amount of unearned income.

Enter the social security amount before deduction for the Medicare premium, even if buy-in is not complete. Determine this amount by adding the Medicare premium amount and any overpayment deduction amount to the net social security income. |
	BCW2 SR 1-4, SR	Enter the code to identify the source of unearned income.
	BCW2 DEDUCT 1	Enter the amount to be deducted for a plan for self-support.
	BCW2 DEDUCT 2	Enter the unmet medical needs.
	BCW2 P DED NEED	Enter the blind work expenses.
	BCW2 P DED PAY	Enter the cost of in-home health-related care as determined by the service worker.

Do not enter the home maintenance allowance. The system automatically subtracts this amount from income. |

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ACTION	SCREEN FIELDS USED		INSTRUCTIONS
In-Home Health-Related Care on an Active Medicaid Case			Financial eligibility and client participation under the in-home health-related care (IHHRC) program can be system-calculated with system notices.
			The ABC system has no direct impact on the payment of benefits. The DHS service worker issues the IHHRC payment. To initiate, change, or cancel benefit payment, communicate with the service worker using form 470-0506, *Service Report*.
	TD01	ENTRY RSN	Enter H.
	TD01	AID	Enter either: 14-1 Aged 64-1 Disabled
	TD01	AID CHG DT	Enter the first day of the month of approval for IHHRC payment.
	TD01	MED AID	Enter the code for the coverage group.
	TD01	MED CHG DT	Enter the first day of the next system month.
	TD05	MEDICAL ENTRY RSN	Enter H.
	TD05	ST SUPP ENTRY RSN	Enter C.
	TD05	STATE SUPP STATUS	Enter C.
	TD05	FI	Enter a space. (Press spacebar key).
	TD05	STATE SUPP APP DT	Enter the date the application was received in the local office.
	TD05	STATE SUPP POS DT	Enter the first day of the month in which the client becomes eligible.

ACTION	SCREEN FIELDS USED		INSTRUCTIONS
In-Home Health-Related Care on an Active Medicaid Case (Cont.)	RSCM	BENEFIT MONTH	Enter RSCM screens for the month of the State Supplementary Assistance positive date forward. The months entered must include the next system month but cannot go beyond the next system month. Select the applicable RSCM screen by entering the benefit month, starting with the month of the program positive date.
	RSCM	AMOUNTS	Enter the countable amount for each specific type of resource listed. If the countable resources are zero, enter zeros in the fields for at least one of the types.
	RSCS	BENEFIT MONTH	Enter RSCS screens from the month of the State Supplementary Assistance positive date forward. The months entered must include the next system month but cannot go beyond the next system month. Select the applicable RSCS screen by entering the benefit month, starting with the month of the program positive date.
	RSCS	AMOUNTS	Enter the countable amount for each specific type of resource listed. If the countable resources are zero, enter zeros in the fields for at least one of the types. **Note:** If there is a considered person on case, make entries on the TD03 screen to open the person as a considered person. Use 999 in the MED RSN field.
	TD03	ENTRY RSN	Enter H, or enter A for the considered person.
	TD03		Enter all demographic information needed. See 14-B-Appendix, TD03, for codes.

ACTION	SCREEN FIELDS USED		INSTRUCTIONS
In-Home Health-Related Care on an Active Medicaid Case (Cont.)	TD03	OHP	Enter N. (No entry is required on a considered person.)
	TD03	MED ST	Enter H.
	TD03	FUND	Enter the applicable code:
			1 Adult recipient
			2 Child recipient
			S Considered person
	TD03	STATE SUPP ST	Enter A, or enter H for the considered person.
	BCW2	BENEFIT MONTH	Enter BCW2 income and deductions from the month of the State Supplementary Assistance positive date forward. The months entered must include the next system month but cannot go beyond it.
			Select the applicable BCW2 by entering the person's state ID number and the benefit month, starting with the program positive date. There may be entries for one, two, or three months:
			♦ The next system month only.
			♦ The current and next system months.
			♦ The first prior month, current month, and next system months.
			(If more than three months' BCWs are needed, manual calculation is required.)
	BCW2	THRU MO	You can 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 entered 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.

ACTION	SCREEN FIELDS USED		INSTRUCTIONS
In-Home Health-Related Care on an Active Medicaid Case (Cont.)	BCW2	ENTRY RSN	Enter H.
	BCW2	PI	Entry of both D and C is needed.
	BCW2	E/B	Code all income as A, unless different amounts are used to determine eligibility and benefits.
			If different amounts are used, enter code E on one line and code B on another line. It does not matter which code is used on which line, but all indicators for one program must be entered on one screen.
			When using both the E and B codes, do not push ENTER between entering the E and the B. If you make an error in the E/B entry, delete the transaction and reenter it.
	BCW2	EARNED 1-5	Enter the amount of gross earned income. (The system will subtract the applicable earned income deduction.)
	BCW2	UNEARN 1-4 OTHER UI	Enter the amount of unearned income.
			Enter the social security amount before deduction for the Medicare premium, even if buy-in is not complete. Determine this amount by adding the Medicare premium amount and any overpayment deduction amount to the net social security income.
	BCW2	SR 1-4, SR	Enter the code to identify the source of unearned income.
	BCW2	DEDUCT 1	Enter the amount to be deducted for a plan for self-support.

ACTION	SCREEN FIELDS USED		INSTRUCTIONS
In-Home Health-Related Care on an Active Medicaid Case (Cont.)	BCW2	DEDUCT 2	Enter the unmet medical needs.
	BCW2	P DED NEED	Enter the blind work expenses.
	BCW2	P DED PAY	Enter the cost of in-home health-related care as determined by the service worker.
			Do not enter the home maintenance allowance. The system automatically subtracts this amount from income.
Manual			
Dependent Person	TD01	AID	Enter either:
			14-6 Aged
			24-6 Blind
			64-6 Disabled
	TD05	MED ENTRY RSN	Enter E.
	TD05	MED STATUS	Enter A.
	TD05	RETRO	Code TD05 RETRO for all the months you have determined the client to be eligible for retroactive medical assistance.
			Note: If eligibility predates the Medicaid retroactive period and was not previously recorded, submit form 470-0397, *Request for Special Update*, or enter an SSI-related Medicaid approval without pending and without entering an X in RETRO.
	TD05	MR	Enter N.
	TD05	STATE SUPP ENTRY RSN	Enter E.
	TD05	STATE SUPP STATUS	Enter A.

ACTION	SCREEN FIELDS USED		INSTRUCTIONS
Dependent Person (Cont.)	TD05	FI	Enter X. Manually issue the *Notice of Decision*.
	TD05	STATE SUPP RSN1	Enter 000.
	TD05	STATE SUPP APP DT	Enter the date the local office received the application, unless the date was already entered to pend the application.
	TD05	STATE SUPP POS DT	Enter the date the client became eligible for State Supplementary Assistance.
	TD05	STATE SUPP AD	Enter the code that indicates the timeliness of any approved State Supplementary Assistance application. Entry is required when entering an "A" STATUS. If the application is processed timely, use code "A." If the application is untimely, enter the reason for the processing delay.
	TD03	ENTRY RSN	Enter E.
	TD03		Complete any demographic information needed. See 14-B-Appendix, TD03, for valid codes.
	TD03	OHP	Leave blank for the SSI-related person.
	TD03	MED ST	Enter A.
	TD03	FUND	Enter the applicable code: 1 Adult recipient 2 Child recipient
	TD03	POV	Enter the percentage of the federal poverty level for the client, if required. (See 14-B-Appendix, TD03 POV, for aid types where no entry is needed in this field.)

ACTION	SCREEN FIELDS USED		INSTRUCTIONS
Dependent Person (Cont.)	TD03	FAC ST	Enter A.
	TD03	HEALTH	Enter the applicable code for Medicare coverage.
	TD03	ENTRY RSN	Enter E on the person that is being added as the dependent.
	TD03	STATE ID	Assign a state identification number if necessary. See State ID Numbers: Assigning State IDs.
	TD03		Enter data for the dependent person, including any needed demographic information and any codes applicable to the specific program requirements. See 14-B-Appendix, TD03, for valid codes.
	TD03	OHP	For the dependent person, enter the code that describes the dependent's relationship to the recipient: A Dependent adult child D Dependent spouse M Dependent minor P Dependent parent
	TD03	MED ST	Enter A.
	TD03	FUND	Enter the applicable code: 3 Adult dependent 4 Child dependent **Note:** Dependent person eligibility is not system-determined. BCW2s and resource screens are never entered.

ACTION	SCREEN FIELDS USED		INSTRUCTIONS
Dependent Person (Cont.)			The Social Security Administration issues the dependent person SSA payments. Use form 470-0640, *State Supplementary Assistance Certification or Termination*, to initiate, change, or cancel the payment.
Dependent Person on an Active Medicaid Case	TD01	ENTRY RSN	Enter H
	TD01	AID	Enter either: 14-6 Aged 24-6 Blind 64-6 Disabled
	TD01	AID CHG DT	Enter the first day of the month of approval for dependent person payment.
	TD01	MED AID	Enter the code for the coverage group.
	TD01	MED CHG DT	Enter the first day of the next system month.
	TD05	MED ENTRY RSN	Enter H.
	TD05	STATE SUPP ENTRY RSN	Enter E.
	TD05	STATE SUPP STATUS	Enter A.
	TD05	FI	Enter X.
	TD05	STATE SUPP RSN1	Enter 000. Manually issue the *Notice of Decision*.
	TD05	STATE SUPP APP DT	Enter the date the local office received the application.
	TD05	STATE SUPP POS DT	Enter the first day of the month in which the client becomes eligible.

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ACTION	SCREEN FIELDS USED		INSTRUCTIONS
Dependent Person on an Active Medicaid Case (Cont.)	TD05	STATE SUPP AD	Enter the code that indicates the timeliness of any approved State Supplementary Assistance application. Entry is required when entering an "A" STATUS. If the application is processed timely, use code "A." If the application is untimely, enter the reason for the processing delay.
	TD03	ENTRY RSN	Enter H.
	TD03		Complete any needed demographic information. See 14-B-Appendix, TD03, for valid codes.
	TD03	OHP	Leave this field blank.
	TD03	ST SUPP ST	Enter C.
	TD03	ENTRY RSN	Enter E on the person that is being added as the dependent.
	TD03	STATE ID	Assign a state ID number if necessary. See State ID Numbers: Assigning State IDs.
	TD03		Enter data for the dependent person, including any needed demographic information and any codes applicable to the specific program requirements. See 14-B-Appendix, TD03, for valid codes.
	TD03	OHP	Enter the code that describes the dependent living with the recipient: A Dependent adult child D Dependent spouse M Dependent minor P Dependent parent
	TD03	MED ST	Enter A.
	TD03	MED DATE	Enter the first day of the first month of eligibility.

ACTION	SCREEN FIELDS USED		INSTRUCTIONS
Dependent Person on an Active Medicaid Case (Cont.)	TD03	FUND	Enter applicable code: 1 Adult recipient 2 Child recipient 3 Adult dependent 4 Child dependent
	TD03	STATE SUPP ST	Enter A. **Note:** Dependent person eligibility is not system-determined. BCW2s and resource screens are never entered. The Social Security Administration issues the State Supplementary Assistance dependent person payments. Use form 470-0640, *State Supplementary Assistance Certification or Termination*, to initiate, change, or cancel the actual payment.
Family-Life Home	TD01	ENTRY RSN	Enter H
	TD01	AID	Enter either: 10-0 Aged 60-0 Disabled
	TD05	MED ENTRY RSN	Enter E.
	TD05	MED STATUS	Enter A.
	TD05	RETRO	Code TD05 RETRO for all the months you have determined the client to be eligible for retroactive Medicaid. **Note:** If medical eligibility predates the retroactive Medicaid period and was not previously recorded, submit a *Request for Special Update*, 470-0397, or enter an SSI-related Medicaid approval without the pending step and without entering an X in RETRO.

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ACTION	SCREEN FIELDS USED		INSTRUCTIONS
Family-Life Home (Cont.)	TD05	MR	Enter N.
	TD05	STATE SUPP ENTRY RSN	Enter E.
	TD05	STATE SUPP STATUS	Enter C.
	TD05	FI	Enter X. Issue a manual notice.
	TD05	STATE SUPP RSN1	Enter 000.
	TD05	STATE SUPP APP DT	Enter the date the application was received in the local office, unless the date was already entered to pend the application.
	TD05	STATE SUPP POS DT	Enter the date the client became eligible for State Supplementary Assistance.
	TD03	ENTRY RSN	Enter E.
	TD03		Complete any needed demographic information. See 14-B-Appendix, TD03, for valid codes.
	TD03	OHP	Enter F, or enter G if receiving SSI.
	TD03	MED ST	Enter A.
	TD03	FUND	Enter 1.
	TD03	POV	Enter the percentage of the federal poverty level for the client, if required. (See 14-B-Appendix, TD03 POV, for aid types where no entry is needed in this field.)
	TD03	FAC ST	Enter C.
	TD03	HEALTH	Enter the applicable code for Medicare coverage.

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ACTION	SCREEN FIELDS USED		INSTRUCTIONS
Family-Life Home on an Active Medicaid Case	TD01	ENTRY RSN	Enter H.
	TD01	AID	Enter either:
			10-0 Aged
			60-0 Disabled
	TD01	AID CHG DT	Enter the first day of the month of approval for family-life home payment.
	TD01	MED AID	Enter the code for the coverage group.
	TD01	MED CHG DT	Enter the first day of the next system month.
	TD05	MED ENTRY RSN	Enter H.
	TD05	STATE SUPP ENTRY RSN	Enter E.
	TD05	STATE SUPP STATUS	Enter A.
	TD05	FI	Enter X. Issue a manual notice.
	TD05	STATE SUPP RSN1	Enter 000.
	TD05	STATE SUPP APP DT	Enter the date the application was received in the local office.
	TD05	STATE SUPP POS DT	Enter the first day of the month in which the client becomes eligible.
	TD05	STATE SUPP AD	Enter the code that indicates the timeliness of any approved State Supplementary Assistance application. Entry is required when entering an "A" STATUS. If the application is processed timely, use code "A." If the application is untimely, enter the reason for the processing delay.

ACTION	SCREEN FIELDS USED		INSTRUCTIONS
Family-Life Home on an Active Medicaid Case (Cont.)	TD05	FLH AMOUNT	If a state-administered payment is necessary, enter the amount of the payment.
	TD03	ENTRY RSN	Enter H.
	TD03	OHP	Enter F.
	TD03	ST SUPP ST	Enter A.
In-Home Health-Related Care	TD01	ENTRY RSN	Enter H.
	TD01	AID	Enter either: 14-1 Aged 64-1 Disabled
	TD05	MED ENTRY RSN	Enter E.
	TD05	MED STATUS	Enter A.
	TD05	RETRO	Code TD05 RETRO for all the months you have determined the client to be eligible for retroactive medical.
	TD05	STATE SUPP POS DT	Enter the date the client became eligible for State Supplementary Assistance. **Note:** If medical eligibility predates the retroactive Medicaid period and was not previously recorded, submit a *Request for Special Update*, 470-0397, or enter an SSI-related Medicaid approval without pending and without entering an X in RETRO.
	TD05	MR	Enter N.
	TD05	STATE SUPP ENTRY RSN	Enter E.

ACTION	SCREEN FIELDS USED		INSTRUCTIONS
In-Home Health-Related Care (Cont.)	TD05	STATE SUPP STATUS	Enter C.
	TD05	FI	Enter X. Issue a manual notice.
	TD05	RSN 1	Enter 000.
	TD05	STATE SUPP APP DT	Enter the date the reapplication was received in the local office. If the date was entered to pend the application, recoding is not necessary.
	TD05	STATE SUPP POS DT	Enter the date the client became eligible for State Supplementary Assistance. If there is a considered person on an IHHRC case, make entries on the TD03 screen to open the person as a considered person. Use 999 in the MED RSN field.
	TD05	1ST CP AMT	Enter the amount.
	TD05	ONGOING CP AMT	Enter the amount.
	TD03	ENTRY RSN	Enter E.
	TD03		Complete any needed demographic information. See 14-B-Appendix, TD03, for valid codes.
	TD03	OHP	Enter N.
	TD03	MED ST	Enter A, or enter H for the considered person.
	TD03	FUND	Enter the applicable code: 1 Adult recipient 2 Child recipient 9 Considered person

ACTION	SCREEN FIELDS USED		INSTRUCTIONS
In-Home Health-Related Care (Cont.)	TD03	POV	Enter the percentage of the federal poverty level for the client, if required. (See 14-B-Appendix, TD03 POV, for aid types where no entry is needed in this field.)
	TD03	STATE SUPP ST	Enter C, or enter H for the considered person.
	TD03	HEALTH	Enter the applicable code for Medicare coverage.
In-Home Health-Related Care on an Active Medicaid Case	TD01	ENTRY RSN	Enter H.
	TD01	AID	Enter either: 14-1 Aged 64-1 Disabled
	TD01	AID CHG DT	Enter the first day of the month of approval for the in-home health-related care.
	TD01	MED AID	Enter the code for the coverage group.
	TD01	MED CHG DT	Enter the first day of the next system month.
	TD05	MED ENTRY RSN	Enter H.
	TD05	STATE SUPP ENTRY RSN	Enter E.
	TD05	STATE SUPP STATUS	Enter C.
	TD05	FI	Enter X. Issue a manual notice.
	TD05	STATE SUPP RSN1	Enter 000.
	TD05	STATE SUPP APP DT	Enter the date the application was received in the local office.

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ACTION	SCREEN FIELDS USED		INSTRUCTIONS
In-Home Health-Related Care on an Active Medicaid Case (Cont.)	TD05	STATE SUPP POS DT	Enter the first day of the month in which the client becomes eligible. If there is a considered person, make entries on the TD03 screen to open the person as a considered person. Use 999 in the MED RSN field.
	TD05	1ST CP AMT	Enter the amount.
	TD05	ONGOING CP AMT	Enter the amount.
	TD03	ENTRY RSN	Enter H, or enter E for the considered person.
	TD03		Complete any needed demographic information. See 14-B-Appendix, <u>TD03</u>, for valid codes.
	TD03	OHP	Enter N.
	TD03	MED ST	Enter H for the considered person.
	TD03	ST SUPP ST	Enter C, or enter H for the considered person.
	TD03	FUND	Enter the applicable code: 1 Adult recipient 2 Child recipient S Considered person
Residential Care Facility	TD01	RSN	Enter H.
	TD01	AID	Enter: 13-4 Aged, receives SSI 13-5 Aged, income over SSI limit 63-4 Disabled, receives SSI 63-5 Disabled, income over SSI limit

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ACTION	SCREEN FIELDS USED		INSTRUCTIONS
Residential Care Facility (Cont.)	TD05	MED ENTRY RSN	Enter H if the master MED STATUS is A, B, or C. Otherwise, enter E.
	TD05	MED STATUS	If the master MED STATUS is A, B, or C, leave blank. Otherwise, enter A to approve or C to reopen.
	TD05	MED APP DT	Enter the date the application was received in the local office. If the date was entered to pend the application, recoding is not necessary. If MED ENTRY RSN was H, leave blank.
	TD05	MED POS DT	Enter the first day of the month in which the client becomes eligible. If MED ENTRY RSN was H, leave blank.
	TD05	STATE SUPP AD	Enter the code that indicates the timeliness of any approved State Supplementary Assistance application. Entry is required when entering an "A" FAC STATUS. If the application is processed timely, use code "A." If the application is untimely, enter the reason for the processing delay.
	TD05	RETRO	Code TD05 RETRO for all the months you have determined the client to be eligible for retroactive medical. **Note:** If medical eligibility predates the retroactive Medicaid period and was not previously recorded, submit a *Request for Special Update*, 470-0397, or enter an SSI-related Medicaid approval without the pending step and without entering an X in RETRO field.
	TD05	MR	Enter N.

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ACTION	SCREEN FIELDS USED		INSTRUCTIONS
Residential Care Facility (Cont.)	TD05	STATE SUPP ENTRY RSN	Enter E.
	TD05	STATE SUPP ST	Enter C to reopen.
	TD05	FI	Enter X. Issue a manual notice.
	TD05	STATE SUPP RSN1	Enter 071 for reopen.
	TD05	STATE SUPP APP DT	Enter the date the reapplication was received in the local office. If the date was entered to pend the application, recoding is not necessary.
	TD05	STATE SUPP POS DT	Enter the date the client became eligible for payment for facility care.
	TD05	STATE SUPP MED CP CD	Enter the facility type code.
	TD05	VENDOR	Enter the vendor number. Vendor number is obtained from the vendor.
	TD05	1ST CP AMT	Enter the amount of client participation for the month of the STATE SUPP POS DT.
	TD05	ONGOING CP	Enter the amount of client participation for the month after the STATE SUPP POS DT.
	TD03	ENTRY RSN	Enter H if the master MED ST is A, B, or C. Otherwise, enter E.
	TD03		Complete any needed demographic information. See 14-B-Appendix, TD03, for valid codes.
	TD03	OHP	Enter R.
	TD03	MP	Enter Y if the Medicare premium is withheld from the check. Enter N if it is not withheld.

ACTION	SCREEN FIELDS USED		INSTRUCTIONS
Residential Care Facility (Cont.)	TD03	MED ST	If the master displays A, B, or C, make no entry. Otherwise, enter A to approve or C to reopen.
	TD03	FUND	Enter: 1 Adult 2 Child
	TD03	POV	Enter the percentage of the federal poverty level for the client, if required. (See 14-B-Appendix, TD03 POV, for aid types where no entry is needed in this field.)
	TD03	FAC ST	Enter C to reopen.
	TD03	HEALTH	Enter applicable code. **Note:** After client participation has updated, make entries to change to automated client participation with the facility positive date of the first month that allows automated client participation (if the restrictions on automated calculations do not apply to the case ongoing). (See FACILITY CASE ACTIONS: Changing Client Participation.) If the case is not automated, when the buy-in or some other action is done, the income on the BCW2 will be zero. Consequently, the calculation client participation is zero.

ACTION	SCREEN FIELDS USED		INSTRUCTIONS
Closing the Program	TD05	MED ENTRY RSN	Enter G.
	TD05	MED/STATUS	Enter N.
	TD05	STATE SUPP ENTRY RSN	Enter G.
	TD05	STATE SUPP STATUS	Enter N.
	TD05	FI	Enter a space. (Press spacebar key.)
	TD05	STATE SUPP RSN2	Enter the notice reason.
	TD05	STATE SUPP NEG DT	Enter the day after the last date the client is eligible.
Recording Death on a Dependent Person Case			Step One: Individual entries
	TD03	ENTRY RSN	Enter M.
	TD03	MED/STATUS	Enter N.
	TD03	MED RSN	Enter 613.
	TD03	MED DATE	Enter date of death.
	TD03	FAC/ST/WV	Enter N.
	TD03	FAC/ST/WV/RSN	Enter 613.
	TD03	FAC/ST/WV/DATE	Enter date of death. Press the F6 function key and complete the estate recovery referral, if appropriate.
			Step Two
			If the deceased person was the SSA recipient, then cancel the case using the directions below. If the deceased person was the dependent person, then redetermine the SSA recipient's Medicaid eligibility and make applicable entries.

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ACTION	SCREEN FIELDS USED		INSTRUCTIONS
Closing Case due to Death of Recipient			Use these instructions for all State Supplementary Assistance cases.
	TD05	MED ENTRY RSN	Enter M.
	TD05	MED STATUS	Enter N.
	TD05	MED RSN2	Enter 613.
	TD05	MED NEG DT	Enter date of death.
	TD05	STATE SUPP ENTRY RSN	Enter M.
	TD05	STATE SUPP STATUS	Enter N.
	TD05	FI	Enter space. (Press the spacebar key.)
	TD05	STATE SUPP RSN2	Enter 613.
	TD05	STATE SUPP NEG DT	Enter date of death. Press the F6 function key and complete the estate recovery referral, if appropriate.
Closing a Supplement for Medicare and Medicaid Eligibles	RSCM		For MEPD: Enter the higher amount of resources in the RSCM field. The system will check the amount of resources. Resources over $2,000 will cause a cancellation with timely notice.
	TD05		If an MEPD client has increased income, enter the new amount on the TD05 screen.

The system checks an internally calculated poverty level based on the income entered on the TD05 screen. Cases that have an internal poverty level of 150% or higher will be canceled with timely notice. |

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
Closing a Supplement for Medicare and Medicaid Eligibles (Cont.)	TD03 POV	For aid types 13-6, 63-6, 64-5, 73-1, 73-2, 73-3, 73-4, and 73-5, enter the poverty level percentage in the POV field. The system will check the poverty level and cancel with timely notice the cases with poverty levels that do not meet the program requirements. For aid types 13-6, 63-6, 64-5, 73-1, 73-2, 73-3, 73-4, and 73-5, the poverty level must be 120% or higher to be eligible for this group.
Issuing Grants for Family-Life Home Past and Current Months		If monthly amounts vary, enter each month's payment as a separate TD06 transaction.
	TD06 IMM/CAN	Enter Z.
	TD06 AID TP	Enter the case aid type.
	TD06 REASON	Enter zeros. Send a manually prepared notice of decision.
	TD06 EFFECT DT	The effective date is the earliest month the benefits are issued for.
	TD06 # MONTHS	Enter the total number of months for which issuances of the same amount are wanted, including current month. If entering into system after cutoff, include next calendar month.
	TD06 AMT	Enter the monthly amount.

ACTION	SCREEN FIELDS USED		INSTRUCTIONS
Reviews	TD05	STATE SUPP ENTRY RSN	Enter H.
	TD05	STATE SUPP LAST REV	Enter the month and year of the last review.
	TD05	STATE SUPP NEXT REV	The system will always generate a 12-month review. If the review must be completed earlier than 12 months after last review, you must enter the next review date.
			The system will not generate a review for cases with aid types of 73-3. Enter a tickler for an annual review and document the review in the case record. See 14-B(4) for tickler information.
Changing Address for RCF	TD01	NAME ADDRESS	Enter changes.
	TD05	MED ENTRY RSN	Enter H.
	TD05	STATE SUPP ENTRY RSN	Enter H.
	TD05	FI	Enter X. Manually issue NOD.
	TD05	STATE SUPP RSN1	Enter action code 076.
	TD05	1ST CP AMT	Reenter the amount on the master.
	TD05	ONGO CP	Reenter the amount on the master.
	TD05	STATE SUPP POS DT	Enter the date of change.

Iowa Department of Human Services   **SYSTEM-INITIATED ACTIONS**
Title 14 Management Information   **Automatic Aid Type Changes**
Chapter B(9) SSI-Related Medicaid and Facility Case Actions   Revised November 5, 2010

SYSTEM-INITIATED ACTIONS

ACTION	EXPLANATION
Automatic Aid Type Changes	When a person turns 65, the system converts the existing aid type to one for aged coverage. The aid type is changed in the month of the age change, for the next system month. The conversions are: 60-0 Converts to 10-0 64-0 Converts to 14-0 63-0 Converts to 13-0 64-1 Converts to 14-1 63-1 Converts to 13-1 64-2 Converts to 14-2 63-4 Converts to 13-4 64-3 Converts to 14-3 63-5 Converts to 13-5 64-6 Converts to 14-6 63-6 Converts to 13-6
Automatic Changes to Cases	These actions affect only cases with ABC automated calculations.
Buy-In	When the buy-in tape is received from the Social Security Administration, the system updates the premium payor field on the ABC individual file (TD03, MP) and creates the necessary calculation transactions. These calculations are processed in ABC daily batch processing. This process also changes the health coverage code and social security claim numbers. If no BCW2 entries were made, zero income will be used in the calculation.
Expiration of 90-Day Period	Parent will be changed to considered person and counted in the household size. Children are not counted in the household size. Continuous eligibility does not apply.
COLA Changes	Income as changed by COLAs is used in calculations. Notices are sent when eligibility or client participation is affected.

SYSTEM-INITIATED ACTIONS   Iowa Department of Human Services
Automatic Program Closings   **Title 14** Management Information
June 24, 2005   **Chapter B(9)** SSI-Related Medicaid and Facility Case Actions

ACTION	EXPLANATION
Automatic Program Closings	
Automatic Redetermination	After two months in the automatic redetermination aid type, the system closes Medicaid on the case.
COLA Changes	When the cost-of-living adjustments occur, the revised social security or SSI 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.
Participation in More than One Case (Illegal People)	The system identifies individuals by looking in the state ID record to determine the person's current status by program. Food Assistance is not allowed with any facility aid except RCF. When the system finds this condition, it sends a message to the worker on the Worker Action Report and ceases processing.