



April 16, 1996

GENERAL LETTER NO. 14-B-AP-83

ISSUED BY: Bureau of Policy Analysis, Division of Policy Coordination

SUBJECT: Employees' Manual, Title 14, Chapter B, *Automated Benefit Calculation System, Appendix*, Contents (pages 1, 2, and 3), revised; pages 6, 9, 11, 31, 32, 32a, 45, 57-61, 63-66, 68, 74-78, 78a, 81-84, 90-96, 96a, 96b, 97-106, 106a, 106b, 107, 108, 108a-108c, 109, 110, 110a, 110b, 111, 112, 112a, 112b, 113, 114, 114a-114c, 115, 116, 116a-116d, 117, 118, 118a-118d, 119, 120, 120a-120f, 121, 122, 122a-122d, 123, 124, 124a-124d, 125, 126, 126f, 127, 128, 128a-128d, 130c, 131, 132, 133, 148, 162, and 170, revised; and pages 96c, 96d, 108d, 110c, 110d, 112c, 112d, 114d, 120g, 120h, 124e, 124f, 126g, 126h, 128e-128i, 130d, and 130e, new.

Summary

Notice codes have been updated to reflect the revised manual. Iowa Administrative Codes (IAC) and/or Federal Regulations (CFR) have been added to negative action notices in response to a lawsuit.

On pages with revisions: the spelling of the word "cancelled" has been changed to "canceled" to conform with X-Pert; roman numeral manual references have been replaced by standard numbers. Several grammar, spelling, and cosmetic changes were made throughout the chapter.

A reference chart has been added at the end of the Notice Table. This will allow the worker to more easily find notices. The notices are listed along with their corresponding page number.

Notice reasons 140, 344, and 504 have been deleted.

An * has been added to aid type 73-3 on page 9 to indicate that this aid type may be used when no other aid type is applicable. (ICF/MR only)

The FIELD NAMEs of VENDOR, CODE and TYPE have been removed from page 31 and 32 as they are no longer used on TD01. They are now on page 78a for TD06.

Worker instructions have been updated for MR FS MR Code on page 32a.

References to foster care/subsidized adoption have been removed from pages 11, 31, 32, 75-78, 92-95, 133, and 148.

The vendor number for ICF/MR has been corrected to 088 on page 45.

Early and Periodic Screening, Diagnosis and Treatment Codes have been revised on page 57.

FACS status codes have been added on page 60a.

The worker instructions for TD03 notice reasons have been revised on pages 61, 64, and 68.

A paragraph has been deleted from page 64 (FIP JOBS) as it was duplicated on page 66.

Worker instructions have been added for TD06 on page 78 and 78a.

Pages 78b through 78m have been deleted.

The FIELD NAME's of UT CD (Utilities Use Code) and UT (Utility Date) have been deleted from pages 81-82 because they are now obsolete.

Worker instructions for food stamp child support deductions have been added to page 90-90a.

Program Use and/or Worker Instructions have been revised on pages 92, 93, 94, and 95.

A new approval notice code, 155, regarding property tax suspension has been added on page 96d.

Notice reason 176 was added as it was incorrectly removed earlier and a new notice reason for X-Pert, 799, has been added on page 99.

LBP notice reasons 260, 261, and 262 have been revised on pages 112a and 112b.

Two new LBP notice reasons, 268 and 269, have been added on page 113.

The message has been changed for NOD 915 on page 123.

LBP notice reasons 860, 861, 862, and 863 have been revised on pages 124-124a.

A new LBP notice reason, 869, has been added on page 124c.

A new Medicaid notice reason, 913, has been added on page 126f.

Managed Health Care codes have been added beginning on page 126g.

The word "Multiprogram" has been changed to "Multiple Programs" on pages 127, 128, 128a, 128b, 128c, and 128d for consistency.

A new Emergency Assistance notice reason, 029, has been added on page 130c.

In a previous manual change an error was made regarding WARs 776 and 778. This has been corrected. They are now back in their original format on page 162.

The word disability has been changed to eligibility on page 170.

Effective Date

This manual is effective upon receipt.

Material Superseded

Remove the following pages from Employees' Manual, Title 14, Chapter B, Appendix, and destroy them:

<u>Page</u>	<u>Date</u>
Contents (page 1)	May 30, 1995
Contents (page 2)	August 8, 1995
Contents (page 3)	May 30, 1995
6, 9, 11	March 14, 1995
31	April 7, 1992
32, 32a	December 1, 1992
32b, 32c	August 28, 1990
45	March 14, 1995
57	December 1, 1992
58, 59	March 1, 1994
60, 60a	March 14, 1995
61	April 7, 1992
63-65	March 1, 1994
66, 66a	March 14, 1995
68	March 1, 1994
74	May 11, 1993
75, 76	March 14, 1995
76a	December 1, 1992
77, 78, 78a, 78b	March 14, 1995
78c-78g	April 9, 1991
78h	May 11, 1993
78i-78m	April 9, 1991
81-84, 90-95	March 14, 1995
96, 96a	May 30, 1995
96b	August 8, 1995
97, 98	May 30, 1995
99	August 8, 1995
100-105	May 30, 1995
106, 106a, 106b	August 8, 1995

107, 108	May 30, 1995
108a, 108b, 108c	August 8, 1995
109, 110, 110a, 110b, 111	May 30, 1995
112	August 8, 1995
112a, 112b, 113, 114	May 30, 1995
114a-114c, 115, 116, 116a-116c	August 8, 1995
116d, 117, 118, 118a-118d, 119, 120, 120a	May 30, 1995
120b-120f, 121, 122, 122a, 122b	August 8, 1995
122c, 122d, 123, 124, 124a-124d	May 30, 1995
125, 126, 126f	August 8, 1995
127	May 30, 1995
128, 128a, 128b	August 8, 1995
128c, 128d	May 30, 1995
130c	March 1, 1994
131, 132, 133	May 11, 1993
148, 162	October 10, 1995
170	May 11, 1993

Additional Information

Refer any questions on this material to your regional benefit payment administrator.



DEPARTMENT OF HUMAN SERVICES

TERRY E. BRANSTAD, GOVERNOR

CHARLES M. PALMER, DIRECTOR

October 29, 1996

GENERAL LETTER NO. 14-B-AP-84

ISSUED BY: Bureau of Policy Analysis, Division of Policy Coordination

SUBJECT: Employees' Manual, Title 14, Chapter B, *Automated Benefit Calculation System, Appendix*, Contents (pages 2 and 3), revised; pages 96a-96d, 97, 98, 99, 100, 107, 108, 108a-108d, 109, 110, 110a-110d, 111, 112, 116c, 116d, 117, 118, 118a-118d, 119, 120, 120a-120h, 121, 122, 122a-122d, 126e-126h, 127, 128, 128a-128i, 129, 130, 130a-130e, 131, and 132, revised; and pages 98a, 108e, 108f, 118e, 118f, and 122e, new.

Summary

Manual references in Medicaid notice reasons have been updated to reflect the reorganizing and rewriting of the Medical manual.

One set of parenthesis has been removed from notice reason 209 on page 120g. It is only system-generated, never worker-generated. The corresponding ENTER IN column has also been corrected.

All Emergency Assistance manual references have been updated, beginning on page 129, to reflect the reorganizing and rewriting of the Emergency Assistance manual. Iowa Administrative Code reference notices have also been added to the Emergency Assistance.

On pages with revisions, "IAC" has been changed to "Iowa Admin. Code."

Effective Date

Upon receipt.

Material Superseded

Remove the following pages from Employees' Manual, Title 14, Chapter B, Appendix, and destroy them:

<u>Page</u>	<u>Date</u>
Contents (pages 2 and 3)	April 16, 1996
96a-96d, 97-100, 107, 108, 108a-108d, 109, 110, 110a-110d, 111, 112, 116c, 116d, 117, 118, 118a-118d, 119, 120, 120a-120h, 121, 122, 122a-122d	April 16, 1996
126e	August 8, 1995
126f-126h, 127, 128, 128a-128i	April 16, 1996
129, 130, 130a, 130b	March 1, 1994
130c-130e, 131, 132	April 16, 1996

Additional Information

Refer questions about this general letter to your regional benefit payment administrator.



DEPARTMENT OF HUMAN SERVICES

TERRY E. BRANSTAD, GOVERNOR

CHARLES M. PALMER, DIRECTOR

February 18, 1997

GENERAL LETTER NO. 14-B-AP-85

ISSUED BY: Bureau of Policy Analysis, Division of Policy Coordination

SUBJECT: Employees' Manual, Title 14, Chapter B, *Automated Benefit Calculation System Appendix*, Contents (pages 2 and 3), revised; pages 9, 10, 28a, 45, 66, 70c, 78a, 81, 108a, 108c, 110d, 111, 112, 114a-114d, 115, 116, 116a-116d, 120b, 120g, 124, 126, 126a-126h, 128b, 128f-128i, 131, 132, 137, 144b, 148, 149, 153, 154, 154a, 154b, 155, 166a, 168-170, 172, 180a, and 184a, revised; and pages 28b, 66a, 126i, 128j, and 144c, new.

Summary

Medicaid-related changes include the following:

- ◆ The new brain injury waiver aid types have been added on page 9.
- ◆ Worker instructions for MED CP CD have been updated on page 45.
- ◆ The Omnibus Budget Reconciliation Act of 1993 (OBRA 93) changed the transfer of assets policies. OBRA 93 states that both institutionalized and noninstitutionalized persons are penalized for transfers. On page 70c, a new code, Y, has been added to the TD03 COPAY, and the usage of existing code T has been changed. The new code blocks payment of certain services for both groups.

The T code is now for noninstitutionalized persons.

The new Y code is for institutionalized persons and waiver cases.

- ◆ Worker instructions for BCW1 BEN MO benefit month have been changed to include Transitional Medicaid on page 81.
- ◆ Manual reference for case notice reason 604 has been corrected on page 116c.
- ◆ Case notice reason 209 has been changed to include QMB on page 120g.
- ◆ Medically Needy, QMB, and SLMB have been removed from person notice reason 905 on page 128b.
- ◆ Manual references have been updated for person notice reason 932 on page 128f.
- ◆ Medical manual references for person notice reason 945 have been revised on page 128g.
- ◆ The instructions for WAR 506 on page 148, WAR 550 on page 149, WAR 621 on page 154c, and WARs 623 and 636 on page 155 have been updated.

Food Stamp-related changes include the following:

- ◆ A new field entitled Good Cause: FS PEN (food stamp penalty for failure to comply with another program's requirements) has been created on TD01. This is reflected on page 28a.
- ◆ A new Food Stamp case reason category, Benefit Changes, has been added on page 114a. This category includes a new Food Stamp person notice reason, 410, which cancels someone who fails "to comply with another program's requirements."
- ◆ Case notice reason 509, regarding Food Stamps: Failure to Comply, has been revised, including the manual references, on page 114c.
- ◆ A new case notice reason, 510, regarding Food Stamps: Failure to Comply, has been added on page 114c.
- ◆ Case notice reasons 511 through 519, regarding Food Stamps: Failure to Comply, have been revised, including the manual references, on pages 114c through 116.
- ◆ A new case notice reason, 520, regarding Food Stamps: Failure to Comply, has been added on page 116.
- ◆ Case notice reasons 507 and 508, regarding Food Stamp: Voluntary Quit, have been revised, including the manual references, on page 116b.
- ◆ Two new Food Stamps person notice reasons have been added on page 126. Reason 928 regarding "quitting employment without good cause," and reason 995 regarding "fleeing felons, probation/parole violators."
- ◆ Person notice reasons 980 through 985 regarding Food Stamp Employment and Training have been revised, including the manual references, on pages 126a and 126b.
- ◆ Three new Food Stamps: IPV Disqualifications notice reasons, 992, 993, and 994, have been added to page 126c.
- ◆ Two new person notice reasons, 923 and 987 regarding Food Stamp Work Registration, have been added on page 126d. Person notice reason 988 regarding Food Stamp Work Registration has been revised. Person notice reason 989 regarding Food Stamp Work Registration has been revised, including the manual references, on page 126e.
- ◆ Person notice reasons 990 and 991 regarding Food Stamp Work Registration have been revised, including the manual reference, on page 126f.

FIP-related changes include:

- ◆ A new field entitled Good Cause: MP (minor parent not living with an adult parent or legal guardian) has been created on TD01. This is reflected on page 28a.
- ◆ A new field entitled FIP MINOR, used to record the minor parent's living situation, has been created on TD03. It is reflected on page 66.
- ◆ Codes which were omitted in a previous printing from TD06 CODE and TYPE have been included on page 78a.
- ◆ A new FIP case notice reason, 211, regarding "not living with an adult parent or legal guardian without good cause" has been added on page 108c.
- ◆ A new FIP person notice reason, 916, regarding "not living with an adult parent or legal guardian without good cause" has been added on page 124.
- ◆ A new WAR, 020, has been created regarding minor parents and has been added on page 137.
- ◆ A new WAR, 354, has been created regarding LBPs, and has been added on page 144c.
- ◆ A typographical error was corrected and ADC was changed to FIP on pages 153 and 154.
- ◆ Four new WARs have been created regarding minor parents. They are 927, 960, 968, and 979 and reflected on pages 166a, 169, 170, and 172 respectively.
- ◆ A new tickler message has been generated regarding minor parents turning 18, and is reflected on page 180a.
- ◆ The JOBS tickler message reminding workers to "check JOB status of a parent whose child has turned six months" has been changed to three months on page 184a.

Other changes include the following:

- ◆ Manual and rule references have been changed for primary header notice codes 112-114 regarding PAER/RRED cancellations on page 108a.
- ◆ A new FIP and Medicaid case notice reason, 706, regarding "aliens entering the country on or after August 22, 1996," has been added on page 112.
- ◆ Manual references have been updated for case notice reason 202 on page 120b.
- ◆ A new multiple programs person reason, 947, regarding "aliens entering the country on or after August 22, 1996," has been added on page 128h.
- ◆ The Reference Chart on pages 131 and 132 indexing the notice reasons in numerical order has been updated.
- ◆ Throughout the chapter, on pages with revisions, "IAC" has been changed to "Iowa Admin. Code" to match the notice table format.

Effective Date

This manual material is effective upon receipt.

Material Superseded

Remove the following pages from Employees' Manual, Title 14, Chapter B, Appendix and destroy them:

<u>Page</u>	<u>Date</u>
Contents (pages 2 and 3)	October 29, 1996
9	April 16, 1996
10, 28a	March 14, 1995
45, 66	April 16, 1996
70c	May 11, 1993
78a, 81	April 16, 1996
108a, 108c, 110d, 111, 112	October 29, 1996
114a-114d, 115, 116, 116a, 116b	April 16, 1996
116c, 116d, 120b, 120g	October 29, 1996
124, 126	April 16, 1996
126a-126d	August 8, 1995
126e-126h, 128b, 128f-128i, 131, 132	October 29, 1996
137, 144b	October 10, 1995
148	April 16, 1996
149	October 10, 1995
153, 154	May 11, 1993
154a, 154b, 155	October 10, 1995
166a	March 1, 1994
168	October 10, 1995
169	May 11, 1993
170	April 16, 1996
172, 180a	May 11, 1993
184a	March 1, 1994

Additional Information

Refer questions about this general letter to your regional benefit payment administrator.



DEPARTMENT OF HUMAN SERVICES

TERRY E. BRANSTAD, GOVERNOR

CHARLES M. PALMER, DIRECTOR

April 22, 1997

GENERAL LETTER NO. 14-B-AP-86

ISSUED BY: Bureau of Policy Analysis, Division of Policy Coordination

SUBJECT: Employees' Manual, Title 14, Chapter B, *Automated Benefit Calculation System Appendix*, Table of Contents (pages 1, 2, and 3), revised; pages 29, 30, 30a, 30b, 31, 48, 82, 84, 96, 96b, 96d, 97, 98, 99 through 106, 108a through 108d, 109, 110, 110a through 110d, 111, 112, 112a, 113, 114, 114a, 116, 116a through 116d, 117, 118, 118b, 118c, 118e, 119, 120a through 120g, 121, 122, 122a, 122b, 122d, 123, 124, 124a through 124c, 125, 126, 126d, 128a through 128h, 131, 132, 142, 183, 184, 184a, and 184b, revised; and pages 30c and 30d, new.

Summary

- ◆ Manual references have been updated to reflect the changes which occurred when EM Title 5, State Supplementary Assistance policies, was rewritten into EM Chapter 6-B and EM Title 8.
- ◆ Due to the elimination of the FIP control group, manual references labeled "FIP-C" have been deleted and "FIP-T/N" labels have been changed to "FIP." Also, references to welfare reform and rules citing control group policy have been deleted.
- ◆ A change in postal addressing standards has dictated that all addresses must meet specific criteria. Because of this, instructions for entering name and address information on TD01 have been revised on pages 29-31. By conforming to these new standards, DHS will receive a lower postal rate, and the volume of returned mail will decrease. Apply these instructions to all new applications, as well as any time the address information on any active case does not comply.
- ◆ Revisions have been made to the TD03 TI (person's title), and are reflected on page 48.
- ◆ References to the homeless shelter standard have been removed from pages 82 and 84.
- ◆ Notice reason 010 has been updated to include "from Promise Jobs," on page 96b.
- ◆ Manual references for notice reasons 101 and 102 have been updated on page 106.
- ◆ A new Food Stamp case reason message, 521, regarding ineligibility due to receiving food stamps for three out of the last 36 months without meeting work requirements, has been added on page 116a.

- ◆ Due to the elimination of the FIP control group, notice reason 912 on page 124, regarding 30 1/3 disregards, and notice reasons 920, 924, 950, 951, 952, and 953 on pages 124f and 125, regarding FIP/FIP-UP Promise Jobs sanctions, have been removed.
- ◆ A new person reason message, 927, regarding ineligibility due to receiving food stamps for three out of the last 36 months without meeting work requirements, has been added on page 125.
- ◆ Notice reason 987 has been changed to include the words “from Food Stamps,” on page 126d.
- ◆ The Medically Needy, QMB, and SLMB programs have been removed from notice reason 905 on page 128a.
- ◆ The Medically Needy program was added to notice reason 945 on page 128f.
- ◆ War 316 on page 142 has been corrected to read “...expedited food stamp amount is more than the calculated amount.”
- ◆ A CSRU tickler message has been included on page 183.
- ◆ On pages with revisions, “IAC” has been changed to “Iowa Admin. Code.”

Effective Date

This manual material is effective upon receipt.

Material Superseded

Remove the following pages from Employees’ Manual, Title 14, Chapter B, Appendix, and destroy them:

<u>Page</u>	<u>Date</u>
Contents (page 1)	April 16, 1996
Contents (pages 2 and 3)	February 18, 1997
29, 30, 30a, 30b	March 14, 1995
31	April 16, 1996
48	March 14, 1995
82, 84, 96	April 16, 1996
96b, 96d, 97, 98, 99 through 100	October 29, 1996
101 through 106, 106a, 106b	April 16, 1996
108a	February 18, 1997
108b	October 29, 1996
108c	February 18, 1997
108d through 108f, 109, 110, 110a through 110c	October 29, 1996
110d, 111, 112	February 18, 1997
112a through 112d, 113, 114	April 16, 1996
114a, 116, 116a through 116d	February 18, 1997

117, 118, 118b, 118c, 118e, 119, 120a	October 29, 1996
120b	February 18, 1997
120c through 120f	October 29, 1996
120g	February 18, 1997
120h, 121, 122, 122a, 122b, 122d, 122e	October 29, 1996
123	April 16, 1996
124	February 18, 1997
124a through 124f, 125	April 16, 1996
126, 126d	February 18, 1997
128a	October 29, 1996
128b	February 18, 1997
128c through 128e	October 29, 1996
128f through 128j, 131, 132	February 18, 1997
142	October 10, 1995
183	April 7, 1992
184	May 11, 1993
184a	February 18, 1997
184b	March 1, 1994

Additional Information

Refer questions about this general letter to your regional benefit payment administrator.



DEPARTMENT OF HUMAN SERVICES

TERRY E. BRANSTAD, GOVERNOR

CHARLES M. PALMER, DIRECTOR

February 24, 1998

GENERAL LETTER NO. 14-B-AP-87

ISSUED BY: Bureau of Policy Analysis, Division of Policy Coordination

SUBJECT: Employees' Manual, Title 14, Chapter B, *Automated Benefit Calculation System Appendix*, Title page, revised; Table of Contents (pages 1 through 3), revised; Table of Contents (page 4), new; pages 1 through 190, revised; and pages 191 through 298, new.

Summary

This general letter releases changes made in the chapter due to elimination of the Food Stamp regular and welfare reform groups, delinking of Medicaid programs, the FIP truancy program and changes in sanctions for failure to cooperate with child support, and implementation of X-PERT.

The following are new notice codes since the manual was last issued.

- ◆ New Primary Headers are: 001-006, 026-029, 034, 037, 038, 42, 43, 45-48, 055, 056, 058, 059, 90, 91, 177, 178, 194-198, and 343-349.
- ◆ New Case Reason Messages are: 199, 212, 215-217, 229, 230, 240-242, 244, 246, 320, 321, 416-418, 620, 651, 655, and 656.
- ◆ New Person Reason Messages are: 800, 811-816, 818-830, 832-844, 846, 847, 917, 918, and 948-950.
- ◆ There is also a new notice override code of 999. Use of this code in any notice field will block the system notice for the program area where the notice reason is used without blocking the other program's notice.

The following notice codes have been deleted from the manual: 226, 227, 631, 888, and 957.

FIP

The following coding instructions are added for FIP as a result of recent policy changes:

- ◆ Coding instructions are added for field 37 on TD01, CSRU: Non-Coop, for initiating or removing a 25 percent grant reduction for noncooperation with CSRU.
- ◆ Case notice reasons 320 and 321 are added to notify clients about a 25 percent reduction in their FIP grant for failure to cooperate with CSRU.

- ◆ Two new fields, TREL (Truancy Release) and TR (TRUANT) are added to the FIP program line on TD03 for use with the FIP policies on truancy. Coding into the TR field initiates or removes a 25 percent sanction for truancy.
- ◆ Person notice reasons 948 and 949 are added to notify clients about a 25 percent reduction in their FIP grant when a FIP child is found truant by the school.
- ◆ Two new informational WARs (791 and 792) are added to notify workers of improper coding in the new TREL or TR field on TD03.
- ◆ Person notice reasons 995 and 950 are added for persons who are not eligible for FIP because they are fleeing felons, probation or parole violators, or convicted of misrepresenting their place of residence.

Delinking of Medicaid Programs

The following changes were made in system coding as a result of changes made due to system delinking of Medicaid programs.

- ◆ Due to delinking, there are separate calculations for cash assistance, Medicaid and food stamps. This applies even to those coverage groups where people automatically get Medicaid because they get cash assistance such as SSI.
- ◆ With delinking (separate system calculations), a new MED AID field has been added to TD01. The AID field will contain the aid type under which case assistance, state supplementary assistance, facility payments and client participation will be calculated. The MED AID field will contain the aid type under which Medicaid eligibility will be granted. In some cases, the AID field and the MED AID fields will contain the same aid type. In other cases, the AID field and the MED AID field will be different.
- ◆ Some aid types are valid in the both the AID field and MED AID fields. Some Aid types are only valid in the AID field.
- ◆ Twenty-eight aid types have been deleted. Eliminated Aid types are: 10-M, 20-M, 20-0, 23-0, 23-1, 23-4, 23-5, 23-6, 24-0, 24-1, 24-2, 24-3, 24-4, 24-5, 24-9, 30-M, 31-8, 31-9, 35-8, 37-F, 37-5, 53-0, 53-1, 53-4, 53-5, 54-0, 60-M, 90-1.
- ◆ Due to policy delinking for FIP-related coverage groups, the term FIP-related is obsolete. The coverage group for people who are eligible for Medicaid based on FIP is called Family Medical Assistance Program (FMAP). **Note:** FIP income or eligibility for Medicaid will no longer roll to medical. You must do separate entries to determine Medicaid eligibility when determining FIP eligibility.
- ◆ Screens with revisions are TD00 (System menu), TD01 (SEC I and SEC II), TD05 (SEC V MED/FAC/ST SUPP/WAIV), TD03 SEC VII (PERSON INFO) and BCW2 (INDIVIDUAL INCOME). New fields have been added to all identified screens except BCW2. However, the BCW2 has two new program indicators of “C” for medical and “D” for facility, state supplementary assistance or waiver. (This was previously used just for facility cases.)

Additionally, there has been a change in codes for entry of unearned income in SR(1-4) Source for Unearned Income. C is for Veteran's Pension (not benefits). H is for Veteran's Benefits (not Alien Sponsor). S is for Miller Trust (new).

- ◆ Two new resource screens have been created: RSCM = MED RESOURCES, the medical resource screen and RSCS = FAC/ST SUPP/WAIV RESOURCES, the facility, state supp, waiver resource screen. For system calculations, the worker must enter the client's resources on the appropriate screen. If the client has no resources but is in a system-calculated aid type, the worker must enter zeros all the way across in at least one field or a WAR will be generated. Aid types that do not allow system calculation of resources by IABC are: 14-4, 14-6, 24-6, 31-2, 37-0, 37-E, 38-0, 38-1, 40-9, 64-4, 64-6, 90-0, 90-2, 91-0, 92-0.
- ◆ The TD04 screen has been modified to remove fields that are no longer valid for IM entries for foster care.

It should be noted that if you have a case that has a county of legal settlement and make entries on TD03 in COS field (County of Settlement), enter the same information on TD05 in CO (County of Responsibility) and vice versa.

Effective Date

Upon receipt.

Material Superseded

Remove the following pages from Employees' Manual, Title 14, Chapter B, Appendix, and destroy them:

<u>Page</u>	<u>Date</u>
Title page	January 31, 1984
Contents (pages 1-3)	April 22, 1997
1	March 1, 1994
2	May 11, 1993
3-5	March 14, 1995
6	April 16, 1996
6a, 6b, 7, 8	March 14, 1995
9, 10	February 18, 1997
11	April 16, 1996
12	March 14, 1995
12a, 13-15	December 1, 1992
16	May 12, 1987
17, 18	May 2, 1989
19-28	March 14, 1995
28a, 28b	February 18, 1997
29, 30, 30a-30d, 31	April 22, 1997

32, 32a	April 16, 1996
33	December 1, 1992
34, 34a	January 14, 1992
34b, 35	December 19, 1989
36	August 29, 1989
36a	December 1, 1992
36b	August 28, 1990
36c	December 1, 1992
37, 38	March 14, 1995
38a, 38b	March 1, 1994
38c	March 14, 1995
38d	March 1, 1994
38e, 39-42	March 14, 1995
42a	December 1, 1992
43	August 28, 1990
44	May 11, 1993
45	February 18, 1997
46, 47	March 14, 1995
48	April 22, 1997
49-54	March 14, 1995
55, 56	December 1, 1992
57-61	April 16, 1996
62	April 9, 1991
63-65	April 16, 1996
66, 66a	February 18, 1997
67	March 1, 1994
68	April 16, 1996
69, 70, 70a, 70b	March 14, 1995
70c	February 18, 1997
70d	May 11, 1993
71	March 14, 1995
72, 73	May 11, 1993
74-78	April 16, 1996
78a	February 18, 1997
79, 80	March 14, 1995
81	February 18, 1997
82	April 22, 1997
83	April 16, 1996
84	April 22, 1997
85-88, 88a, 89	March 14, 1995
90-95	April 16, 1996
96	April 22, 1997
96a	October 29, 1996
96b	April 22, 1997

96c	October 29, 1996
96d, 97, 98	April 22, 1997
98a	October 29, 1996
99-106	April 22, 1997
107, 108	October 29, 1996
108a-108d, 109, 110, 110a-110d, 111, 112, 112a, 113, 114, 114a	April 22, 1997
114b-114d, 115	February 18, 1997
116, 116a-116d, 117, 118	April 22, 1997
118a	October 29, 1996
118b, 118c	April 22, 1997
118d	October 29, 1996
118e	April 22, 1997
118f	October 29, 1996
119	April 22, 1997
120	October 29, 1996
120a-120g, 121, 122, 122a, 122b	April 22, 1997
122c	October 29, 1996
122d, 123, 124, 124a-124c, 125, 126	April 22, 1997
126a-126c	February 18, 1997
126d	April 22, 1997
126e-126i	February 18, 1997
127, 128	October 29, 1996
128a-128h	April 22, 1997
129, 130, 130a-130e	October 29, 1996
131, 132	April 22, 1997
132a, 132b	May 11, 1993
133	April 16, 1996
134	May 11, 1993
135, 136	October 10, 1995
137	February 18, 1997
138, 138a, 138b	October 10, 1995
139, 140	May 11, 1993
141	October 10, 1995
142	April 22, 1997
142a	October 10, 1995
143, 144	May 11, 1993
144a	October 10, 1995
144b, 144c	February 18, 1997
145-147	October 10, 1995
148	February 18, 1997
148a, 148b	October 10, 1995
149	February 18, 1997
150	May 11, 1993

151, 152	March 1, 1994
153, 154, 154a, 154b, 155	February 18, 1997
156-160	October 10, 1995
160a	March 1, 1994
160b, 160c	October 10, 1995
160d, 161	March 1, 1994
162	April 16, 1996
163-165	March 1, 1994
166	October 10, 1995
166a	February 18, 1997
167	October 10, 1995
168-170	February 18, 1997
171	May 11, 1993
172	February 18, 1997
173, 174	May 11, 1993
175, 176	March 1, 1994
177, 178, 178a, 178b, 179, 180	May 11, 1993
180a	February 18, 1997
181, 182	April 7, 1992
183, 184, 184a, 184b	April 22, 1997
185-188	March 1, 1994
189, 190	January 14, 1992

Additional Information

Refer questions about this general letter to your regional benefit payment administrator.



DEPARTMENT OF HUMAN SERVICES

TERRY E. BRANSTAD, GOVERNOR

CHARLES M. PALMER, DIRECTOR

September 15, 1998

GENERAL LETTER NO. 14-B-AP-88

ISSUED BY: Bureau of Policy Analysis, Division of Policy Coordination

SUBJECT: Employees' Manual, Title 14, Chapter B, *Automated Benefit Calculation System Appendix*, Contents (pages 2, 3, and 4), revised; pages 3, 35, 68, 71, 72, 77, 78, 83, 85, 86, 89, 93, 94, 100, 109, 110, 112, 116, 121, 123, 131, 139, 144, 148, 153 through 159, 170, 171, 174, 176-179, 183, 190, 193 through 199, 201, 202, 205, 206, 213, 215, 225, 226, 227, 245, 248, 270, and 274, revised; and pages 118a, 122a, 138a, 170a, 170b, 176a, and 206a, new.

Summary

- ◆ On page 3, the letter S has been added to the list of office locations.
- ◆ On page 35, several CSRU: NON-COOP Child Support Recovery Unit cooperation status codes have been removed. Refer to Manual Letter 14-B(11)-1, page 6.
- ◆ On page 68, the word "reopen" has been added to ENTRY REASON code C; and ENTRY REASON code D has been corrected to read "Reinstatement to suspension."
- ◆ On page 71, the REL codes 7, 9, and A have been updated.
- ◆ On page 72, the DEP code U has been updated, and the OHP code A has been changed.
- ◆ On page 77, information has been added to the CAUSE code W, indicating it will drop off the screen after cutoff.
- ◆ On page 78, the FSET code J has been removed.
- ◆ On page 83, the MEDICAL STATUS code H has been changed.
- ◆ On page 85, the MEDICAL FUND codes 7, C, and S have been updated.
- ◆ On page 86, the LIMIT field has been changed to LIMIT DATE to match the TD03 screen, and worker instructions have been added. Also changes have been made to the worker instructions in the UNB and NWBN fields.
- ◆ On page 89, worker instructions for the POV have been updated, and several aid types have been eliminated.
- ◆ On page 93, the word "disaster" has been replaced with "misfortune" in the L code.
- ◆ On page 94, the word "disaster" has been replaced with "misfortune" in the N code.

- ◆ On page 100, the ENTRY RSN status of F has been updated to indicate it is not to be used for Medicaid.
- ◆ On page 109, Mothers and Children (MAC) has been added to the DEDUCT 2 PRGM USE column.
- ◆ On page 110, Mothers and Children (MAC) has been added to the P DED. NEED and the P DED PAY PRGM USE column.
- ◆ On page 112, a typographical error was corrected.
- ◆ On page 116, the manual references for notice reason 018 have been updated.
- ◆ On page 118a, two new medical notice reasons have been added for the Mothers and Children (MAC) program.
- ◆ On page 121, the manual references for notice reasons 348 and 349 have been combined, and the wording of the first sentence of notice reason 349 has been changed.
- ◆ On page 122a, a Medicaid notice reason has been added for the Mothers and Children (MAC) Program.
- ◆ On page 131, notice reason 169 has been removed.
- ◆ On page 138a, PAER/RRED cancellation notice reasons 113 and 114 have been changed to reflect a single program only, and a new PAER/RRED cancellation notice reason, 116 has been added.
- ◆ On page 139, three new PAER/RRED cancellation notice reasons have been added; 117, 118 and 119.
- ◆ On page 144, the FIP program and its corresponding manual references have been removed from notice reason 306.
- ◆ On page 148, the Medicaid manual reference for notice reason 334 has been corrected.
- ◆ On page 153, the wording “Employment Services” has been changed to “Iowa Workforce Development” in notice reason 325, and “DES” has been changed to “IWD” in the manual reference.
- ◆ On page 154, the wording “Employment Services” has been changed to “Iowa Workforce Development” in notice reason 332.
- ◆ On pages 154-159, the Food Stamp notice reasons that referenced manual letters have been updated to reference the Employees’ Manual.
- ◆ On page 170a, a Medicaid notice reason has been added for the Mothers and Children (MAC) program.
- ◆ On page 170b, manual references have been added to notice reason 237 for SLMB, QDWP, E-SLMB, and HH-SLMB.

- ◆ On page 171, manual references have been added to notice reason 238 for QDWP, E-SLMB, and HH-SLMB.
- ◆ On page 174, an Iowa Code reference has been corrected and the word “resources” was replaced with the word “assets.”
- ◆ On page 176, the words “Food Stamps” have been removed from notice reason 203.
- ◆ On page 176a, manual references have been added to notice reason 204 for QMB, SLMB, QDWP, E-SLMB, and HH-SLMB.
- ◆ On page 177, manual references have been added to notice reason 205 for QMB, SLMB, QDWP, E-SLMB and HH-SLMB.
- ◆ On page 178, the Food Stamp manual letter reference has been deleted.
- ◆ On page 179, manual references for Medicaid Mothers and Children (MAC) Program have been added to notice reason 209.
- ◆ On page 183, an obsolete manual reference was removed.
- ◆ On page 190, the wording has been corrected in notice reason 950.
- ◆ On page 193, the wording “Employment Services” has been changed to “Iowa Workforce Development” in notice reason 921, and “DES” has been changed to “IWD” in the manual reference. Also, the wording “Employment Services” has been changed to “Iowa Workforce Development” in notice reason 946.
- ◆ On pages 194-198, the Food Stamp notice reasons that referenced manual letters have been updated to reference Employee Manual chapters.
- ◆ On page 199, notice reason 812 has been updated.
- ◆ On page 201, a new manual reference was added to notice reason 822, and the wording of notice reason 823 has been updated to include “or the Department.”
- ◆ On page 202, the wording for notice reason 827 has been changed from “DHS” to “The Department.”
- ◆ On page 205, the Medically Needy manual reference for notice reason 913 has been corrected.
- ◆ On page 206 and 206a, separate manual references for all medical programs have been added to notice reason 960.

- ◆ On page 213, manual references have been added to notice reason 929 for QMB, SLMB, QDWP, E-SLMB, and HH-SLMB.
- ◆ On page 215, the FIP program and its corresponding manual references have been removed from notice reason 945.
- ◆ The reference chart on pages 225 through 227 has been updated.
- ◆ On page 245, WAR message 400 has been changed from informational to fatal.
- ◆ On page 248, the instructions for WAR message 506 have been changed.
- ◆ On page 270, WAR message 824 has changed, and a new WAR message 906 has been added.
- ◆ On page 274, “FIP-related” has been replaced with “FMAP-related.”

On all notice code pages printed, the ACTION column contains the heading for the action when it is continued from the previous page.

Effective Date

Upon receipt.

Material Superseded

Remove the following pages from Employees’ Manual, Title 14, Chapter B, Appendix, and destroy them:

<u>Page</u>	<u>Date</u>
Contents (pages 2, 3, and 4)	February 24, 1998
3, 35, 68, 71, 72, 77, 78, 83, 85, 86, 89, 93, 94, 100, 109, 110, 112, 116, 121, 123, 131, 139, 144, 148, 153-159, 170, 171, 174, 176-179, 183, 190, 193-199, 201, 202, 205, 206, 213, 215, 225-227, 245, 248, 270, 271, 274	February 24, 1998

Additional Information

Refer questions about this general letter to your regional benefit payment administrator.



DEPARTMENT OF HUMAN SERVICES

TERRY E. BRANSTAD, GOVERNOR

CHARLES M. PALMER, DIRECTOR

January 12, 1999

GENERAL LETTER NO. 14-B-AP-89

ISSUED BY: Bureau of Policy Analysis, Division of Policy Coordination

SUBJECT: Employees' Manual, Title 14, Chapter B, *Automated Benefit Calculation System Appendix*, pages 80, 81, 91 through 94, 109, 110, 112, 122, 133, 134, 144, 184, 206a, 207, 208, 209, and 218, revised; and pages 80a and 110a, new.

Summary

- ◆ On page 80, the PROMISE JOBS Referral Codes have been updated to reflect the elimination of target groups. Refer to General Letter 4-J-5 dated January 12, 1999, for additional information.
- ◆ On pages 80a and 81, the PROMISE JOBS target group codes that were in effect **before** 12/98 are listed for reference purposes.
- ◆ On page 92, information has been added to the worker instructions for re-issuing Food Stamps lost in the mail.
- ◆ On page 94, information has been added to the worker instructions for re-issuing Food Stamps lost in the mail.
- ◆ On pages 109 and 110, the worker instructions for DEDUCT 2, P DED. NEED and PDED PAY have been updated.
- ◆ On page 112, the information regarding the use of notice code designations (single, double or no parentheses) has been updated.
- ◆ On page 122, the wording for notice reasons 005 and 006 has been updated.
- ◆ On pages 133 and 134, the words 'No entry' have been added to the ENTER IN: column for notice codes 124, 125, and 128-132. These codes are entered by PROMISE JOBS.
- ◆ On page 144, TD02 FIP REA2 has been deleted from the ENTER IN: column for notice code 306. This code is no longer used for FIP.
- ◆ On page 184, the ENTER IN: column regarding notice code 409 has been updated, and the parentheses have been removed from the code indicating it can be worker-entered.
- ◆ On pages 206a, 207, 208 and 209, the words 'No entry' have been added to the ENTER IN: column, and a single set of parentheses has been added to notice codes 961-972 and 974-977 indicating these codes are not worker-entered. The fiscal agent enters these codes.
- ◆ On page 218, the words 'Status must be I' have been adjusted in the ENTER IN: column to properly reflect their usage with Notice Code 954.

Effective Date

Upon receipt.

Material Superseded

Remove the following pages from Employees' Manual, Title 14, Chapter B, Appendix, and destroy them:

<u>Page</u>	<u>Date</u>
80, 81, 91, 92	February 24, 1998
93, 94, 109, 110, 112	September 15, 1998
122, 133, 134	February 24, 1998
144	September 15, 1998
184	February 24, 1998
206a	September 15, 1998
207-209, 218	February 24, 1998

Additional Information

Refer questions about this general letter to your regional benefit payment administrator.



THOMAS J. VILSACK, GOVERNOR
SALLY J. PEDERSON, LT. GOVERNOR

DEPARTMENT OF HUMAN SERVICES
CHARLES M. PALMER, DIRECTOR

March 9, 1999

GENERAL LETTER NO. 14-B-AP-90

ISSUED BY: Bureau of Policy Analysis, Division of Policy Coordination

SUBJECT: Employees' Manual, Title 14, Chapter B, *Automated Benefit Calculation System Appendix*, pages 5, 6, 7, 8, 12, 13, 89, 109, 110, and 176, revised.

Summary

◆ The following FIP refugee aid types have been removed from page 5:

- 31-0
- 31-4
- 31-5

Refer to General letter 6-D-28, dated March 9, 1999, for additional information:

◆ The following medical refugee aid types have been removed from pages 6 and 7:

- 31-1
- 31-2
- 37-4
- 38-1
- 50-0
- 54-6

Refer to General Letter 6-D(1)-2, dated March 9, 1999, for additional information.

- ◆ Worker instructions for the P DED. NEED field, have been updated on page 110.
- ◆ On page 176, the wording for notice reason 203 has been changed.

Effective Date

Upon receipt.

Material Superseded

Remove the following pages from Employees' Manual, Title 14, Chapter B, Appendix, and destroy them:

<u>Page</u>	<u>Date</u>
5, 6, 7, 8, 12, 13	February 24, 1998
89	September 15, 1998
109, 110	January 12, 1999
176	September 15, 1998

Additional Information

Refer questions about this general letter to your regional benefit payment administrator.



THOMAS J. VILSACK, GOVERNOR
SALLY J. PEDERSON, LT. GOVERNOR

DEPARTMENT OF HUMAN SERVICES
JESSIE K. RASMUSSEN, DIRECTOR

June 22, 1999

GENERAL LETTER NO. 14-B-AP-91

ISSUED BY: Office of Policy Analysis

SUBJECT: Employees' Manual, Title 14, Chapter B, *Automated Benefit Calculation System Appendix*, pages 72, 76, 80, 81, 89, 90, 150, 151, 152, 176, 190 through 192, and 226 revised; and page 90a, new.

Summary

- ◆ FIP has been added to the PRGM USE column for the TD03 OHP field on page 72.
- ◆ A new Medicaid Waiver Indicator code for Physical Disability has been added on page 76.
- ◆ Two new PROMISE JOBS referral codes indicating LBP reconsideration status have been added on page 80.
- ◆ The PROMISE JOBS target group codes used before January 1999 have been removed from pages 80a and 81, and page 80a has been eliminated.
- ◆ Poverty levels have been added in the WORKER INSTRUCTIONS column for the TD03 QMB field on page 89. These have been added to assist in determining the correct level of eligibility.
- ◆ Aid types 30-0, 30-2, 30-4, 32-8, 31-0, 31-1, 31-4, 31-5, 33-8 and 35-0 have been removed from page 89; and additional WORKER INSTRUCTIONS have been added on page 90.
- ◆ FIP LBP notice codes 260, 261 and 262 have been updated on page 150.
- ◆ A new FIP LBP notice code, 263, has been added, and the manual references for notice reasons 265 and 266 have been updated on page 151.
- ◆ Manual references have been updated and instructions for worker entries have been added in the ENTER IN column for notice reason 268; and notice reason 269 has been updated on page 152.
- ◆ The wording and manual reference for notice reason 203 have been updated on page 176.
- ◆ FIP LBP notice reasons 860, 861 and 862 have been updated on pages 190 and 191.
- ◆ Notice reason 863 has been removed from page 191.
- ◆ FIP LBP notice reason 869 has been updated on page 192.
- ◆ The reference chart on page 226 has been updated.

Effective Date

June 1, 1999.

Material Superseded

Remove the following pages from Employees' Manual, Title 14, Chapter B, Appendix and destroy them:

<u>Page</u>	<u>Date</u>
72	September 15, 1998
76	February 24, 1998
80, 80a, 81	January 12, 1999
89	March 9, 1999
90, 150-152	February 24, 1998
176	March 9, 1999
190	September 15, 1998
191, 192	February 24, 1998
226	September 15, 1998

Additional Information

Refer questions about this general letter to your regional benefit payment administrator.



THOMAS J. VILSACK, GOVERNOR
SALLY J. PEDERSON, LT. GOVERNOR

DEPARTMENT OF HUMAN SERVICES
JESSIE K. RASMUSSEN, DIRECTOR

November 9, 1999

GENERAL LETTER NO. 14-B-AP-92

ISSUED BY: Office of Policy Analysis

SUBJECT: Employees' Manual, Title 14, Chapter B, *Automated Benefit Calculation System Appendix*, pages 8 through 11, 79, 86, 95, 96, 105, 106, 107, 119, 120, 121, 122a, 143, 144, 155, 168, 170b, 171, 179, 188, 189, 191, 192, 197, 226 and 271, revised; and page 170c, new.

Summary

The letter transmits the following changes:

- ◆ Aid type 73-3 is added to the ill and handicapped waiver; and worker instructions for 'using all applicable aid types first' are removed from the instructions for the AIDS/HIV, MR, and brain injury waivers on page 10.
- ◆ Aid types for use with the HCBS physical disability waiver are added on page 10.
- ◆ Language clarifying FIP status codes A, C, and H is added on page 79.
- ◆ Worker instructions for TD03 limit date on page 86 are changed for medical to require entry of the month in which the 60-day postpartum period expires.
- ◆ Wording for special allowances payment code for adjustive payments code "N" is changed on page 95.
- ◆ A note to clarify special allowances payment code for corrective payments is added on page 96.
- ◆ Language clarifying entry of earned income and other earned income lump sums is added on page 105.
- ◆ Language clarifying use of other earned income source code "2," child care, for the FIP program and the HR field is added on page 106.
- ◆ Description language for BCW2 source of unearned income code "E" is added on page 107.
- ◆ The wording for NOD reasons 343, 346 and 349 changed from 35 days to 12 months for Medically Needy on pages 119, 120, and 121.
- ◆ The wording for primary header reason 103 is updated on page 122a.
- ◆ TD05 is added to the ENTER IN: column for case reasons 302, 303, 304, and 305 is changed on pages 143 and 144.

- ◆ Case reason 620 for Medical has been removed from page 168.
- ◆ QMB has been added to case reason message 238 on page 170c.
- ◆ The location is added for NOD RSN 907, 910, 911, 915, 918, 928, and 148 in ENTER IN: column on pages 188 and 189.
- ◆ The wording for FIP limited benefit plan NOD reasons 862 on page 191 and 869 on page 192 is changed
- ◆ The reference chart on pages 225 and 226 is updated.
- ◆ WAR 916 is added on page 271.

Effective Date

This manual material is effective upon receipt.

Material Superseded

Remove the following pages from Employees' Manual, Title 14, Chapter B, Appendix and destroy them:

<u>Page</u>	<u>Date</u>
8	March 9, 1999
9-11, 79	February 24, 1998
86	September 15, 1998
95, 96, 105, 106, 107, 119, 120	February 24, 1998
121, 122a	September 15, 1998
143	February 24, 1998
144	January 12, 1999
155	September 15, 1998
168	February 24, 1998
170b, 171, 179	September 15, 1998
172, 188, 189	February 24, 1998
191, 192	June 22, 1999
197	September 15, 1998
226	June 22, 1999
271	February 24, 1998

Additional Information

Refer questions about this general letter to your regional benefit payment administrator.



THOMAS J. VILSACK, GOVERNOR
SALLY J. PEDERSON, LT. GOVERNOR

DEPARTMENT OF HUMAN SERVICES
JESSIE K. RASMUSSEN, DIRECTOR

February 1, 2000

GENERAL LETTER NO. 14-B-AP-93

ISSUED BY: Office of Policy Analysis

SUBJECT: Employees' Manual, Title 14, Chapter B, *Automated Benefit Calculation System Appendix*, pages 79, 80, 81, 86, 87, 152, 154, 170a, 170b, 179, 196, 197, 215, 218, 225, 226, 227, and 270, revised; and page 194a, new.

Summary

The changes transmitted by this letter:

- ◆ Add language to WORKER INSTRUCTIONS for TD03 DIS fields for Food Stamps, FIP, and Medicaid on the ABC system's formula for disqualification periods on pages 79, 81, and 86.
- ◆ Correct language on FIP limited benefit plan case notice reason 269 on page 152.
- ◆ Add manually issued case notice reason 415 on page 154 and to the reference chart on page 225 for cancellation or denial of Food Stamps due to ineligibility because of fleeing felon on probation or parole violation.
- ◆ Revise legal reference for notice reason 209 for Medically Needy on page 179.
- ◆ Correct language on Food Stamp Work Registration for notice reason 987 on page 197.
- ◆ Add new person notice reasons 996 and 997 for denying food stamp benefits at the time of application for a voluntary quit of employment for both one-person households and multiple-person households on page 194a and to the reference chart on page 227.
- ◆ Add new person notice reason 802 for persons that have a food stamp IPV disqualification for trading food stamps for firearms, ammunition or explosives on page 196 and to the reference chart on page 226.
- ◆ Add notice reason 232 for countable income over the limit for Mothers and Children program on page 170a and to the reference chart on page 225.
- ◆ Remove from notice reason 945 on page 215 the TD03 FIP reference in the ENTER IN section, to align with a FIP policy change.
- ◆ Add exception language on page 218 to allow for issuing a notice when notice override code 000 is used for a one-person food stamp household with a voluntary quit at the time of application.
- ◆ Add new fatal WAR 826 for denying food stamp benefits at the time of application for a voluntary quit of employment when individual reason code is invalid on page 270.

Effective Date

Upon receipt.

Material Superseded

Remove the following pages from Employees' Manual, Title 14, Chapter B, Appendix and destroy them:

<u>Page</u>	<u>Date</u>
79	November 9, 1999
80, 81	June 22, 1999
86	November 9, 1999
87	February 24, 1998
152	June 22, 1999
154, 170a	September 15, 1998
170b, 179	November 9, 1999
196	September 15, 1998
197	November 9, 1999
215	September 15, 1998
218	January 12, 1999
225	September 15, 1998
226	November 9, 1999
227, 270	September 15, 1998

Additional Information

Refer questions about this general letter to your regional benefit payment administrator.



THOMAS J. VILSACK, GOVERNOR
SALLY J. PEDERSON, LT. GOVERNOR

DEPARTMENT OF HUMAN SERVICES
JESSIE K. RASMUSSEN, DIRECTOR

March 21, 2000

GENERAL LETTER NO. 14-B-AP-94

ISSUED BY: Office of Policy Analysis

SUBJECT: Employees' Manual, Title 14, Chapter B, *Automated Benefit Calculation System Appendix*, Table of Contents (page 2) revised; pages 5, 8, 12 through 16, 36, 55 through 62, 81 through 86, 102, 103, 104, 122, 122a, 126, 127, 129, 130, 138a, 139, 140, 170a, 170b, 170c, 171 through 174, 176a, 177, 178, 183, 184, 225, 226, 227, 232, 233, 247, 248, 249, 267, 273, 274, 280, and 287, revised; and pages 36a, 102a, 122b, 122c, 122d, 130a, 138b, and 138c, new.

Summary

This chapter has been revised to reflect policies and systems programming changes that includes the new coverage group, Medicaid for employed people with disabilities (MEPD) and the revisions to the Food Stamp utility codes.

MEPD changes include:

- ◆ New aid type 60-M for both AID TYPE and MED AID fields.
- ◆ New TD01 fields RI, HR1, and EMP1 for resource limit, hours of employment, and income source codes.
- ◆ Revised worker instructions on TD05.
- ◆ A new field MEPD PM that displays system calculation of premium payment.
- ◆ Worker instructions for use of the P code for TD03 FUND.
- ◆ New NOD reasons 478-497.
- ◆ New informational WAR messages 480, 482, 484, 485, and 486 on page 247.
- ◆ A fatal WAR message 443 on page 247.

Utility code changes include:

- ◆ BCW1 fields and worker instructions are revised to remove the phone field, to expand the utility code field (U CD) for the sharing of deductions, and to add new utility codes of C, I, N, and P on pages 102 and 102a.
- ◆ The fatal WAR message 953 is revised for food stamp utility codes on page 274.

Worker instructions are revised for FIP Minor Parent field on page 82.

Manual references for NOD reasons 204, 205, 206, 228, 235 and 406 are corrected. Invalid WAR messages are removed from pages 233, 247, and 267.

The fatal WAR 774 is revised to ensure the Medicare buyin occurs under the correct coverage group for QMB on page 267.

Effective Date

Upon receipt.

Material Superseded

Remove the following pages from Employees' Manual, Title 14, Chapter B, Appendix and destroy them:

<u>Page</u>	<u>Date</u>
Contents (page 2)	September 15, 1998
5	March 9, 1999
8, 12	November 9, 1999
13	March 9, 1999
14-16, 36, 55-62	February 24, 1998
81	February 1, 2000
82	February 24, 1998
83	September 15, 1998
84	February 24, 1998
85	September 15, 1998
86	February 1, 2000
102-104	February 24, 1998
122	January 12, 1999
122a	November 9, 1999
126, 127, 129, 130	February 24, 1998
138a, 139	September 15, 1998
140	February 24, 1998
170a, 170b	February 1, 2000
170c, 171	November 9, 1999
172, 173	February 24, 1998
174, 176a, 177, 178, 183	September 15, 1998
184	January 12, 1999
225-227	February 1, 2000
232, 233, 247	February 24, 1998
248	September 15, 1998

249, 267, 273	February 24, 1998
274	September 15, 1998
280, 287	February 24, 1998

Additional Information

Refer questions about this general letter to your regional benefit payment administrator.



THOMAS J. VILSACK, GOVERNOR
SALLY J. PEDERSON, LT. GOVERNOR

DEPARTMENT OF HUMAN SERVICES
JESSIE K. RASMUSSEN, DIRECTOR

June 20, 2000

GENERAL LETTER NO. 14-B-AP-95

ISSUED BY: Office of Policy Analysis

SUBJECT: Employees' Manual, Title 14, Chapter B Appendix, ***AUTOMATED BENEFIT CALCULATION SYSTEM APPENDIX***, pages 51, 52, 57, 77, 89, 106, 111, 112, 118a, 122b, 122c, 122d, 170a, 170b, 170c, 225, and 226, revised and pages 122e, and 170d, new.

Summary

This chapter has been revised to reflect policies and system programming changes that include the following:

- ◆ Revised the worker instructions under the MR fields on pages 51 and 57 to remove the good cause coding options.
- ◆ Revised the worker instructions under the CAUSE field option on page 77 to indicate that no entry is required in the field. This field is to be removed from the screen in the future.
- ◆ Revised the worker instructions under POV field on page 89 to reflect the appropriate aid types.
- ◆ Revised the worker instructions under SR field on page 106 for codes 2 and 8. Code 2 is revised to include food stamps exception. Code 8 is revised to reflect Entrepreneurial Training (ET) instead of SEID.
- ◆ Revised page 112 to correct manual reference for managed health care services from XIV-B(7) to new chapter 14-C.
- ◆ Revised notice reasons 233, 250, and 251 to reflect changes in poverty level from 185% to 200%.
- ◆ Added new notice reasons 234 and 252 to the notice reasons section of the chapter.
- ◆ Revised notice reference chart on pages 225 and 226 to reflect new notice reasons and changed page numbers.

Effective Date

July 1, 2000

Material Superseded

Remove the following pages from Employees' Manual, Title 14, Chapter B, Appendix, and destroy them.

<u>Page</u>	<u>Date</u>
51, 52	February 24, 1998
57	March 21, 2000
77	September 15, 1998
89	June 22, 1999
106	November 9, 1999
111	February 24, 1998
112	January 12, 1999
118a	September 15, 1998
122b-122d, 170a-170c, 225, 226	March 21, 2000

Additional Information

Refer questions about this general letter to your regional benefit payment administrator.



THOMAS J. VILSACK, GOVERNOR
SALLY J. PEDERSON, LT. GOVERNOR

DEPARTMENT OF HUMAN SERVICES
JESSIE K. RASMUSSEN, DIRECTOR

November 7, 2000

GENERAL LETTER NO. 14-B-AP-96

ISSUED BY: Bureau of Eligibility Services, Division of Medical Services
Office of Policy Analysis, Division of Policy and Rule Integration

SUBJECT: Employees' Manual, Title 14, Chapter B, Appendix, ***AUTOMATED BENEFIT
CALCULATION SYSTEM APPENDIX***, pages 107 and 298, revised.

Summary

The unearned income code "Z" is added for trust and other third-party payments. This code is used on the medical and facility BCW2 to enter medical assistance income trust vendor payments and third-party insurance payments. These amounts are not treated as income for eligibility and should not be entered on the FIP or food stamp BCW2.

Entry reason code "R" is added as an allowable code on TD03 Section VI.

Effective Date

Upon receipt.

Material Superseded

Remove from Employees' Manual, Title 14, Chapter B, Appendix, page 107, dated November 9, 1999, and page 298, dated February 24, 1998, destroy them.

Additional Information

Refer questions about this general letter to your regional benefit payment administrator.



THOMAS J. VILSACK, GOVERNOR
SALLY J. PEDERSON, LT. GOVERNOR

DEPARTMENT OF HUMAN SERVICES
JESSIE K. RASMUSSEN, DIRECTOR

December 26, 2000

GENERAL LETTER NO. 14-B-AP-97

ISSUED BY: Office of Policy Analysis, Division of Policy and Rule Integration

SUBJECT: Employees' Manual, Title 14, Chapter B Appendix, ***AUTOMATED BENEFIT CALCULATION SYSTEM APPENDIX***, pages 3, 14 through 18, 35, 36, 57, 59, 76, 77, 78, 138b, 139, 149, 176, 213 through 216, 225, 226, and 227, revised.

Summary

The chapter is revised to reflect the following:

- ◆ The revision on TD01 WKR field to designate the office site "M" and program code "E" for income maintenance workers assigned at the HAWK-I office and that handle programs at HAWK-I on page 3.
- ◆ The addition of the three-digit area code to the TD01 PHONE field on page 17.
- ◆ The removal of the language "FMAP-related Medical" from code "1" in the WORKER INSTRUCTIONS for fields TD01 MR DEMAND 1 & 2 CD on pages 15 and 16.
- ◆ The removal of the "XIX" from the PRGM USE field for the TD01's CSRU: NON-COOP field on page 35.
- ◆ The removal of the "Y" code from the WORKER INSTRUCTIONS on TD05 MR field on page 57.
- ◆ The removal of the reference "SSI related Medically Needy" from the WORKER INSTRUCTIONS on TD05 MED CP CD field on page 59.
- ◆ The removal of codes "A" and "B" from the WORKER INSTRUCTIONS on the TD03 SERV field.
- ◆ The addition of a new LBP field on the TD03 screen. When the individual is active in a limited benefit plan, the field displays the data from the JOBS system's LBPD screen for the limited benefit plan's effective date and indicates if the LBP is a first "1st" or subsequent "Sub" LBP on page 76.
- ◆ The revision of the language for the NOD reason code 114 on page 138b.
- ◆ The removal of the NOD reason codes 117 and 118 from the chapter.

- ◆ The revision of the language for the NOD reason code 119 on page 139.
- ◆ The removal of the FIP reference from NOD reasons 706 on page 149, and 947 on page 216.
- ◆ The revision of the FIP legal references for NOD reasons 202 on page 176 and 932 on page 214.
- ◆ The addition of Notice Codes 833-838 to page 227. Those notice codes had been previously omitted from the printed page of the manual that was dated March 21, 2000.

Effective Date

Upon receipt.

Material Superseded

Remove the following pages from Employees' Manual, Title 14, Chapter B Appendix, and destroy them:

<u>Page</u>	<u>Date</u>
3	September 15, 1998
14, 15, 16	March 21, 2000
17, 18	February 24, 1998
35	September 15, 1998
36	March 21, 2000
57	June 20, 2000
59	March 21, 2000
76	June 22, 1999
77	June 20, 2000
78	September 15, 1998
138b, 138c, 139	March 21, 2000
149	February 24, 1998
176	June 22, 1999
213	September 12, 1998
214	February 24, 1998
215	February 1, 2000
216	February 24, 1998
225, 226	June 20, 2000
227	March 21, 2000

Additional Information

Refer questions about this general letter to your regional benefit payment administrator.



STATE OF IOWA

THOMAS J. VILSACK, GOVERNOR
SALLY J. PEDERSON, LT. GOVERNOR

DEPARTMENT OF HUMAN SERVICES
JESSIE K. RASMUSSEN, DIRECTOR

April 17, 2001

GENERAL LETTER NO. 14-B-AP-98

ISSUED BY: Office of Policy Analysis, Division of Policy and Rule Integration

SUBJECT: Employees' Manual, Title 14, Chapter B, Appendix, ***AUTOMATED BENEFIT CALCULATION SYSTEM APPENDIX***, Contents (pages 2 and 3), revised; pages 5, 8, 72, 73, 76, 84, 131, 132, 139 through 148, 150, 153, 154, 170b, 179, 180, 187 through 193, 217, 218, 225, 226, 227, 231, 248, 256, 257, 258, 267, and 268, revised.

Summary

The material in this chapter is revised due to the policy and system programming changes. Major revisions to the chapter are:

- ◆ The removal of references to "FIP-UP."
- ◆ The removal of "deprivation" from the WORKER INSTRUCTIONS.
- ◆ Changes to the TD03 DEP field language in the WORKER INSTRUCTIONS.
- ◆ The removal of notice reason codes for "FIP Adjustment Periods" and "FIP-UP" from the notice codes and the reference chart.
- ◆ The correction of the MED RSN field in the ENTER IN column for MEPD review notice reason "492" MED RSN1 is the correct reason field.
- ◆ The addition of new notice reason codes 360, 361, and 920 to the notice codes and the reference chart.
- ◆ The addition on page 76 of new codes entered in the WVR field when pending a facility aid type.
- ◆ The addition to instructions related to WAR 505 to specify it is received when a code is not entered in the WVR field when pending a facility case.
- ◆ Modified instructions on WAR codes 607, 608, and 609.
- ◆ Added wording to identify the fields that are inconsistent when WAR 622 is received.
- ◆ Added WAR 628 that is generated when the code in the WVR field is missing or inconsistent with the case aid type.
- ◆ Added WAR 804 that is generated when the code in the WVR field is missing or inconsistent with the case aid type.

Effective Date

January 1, 2001

Material Superseded

Remove the following pages from Employees' Manual, Title 14, Chapter B, Appendix, and destroy them:

<u>Page</u>	<u>Date</u>
Contents (page 2)	March 21, 2000
Contents (page 3)	September 15, 1998
5	September 5, 2000
8	March 21, 2000
72	September 5, 2000
73	February 24, 1998
76	December 26, 2000
84, 130a	March 21, 2000
131	September 15, 1998
132	February 24, 1998
138a, 138b	March 21, 2000
139	December 26, 2000
140	March 21, 2000
141, 142	February 24, 1998
143, 144	November 9, 1999
145-147	February 24, 1998
148	September 15, 1998
150	June 22, 1999
153	September 15, 1998
154	February 1, 2000
170b	June 20, 2000
179	February 1, 2000
180, 187	February 24, 1998
188, 189	November 9, 1999
190	June 22, 1999
191, 192	November 9, 1999
193, 194	September 15, 1998
194a	February 1, 2000
217	February 24, 1998
218	February 1, 2000
225, 226	June 20, 2000
227	March 21, 2000
231	February 24, 1998
248	March 21, 2000
256-258	February 24, 1998
267	March 21, 2000
268	February 24, 1998

Additional Information

Refer questions about this general letter to your regional benefit payment administrator.



STATE OF IOWA

THOMAS J. VILSACK, GOVERNOR
SALLY J. PEDERSON, LT. GOVERNOR

DEPARTMENT OF HUMAN SERVICES
JESSIE K. RASMUSSEN, DIRECTOR

May 15, 2001

GENERAL LETTER NO. 14-B-AP-99

ISSUED BY: Office of Policy Analysis, Division of Policy and Rule Integration

SUBJECT: Employees' Manual, Title 14, Chapter B, Appendix, ***AUTOMATED BENEFIT CALCULATION SYSTEM APPENDIX***, pages 36, 36a, 37, 49 through 52, 70, 71, 72, 73, 74, 80, 81, 82, 107, 258, 259, 267 through 270, 285, 288, and 289; revised; and pages 72a, 72b, 258a, and 288a, new.

Summary

Material is revised to reflect system changes required for TANF data reporting to the Automated Benefit Calculation system effective May 29, 2001. Revisions are:

- ◆ Addition of a new case number identification field, CNID, on the TD01 screen, with the field's PRGM USE and WORKER INSTRUCTIONS.
- ◆ Changes to the WORKER INSTRUCTIONS for TD01 fields CASE: LAST, CASE: FIRST, and CASE: TITLE.
- ◆ Removal of instructions for food stamp expedited service issuance at recertifications from the WORKER INSTRUCTIONS for the TD02 OVERDUE CERT field.
- ◆ Addition of a new housing field, SEC8, on the TD02 screen, with the field's PRGM USE and WORKER INSTRUCTIONS.
- ◆ Changes to the WORKER INSTRUCTIONS and the valid codes for TD03 PER, REL, and EDU, and IN-HOME fields.
- ◆ Addition of new fields CIT and H W B A I N on the TD03 screen., with the fields' PRGM USE and WORKER INSTRUCTIONS.
- ◆ Removal of the ETH (ethnic) field from the TD03 screen. Ethnic data is incorporated into new fields CIT and H W B A I N.
- ◆ Addition of a new BCW2 SR(1-4) code "W" for worker's compensation.
- ◆ Addition of new fatal worker action messages numbered 623, 633, 634, 635, 662, 827, 828, and 829.
- ◆ Additions and corrections to references.

Effective Date

May 29, 2001

Material Superseded

Remove the following pages from Employees' Manual, Title 14, Chapter B, Appendix, and destroy them:

<u>Page</u>	<u>Date</u>
36	December 26, 2000
36a	March 21, 2000
37, 49, 50	February 24, 1998
51, 52	June 20, 2000
70	February 24, 1998
71	September 15, 1998
72, 73	April 17, 2001
74	February 24, 1998
80	February 1, 2000
81, 82	March 21, 2000
107	November 7, 2000
258	April 17, 2001
259	February 24, 1998
267, 268	April 17, 2001
269	February 24, 1998
270	February 1, 2000
285, 288, 289	February 24, 1998

Additional Information

Refer questions about this general letter to your regional benefit payment administrator.



STATE OF IOWA

THOMAS J. VILSACK, GOVERNOR
SALLY J. PEDERSON, LT. GOVERNOR

DEPARTMENT OF HUMAN SERVICES
JESSIE K. RASMUSSEN, DIRECTOR

July 17, 2001

GENERAL LETTER NO. 14-B-AP-100

ISSUED BY: Office of Policy Analysis, Division of Policy and Rule Integration

SUBJECT: Employees' Manual, Title 14, Chapter B, Appendix, ***AUTOMATED BENEFIT CALCULATION SYSTEM APPENDIX***, pages 81, 233, 234, 269, 270, 273, 274, and 275, revised.

Summary

Material is revised to reflect changes to the Automated Benefit Calculation system required for TANF data reporting and to correct a reference. Revisions are:

- ◆ Addition of a new code "6" for the MINOR field on the TD03 screen for the adult coparent of the minor parent's child. Also, the system has been changed to allow the worker to remove an existing minor parent code on a person by using a spacebar.
- ◆ Removal of informational worker action message numbers 041 and 047. These messages were replaced by on-line edits as part of the TANF data reporting changes.
- ◆ Addition of a new fatal worker action message number 830.
- ◆ Removal of fatal worker action message numbers 927 and 960. These messages were replaced by on-line edits.

Effective Date

July 8, 2001

Material Superseded

Remove the following pages from Employees' Manual, Title 14, Chapter B, Appendix, and destroy them:

<u>Page</u>	<u>Date</u>
81	May 15, 2001
233	March 21, 2000
234	February 24, 1998
269, 270	May 15, 2001
273, 274	March 21, 2000
275	February 24, 1998

Additional Information

Refer questions about this general letter to your regional benefit payment administrator.



STATE OF IOWA

THOMAS J. VILSACK, GOVERNOR
SALLY J. PEDERSON, LT. GOVERNOR

DEPARTMENT OF HUMAN SERVICES
JESSIE K. RASMUSSEN, DIRECTOR

September 25, 2001

GENERAL LETTER NO. 14-B-AP-101

ISSUED BY: Office of Policy Analysis, Division of Policy and Rule Integration

SUBJECT: Employees' Manual, Title 14, Chapter B, Appendix, ***AUTOMATED BENEFIT CALCULATION SYSTEM APPENDIX***, Contents (page 3), revised; pages 60, 72a, 72b, 80, 85, 122d, 161 through 164, 171 through 174, 225, 226, 227, 232, 247, and 248, revised; and pages 60a and 248a, new.

Summary

This chapter is revised to:

- ◆ Change the instructions for TD05 screen fields, CNT-UI and CNT-EI.
- ◆ Add in-home health-related care to the instructions for FUND code, "S."
- ◆ Change the language of notice reason codes 483 and 493. These are case reason messages, not primary headers.
- ◆ Add notice reason code 607 to case reason messages. This code was previously omitted in error.
- ◆ Change the instructions of the informational worker action message, 442.
- ◆ Add new fatal worker action messages and instructions, 445 and 446, for the entries made on TD05.
- ◆ Add new informational worker action messages and instructions, 455, 456, and 481, for the MEPD billing system.
- ◆ Make corrections.
- ◆ Add cross-references.

Effective Date

Upon receipt.

Material Superseded

Remove the following pages from Employees' Manual, Title 14, Chapter B, Appendix, and destroy them:

<u>Page</u>	<u>Date</u>
Contents (page 3)	April 17, 2001
60	March 21, 2000
72a, 72b, 80	May 15, 2001
85	March 21, 2000
122d, 122e	June 20, 2000
161-164	February 24, 1998
171-174	March 21, 2000
225-227	April 17, 2001
232, 247	March 21, 2000
248	April 17, 2001

Additional Information

Refer questions about this general letter to your regional benefit payment administrator.



STATE OF IOWA

THOMAS J. VILSACK, GOVERNOR
SALLY J. PEDERSON, LT. GOVERNOR

DEPARTMENT OF HUMAN SERVICES
JESSIE K. RASMUSSEN, DIRECTOR

December 18, 2001

GENERAL LETTER NO. 14-B-AP-102

ISSUED BY: Office of Policy Analysis, Division of Policy and Rule Integration

SUBJECT: Employees' Manual, Title 14, Chapter B, Appendix, ***AUTOMATED BENEFIT CALCULATION SYSTEM APPENDIX***, Contents (pages 3 and 4), revised; pages 52, 95 through 100, 117, 128, 143, 144, 149 through 154, 187 through 190, 225, 226, 227, 243, 261, 263, 264, 274, 277, 278, 279, 281, and 287 through 292, revised; and pages 144a, 190a, 190b, and 278a, new.

Summary

Material is revised to:

- ◆ Add the new FIP hardship exemption approval notice reason code 049.
- ◆ Add the new FIP hardship exemption denial notice reason code 057.
- ◆ Change the language for notice reason codes 360 and 920.
- ◆ Add the new FIP hardship exemption case notice reason codes 362 through 370 and 372.
- ◆ Add the new FIP hardship exemption person notice reason codes 921, 922, 924, 951, 952, 953, and 955.
- ◆ Add the new appeal case reason code 371 for FIP, food stamps, and Medicaid.
- ◆ Add the new appeal person reason code 973 for FIP, food stamps, and Medicaid.
- ◆ Add the new FIP hardship exemption and appeal notice codes to reference chart.
- ◆ Remove the TCC references from the TD06 SPECIAL ALLOWANCE code fields.
- ◆ Remove from worker action messages 689, 706, and 707 the instructions that are specific to child support rebates.
- ◆ Remove fatal worker action messages 950 and 979.
- ◆ Change the COLA worker action message severity and instructions for messages: 976 and 980 through 990.
- ◆ Add a new fatal worker action message 987 for COLA.
- ◆ Correct cross-references.

Effective Date

Upon receipt.

Material Superseded

Remove the following page from Employees' Manual, Title 14, Chapter B, Appendix, and destroy it:

<u>Page</u>	<u>Date</u>
Contents (page 3)	September 25, 2001
Contents (page 4)	September 15, 1998
52	May 15, 2000
95, 96	November 9, 1999
97-99	February 24, 1998
100	September 15, 1998
117, 128	February 24, 1998
143, 144	April 17, 2001
149	December 26, 2000
150	April 17, 2001
151	June 22, 1999
152	February 1, 2000
153, 154, 187-190	April 17, 2001
225-227	September 25, 2001
243, 261, 263, 264	February 24, 1998
274	July 17, 2001
277-279, 281	February 24, 1998
287	March 21, 2000
288, 288a, 289	May 15, 2001
290-292	February 24, 1998

Additional Information

Refer questions about this general letter to your regional benefit payment administrator.



STATE OF IOWA

THOMAS J. VILSACK, GOVERNOR
SALLY J. PEDERSON, LT. GOVERNOR

DEPARTMENT OF HUMAN SERVICES
JESSIE K. RASMUSSEN, DIRECTOR

March 26, 2002

GENERAL LETTER NO. 14-B-AP-103

ISSUED BY: Office of Policy Analysis

SUBJECT: Employees' Manual, Title 14, Chapter B, Appendix, ***AUTOMATED BENEFIT CALCULATION SYSTEM APPENDIX***, Contents (pages 2 through 4), revised; pages 2, 3, 35, 110a, 111 through 204, 205, 206, 206a, 207, 208, 209, 210, 211, 212, 213, 214, 215, 216, 217, 218, 219, 220, 221, 222, 223, 224, 225, 226, 227, 258a, 259, and 287, revised; and pages 204a through 204d, 206b through 206d, 208a through 208f, 210a through 210f, 212a through 212f, 214a through 214f, 216a through 216f, 218a through 218f, 220a through 220f, 222a through 222f, and 224a through 224f, new.

Summary

This chapter is revised to:

- ◆ Add the Spanish translation for notice reasons for staff to use to meet federal requirements for clients with limited English proficiency. The Spanish translations are for use on manually prepared notices only. They are not programmed into the ABC system.
- ◆ Update notice reason tables to match the current system notices, by:
 - Adding new food stamp case reason message 522, on missing a scheduled appointment.
 - Deleting food stamp notice reasons 109, 110, and 507 through 520; MEPD notice reasons 482 and 495; and mass change reason 299.
 - Making wording changes in FIP reason 137, food stamp reasons 138 and 988, and MEPD reasons 480, 481, and 484 through 493.
 - Changing legal references in food stamp notice reasons 202, 203, 206, 408, 506, 923, 932, 933, 980 through 987, and 989 through 991.
- ◆ Add the designation for "less than full time office" under the TD01 CO field for the following counties: Howard, Ida, and Palo Alto.
- ◆ Change language under the WORKER INSTRUCTIONS for TD04 RETRO 1ST, RETRO 2ND, RETRO 3RD, MO OF APP, POS MO, and ONGOING fields for "Eligibility For Administrative Funding."
- ◆ Change references for the Department's organizational areas and names to match the restructuring.

Effective Date

Upon receipt.

Material Superseded

Remove the following pages from Employees' Manual, Title 14, Chapter B, Appendix, and destroy them:

<u>Page</u>	<u>Date</u>
Contents (page 2)	April 17, 2001
Contents (pages 3 and 4)	December 18, 2001
2	February 24, 1998
3	December 26, 2000
35	December 26, 2000
110a	January 12, 1999
111, 112	June 20, 2000
113-115	February 24, 1998
116	September 15, 1998
117	December 18, 2001
118	February 24, 1998
118a	June 20, 2000
119-121	November 9, 1999
122, 122a	March 21, 2000
122b, 122c	June 20, 2000
122d	September 25, 2001
123	September 15, 1998
124, 125	February 24, 1998
126, 127	March 21, 2000
128	December 18, 2001
129, 130	March 21, 2000
131, 132	April 17, 2001
133, 134	January 12, 1999
135-138	February 24, 1998
139-142	April 17, 2001
143, 144, 144a	December 18, 2001
145-148	April 17, 2001
149-154	December 18, 2001
155	November 9, 1999
156-159	September 15, 1998
160	February 24, 1998
161-164	September 25, 2001
165-167	February 24, 1998
168	November 9, 1999
169	February 24, 1998

170	September 15, 1998
170a	June 20, 2000
170b	April 17, 2001
170c, 170d	June 20, 2000
171-174	September 25, 2001
175	February 24, 1998
176	December 26, 2000
176a, 177, 178	March 21, 2000
179, 180	April 17, 2001
181, 182	February 24, 1998
183, 184	March 21, 2000
185, 186	February 24, 1998
187-190, 190a, 190b	December 18, 2001
191-193	April 17, 2001
195	September 15, 1998
196, 197	February 1, 2000
198, 199	September 15, 1998
200	February 24, 1998
201, 202	September 15, 1998
203, 204	February 24, 1998
205, 206	September 15, 1998
206a, 207-209	January 12, 1999
210-212	February 24, 1998
213-216	December 26, 2000
217	February 24, 1998
218	April 17, 2001
219-224	February 24, 1998
225-227	December 18, 2001
258a, 259	May 15, 2001
287	December 18, 2001

Additional Information

Refer questions about this general letter to your area income maintenance supervisor 2.



STATE OF IOWA

THOMAS J. VILSACK, GOVERNOR
SALLY J. PEDERSON, LT. GOVERNOR

DEPARTMENT OF HUMAN SERVICES
JESSIE K. RASMUSSEN, DIRECTOR

April 30, 2002

GENERAL LETTER NO. 14-B-AP-104

ISSUED BY: Office of Policy Analysis

SUBJECT: Employees' Manual, Title 14, Chapter B, ***AUTOMATED BENEFIT CALCULATION SYSTEM APPENDIX***, Contents (page 4), revised; pages 1, 10, 91, 92, 93, 95 through 98, 136, 137, 142, 160, 161, 163, 164, 183, 187, 206d, 207, 208, 213, 214f, 225 through 230, 285, and 286, revised.

Summary

This chapter is revised to:

- ◆ Add "less than full time" county office designation to Audubon County, effective April 15, 2002.
- ◆ Remove AID types 73-3 and 63-4 from the HCBS physical disability waiver.
- ◆ Add reference to MEPD for TD06 entries to note central office use in the PRGM USE and WORKER INSTRUCTIONS columns.
- ◆ Change language for FIP limited benefit plan notice reasons 269 and 869.
- ◆ Add Spanish translations for notice reasons 137, 138, 480, 481, 484 through 491, 493, 522, and 988.
- ◆ Remove references to county office issuance of expedited food stamps effective May 1, 2002.
- ◆ Change the ACTION CODES section to include facility and waiver codes.

Effective Date

Upon receipt.

Material Superseded

Remove the following pages from Employees' Manual, Title 14, Chapter B, Appendix, and destroy them:

<u>Page</u>	<u>Date</u>
Contents (page 4)	March 26, 2002
1	February 24, 1998
10	November 9, 1999

91-93	January 12, 1999
95-98	December 18, 2001
136, 137, 142, 160, 161, 163, 164, 183, 187, 206d, 207, 208, 213, 214f, 225-227	March 26, 2002
228-230	February 24, 1998
285	May 15, 2001
286	February 24, 1998

Additional Information

Refer questions about this general letter to your area income maintenance supervisor 2.



STATE OF IOWA

THOMAS J. VILSACK, GOVERNOR
SALLY J. PEDERSON, LT. GOVERNOR

DEPARTMENT OF HUMAN SERVICES
JESSIE K. RASMUSSEN, DIRECTOR

July 23, 2002

GENERAL LETTER NO. 14-B-AP-105

ISSUED BY: Office of Policy Analysis

SUBJECT: Employees' Manual, Title 14, Chapter B, Appendix, ***AUTOMATED BENEFIT CALCULATION SYSTEM APPENDIX***, pages 1, 2, 82, 84, 85, 129, 130, 132, 136, 137, 138, 142, 148, 160, 161, 206d, 225, and 226, revised; and page 82a, new.

Summary

This chapter is revised to:

- ◆ Add "less than full time" county office designation to the following counties: Adair, Adams, Allamakee, Calhoun, Cedar, Chickasaw, Clayton, Fremont, Greene, Guthrie, Humboldt, Iowa, Louisa, Lucas, Lyon, Monona, Osceola, Pocahontas, Ringgold, Sac, Shelby, Taylor, Van Buren, and Wayne.
- ◆ Add language for clarification for FUND codes "3" and "4."
- ◆ Add language for TD03 fields TREL and TR to note the suspension of FIP truancy provisions based on Manual Letter 4-C-1, dated July 2, 2002.
- ◆ Change the language for MEPD notice reason 479.
- ◆ Remove the MEPD notice reason 480 from the chapter and reference chart.
- ◆ Change the legal references for the following notice reasons: 132, 481, 488, 487, 485, 486, 489, and 490.
- ◆ Add entry reason R to the ENTER IN: column for notice reason 174.

Effective Date

Upon receipt.

Material Superseded

Remove the following pages from Employees' Manual, Title 14, Chapter B, Appendix, and destroy them:

<u>Page</u>	<u>Date</u>
1	April 30, 2002
2	March 26, 2002
82	May 15, 2001
84	April 17, 2001
85	September 25, 2001
129, 130, 132	March 26, 2002
136, 137	April 30, 2002
138	March 26, 2002
142	April 30, 2002
148	March 26, 2002
160, 161, 206d, 225, 226	April 30, 2002

Additional Information

Refer to Manual Letter 4-C-1, dated July 2, 2002, for more information on the suspension of FIP truancy provisions.

Refer questions about this general letter to your area income maintenance supervisor 2.



STATE OF IOWA

THOMAS J. VILSACK, GOVERNOR
SALLY J. PEDERSON, LT. GOVERNOR

DEPARTMENT OF HUMAN SERVICES
JESSIE K. RASMUSSEN, DIRECTOR

September 24, 2002

GENERAL LETTER NO. 14-B-AP-106

ISSUED BY: Office of Policy Analysis

SUBJECT: Employees' Manual, Title 14, Chapter B, Appendix, ***AUTOMATED BENEFIT CALCULATION SYSTEM APPENDIX***, pages 2, 124, 127, and 128, revised.

Summary

This chapter is revised to:

- ◆ Add "less than full time" county office designation to Hancock County.
- ◆ Restore two counties (Fremont and Monroe) that were inadvertently omitted from the list.
- ◆ Correct the legal references for Medically Needy notice reasons 343, 346, and 349 to remove references to the MEV form.

Effective Date

Upon receipt.

Material Superseded

Remove the following pages from Employees' Manual, Title 14, Chapter B, Appendix, and destroy them:

<u>Page</u>	<u>Date</u>
2	July 23, 2002
124, 127, 128	March 26, 2002

Additional Information

Refer questions about this general letter to your area income maintenance supervisor 2.



STATE OF IOWA

THOMAS J. VILSACK, GOVERNOR
SALLY J. PEDERSON, LT. GOVERNOR

DEPARTMENT OF HUMAN SERVICES
JESSIE K. RASMUSSEN, DIRECTOR

October 22, 2002

GENERAL LETTER NO. 14-B-AP-107

ISSUED BY: Office of Policy Analysis

SUBJECT: Employees' Manual, Title 14, Chapter B, Appendix, ***AUTOMATED BENEFIT CALCULATION SYSTEM APPENDIX***, pages 103 and 155, revised.

Summary

This chapter is revised to:

- ◆ Change the instructions for the BCW1 screen field, UTIL AMT, that referenced the UCD codes of "A" or "C." Those codes have not been valid since the benefit month of May 2000.
- ◆ Remove the UCD codes "A" and "C" and the reference, "*" Valid for benefit months before May 2000 only," from the BCW1 screen field, UCD.
- ◆ Remove the reference and the codes of the second position of the BCW1 screen field, UCD, used for the sharing of deductions for UCD standard utility codes from the first position.
- ◆ Change the language and legal reference of the notice for the food stamp limited use, notice reason code 108.

Effective Date

Upon receipt.

Material Superseded

Remove the following pages from Employees' Manual, Title 14, Chapter B, Appendix, and destroy them:

<u>Page</u>	<u>Date</u>
102a, 103	March 21, 2000
155	March 26, 2002

Additional Information

Refer questions about this general letter to your area income maintenance supervisor 2.



STATE OF IOWA

THOMAS J. VILSACK, GOVERNOR
SALLY J. PEDERSON, LT. GOVERNOR

DEPARTMENT OF HUMAN SERVICES
JESSIE K. RASMUSSEN, DIRECTOR

February 4, 2003

GENERAL LETTER NO. 14-B-AP-108

ISSUED BY: Office of Policy Analysis

SUBJECT: Employees' Manual, Title 14, Chapter B, Appendix, ***AUTOMATED BENEFIT CALCULATION SYSTEM***, Contents (page 3), revised; pages 17, 36, 45, 51, 72, 78, 79, 121, 186, 210b, 214, 214a through 214e, 215, 216, 227, 248, 257, 269, and 270, revised.

Summary

This chapter is revised to:

- ◆ Change the worker instructions for the TD01 CO RES field to require the worker to enter the two-digit county number. Previously, if the number was not entered the system would default to the county number associated with the worker number. An on-line system edit now requires the worker to make an entry before leaving the screen.
- ◆ Remove entry reason code 'G' from the list of valid code options for the TD01 EN RSN field.
- ◆ Cross-reference the case action chapter in the instructions for the food stamp monthly report code field.
- ◆ Add the new BAT ALIEN field and instructions to the FIP section of TD02. This additional field is to be used to identify FIP cases that include a battered alien.
- ◆ Add code 'N' to the DEP codes for FIP, to be used if the child is included in a battered alien FIP case.
- ◆ Change the worker instructions for the TD03 FSET field and the description of the FSET codes.
- ◆ Change the language for the approval notice reason 155.
- ◆ Correct the parentheses for notice reason code 409 to indicate that the reason code can be worker entered or system-generated.
- ◆ Change the legal references to match current policy for the following notice reason codes: 521, 927, 928, 980, 981, 982, 983, 984, 985, 923, 987, 988, 989, 990, and 991.
- ◆ Remove food stamp notice reason codes 996 and 997 from the chapter.
- ◆ Add a new informational message 487 for MEPD when more than one individual is active on a case.

- ◆ Change the instructions for worker action report number 614 to include specific information for MEPD cases.
- ◆ Remove the food stamp worker action report number 826 from the chapter.
- ◆ Add a new fatal worker action report number 831 to indicate that an entry for a FIP battered alien is valid only on a FIP case.

Effective Date

Upon receipt.

Material Superseded

Remove the following pages from Employees' Manual, Title 14, Chapter B, Appendix, and destroy them:

<u>Page</u>	<u>Date</u>
Contents (page 3)	March 26, 2002
17	December 26, 2000
36	May 15, 2001
45	February 24, 1998
51, 72	May 15, 2001
78	December 26, 2000
79	February 1, 2000
121, 186, 210b, 214-214e, 215, 216	March 26, 2002
227	April 30, 2002
248	September 25, 2001
257	April 17, 2001
269, 270	July, 17, 2001

Additional Information

Refer questions about this general letter to your service area income maintenance supervisor 2.



STATE OF IOWA

THOMAS J. VILSACK, GOVERNOR
SALLY J. PEDERSON, LT. GOVERNOR

DEPARTMENT OF HUMAN SERVICES
KEVIN W. CONCANNON, DIRECTOR

April 8, 2003

GENERAL LETTER NO. 14-B-AP-109

ISSUED BY: Office of Policy Analysis

SUBJECT: Employees' Manual, Title 14, Chapter B, Appendix, ***AUTOMATED BENEFIT CALCULATION SYSTEM APPENDIX***, Contents (page 2), revised; pages 76, 142, 169, 171 through 176, 187, 189, 192, 193, 194, 195, 199, 207, 208, 208a, 208d, 208e, 208f, 209, 210, 210a, 210c, 214, 218c, 220c, 220e, 220f, 221, 222, 222a, 225, 226, and 227, revised; and pages 142a and 194a, new.

Summary

This chapter is revised to:

- ◆ Correct the name for the enhanced services or alien indicator field on TD03 from SERV to SRV to match the system.
- ◆ Add a new MEPD change notice reason 499 for federal poverty level changes.
- ◆ Remove some PGM USE references to the home-health specified low-income Medicare beneficiary (HH-SLMB) coverage group. The federal funding for this coverage group was terminated effective December 31, 2002.
- ◆ Change the language of food stamps case notice reason 522.
- ◆ Add a new FMAP case action notice reason 498.
- ◆ Correct the food stamp TD03 program code for person notice reason 927.
- ◆ Correct food stamp legal reference for person notice reason 934.
- ◆ Update the reference chart for the notice codes.

Effective Date

Upon receipt.

Material Superseded

Remove the following pages from Employees' Manual, Title 14, Chapter B, Appendix, and destroy them:

<u>Page</u>	<u>Date</u>
Contents (page 2)	March 26, 2002
76	April 17, 2001
142	July 23, 2002
169, 171-176	March 26, 2002
187	April 30, 2002
189, 192-195, 199	March 26, 2002
207, 208	April 30, 2002
208a, 208d-208f, 209, 210, 210a, 210c	March 26, 2002
214	February 4, 2003
218c, 220c, 220e, 220f, 221, 222, 222a	March 26, 23, 2002
225, 226	July 23, 2002
227	February 4, 2003

Additional Information

Refer questions about this general letter to your area income maintenance supervisor 2.



STATE OF IOWA

THOMAS J. VILSACK, GOVERNOR
SALLY J. PEDERSON, LT. GOVERNOR

DEPARTMENT OF HUMAN SERVICES
KEVIN W. CONCANNON, DIRECTOR

June 24, 2003

GENERAL LETTER NO. 14-B-AP-110

ISSUED BY: Office of Policy Analysis

SUBJECT: Employees' Manual, Title 14, Chapter B, Appendix, ***AUTOMATED BENEFIT CALCULATION SYSTEM APPENDIX***, Contents (page 3), revised; and pages 2, 7, 71, 85, 88, 89, 90, 119, 120, 145, 155, 187, 201, 204b, 204d, 206a, 208b, 208c, 218e, 222b, 222e, 225, 229, and 278a, revised.

Summary

This chapter is revised to:

- ◆ Add "less than full time" county office designation to Franklin County.
- ◆ Remove all references for the home-health specified low-income Medicare beneficiary (HH-SLMB) coverage group. The federal funding for this coverage group was terminated effective December 31, 2002.
- ◆ Remove the HH-SLMB notice reason codes 042 and 045 from the chapter and update the "Reference Chart."
- ◆ Remove the HH-SLMB legal references from the following notice reasons: 176, 204, 205, 224, 225, 237, 238, 630, 956, and 960.
- ◆ Change legal references for food stamp notice reasons 108 and 522.
- ◆ Remove the exception language and cross-reference from the "Notice Override" code 000 for food stamp voluntary quit at application for one-person households.

Effective Date

Upon receipt.

Material Superseded

Remove the following pages from Employees' Manual, Title 14, Chapter B, Appendix, and destroy them:

<u>Page</u>	<u>Date</u>
Contents (page 3)	February 4, 2003
2	September 24, 2002
7	March 9, 1999
71	May 15, 2001
85	July 23, 2002
88	February 24, 1998
89	June 20, 2000
90	June 22, 1999
119, 120, 145	March 26, 2002
155	October 22, 2000
187	April 8, 2003
201, 204b, 204d, 206a, 208b, 208c, 218e, 222b, 222e	March 26, 2002
225	April 8, 2003
229	April 30, 2002
278a	December 18, 2001

Additional Information

Refer questions about this general letter to your area income maintenance supervisor 2.



STATE OF IOWA

THOMAS J. VILSACK, GOVERNOR
SALLY J. PEDERSON, LT. GOVERNOR

DEPARTMENT OF HUMAN SERVICES
KEVIN W. CONCANNON, DIRECTOR

November 12, 2003

GENERAL LETTER NO. 14-B-AP-111

ISSUED BY: Office of Policy Analysis

SUBJECT: Employees' Manual, Title 14, Chapter B, Appendix, ***AUTOMATED BENEFIT CALCULATION SYSTEM APPENDIX***, Contents (pages 3 and 4), revised; pages 37, 38, 39, 43, 47, 48, 49, 82, 82a, 85, 93, 94, 99, 222e, 222f, 227, 228, 243, 244, 269, 282, 284, and 285, revised; and pages 222g through 222l, new.

Summary

This chapter is revised to:

- ◆ Add the new TD01 BYPASS CODE1 field and the instructions and new instructions for the ZIP extended code.
- ◆ Add the new TD02 SEND CARD field and the instructions.
- ◆ Update the reference and effective date for the manual letter on the continuation of suspension for truancy.
- ◆ Remove instructions under the "P" code of TD03 FUND specific on alien who is eligible for and has incurred emergency medical services.
- ◆ Remove references to TCC from the TD06 fields of VENDOR, CODE, and TYPE.
- ◆ Add a new section for EBT notices that includes the EBT system-generated notices 189, 510, 511, 512, 513, 514, and 515. The reference chart is updated to reflect the addition of EBT codes.
- ◆ Add the worker action report codes of 360 and 826.
- ◆ Update some codes and descriptions in the section, "Issuance Verification System." Some of the codes are now obsolete or are added for the current EBT system.

Effective Date

Upon receipt.

Material Superseded

Remove the following pages from Employees' Manual, Title 14, Chapter B, Appendix, and destroy them:

<u>Page</u>	<u>Date</u>
Contents (page 3)	June 24, 2003
Contents (page 4)	April 30, 2002
37	May 15, 2001
38, 39, 43, 47, 48	February 24, 1998
49	May 15, 2001
82, 82a	July 23, 2002
85	June 24, 2003
93	April 30, 2003
94 January	12, 1999
99	December 18, 2001
222e	June 24, 2003
222f	March 26, 2002
227	April 8, 2003
228	April 30, 2002
243, 244	December 18, 2001
269, 282, 284	February 24, 1998
285	April 30, 2002

Additional Information

Refer questions about this general letter to your area income maintenance supervisor 2.



STATE OF IOWA

THOMAS J. VILSACK, GOVERNOR
SALLY J. PEDERSON, LT. GOVERNOR

DEPARTMENT OF HUMAN SERVICES
KEVIN W. CONCANNON, DIRECTOR

February 24, 2004

GENERAL LETTER NO. 14-B-AP-112

ISSUED BY: Office of Policy Analysis

SUBJECT: Employees' Manual, Title 14, Chapter B, Appendix, ***AUTOMATED BENEFIT CALCULATION SYSTEM APPENDIX***, Contents (pages 1 through 4), revised; pages 9, 14, 15, 16, 39, 43 through 49, 52, 53, 54, 77 through 81, 87 through 97, 100 through 106, 110a, 142, 154, 155, 156, 161 through 166, 179 through 188, 207, 208, 208a, 208b, 208e, 208f, 210a, 210b, 210e, 212e, 212f, 213, 214, 214a through 214e, 215, 216, 222e through 222k, 225, 226, 227 through 253, and 283 through 287, revised; and pages 178a through 178f, 212g through 212l, 214f through 214j, and 226a, new.

Summary

This chapter is revised to:

- ◆ Change the program name of "Food Stamps" to "Food Assistance."
- ◆ Add the *Food Assistance Interim Report* (FAIR) to appropriate sections.
- ◆ Remove instructions for the TD01 BYPASS CODE field.
- ◆ Change the FS MR codes to "S," simplified reporting, and "N," change reporting.
- ◆ Add instructions for the new TD02 FAIR DATE field.
- ◆ Remove the TD03 FOOD STAMP STATUS code of "E," suspended. Suspensions are no longer valid for Food Assistance.
- ◆ Remove the worker instructions from the TD03 FOOD STAMP SUSP MO.
- ◆ Add the HIPP code for the first position of the TD03 HEALTH coverage code that is system generated.
- ◆ Change the worker instructions to reflect the policy changes for Food Assistance with the removal of monthly reporting and retrospective budgeting.
- ◆ Change language and legal reference for the MEPD notice reason code 499.
- ◆ Change language and legal references for the FAIR/PAER/RRED cancellation, notice reasons 112 and 116.
- ◆ Remove FIP limited benefit plan notice reason codes 261 and 264.
- ◆ Change legal references for notice reasons 200, 207, 400, and 613.

- ◆ Add and change new notice reason codes 253 through 258, 260, 262, 263, 265 through 269, 272, 805, 853, 854, 856, 858 through 866, 868 through 872, and 878 for FIP limited benefit plan and PROMISE JOBS.
- ◆ Remove EBT notice reason 189.
- ◆ Change language for EBT notices reason codes 512, 514, and 515.
- ◆ Update the “Reference Chart” with the additions and removal of notice reason codes.
- ◆ Update the explanation of codes for system-generated codes to reflect Food Assistance and the addition of the FAIR.
- ◆ Remove worker action messages 068, 307, 330, 336, 338, 354, and 456.
- ◆ Add worker action messages 101, 102, 103, 104, and 391.
- ◆ Change to worker action messages 062, 093, 094, 514, 515, 517, 518, 519, 521, 522, 524, 525, 527, 528, 529, 531, and 570.
- ◆ Change references to the Bureau of Support Services to read “Division of Fiscal Management.”
- ◆ Remove references to inventory control and to Employees’ Manual 7-K.

Effective Date

Upon receipt.

Material Superseded

Remove the following pages from Employees’ Manual, Title 14, Chapter B, Appendix, and destroy them:

<u>Page</u>	<u>Date</u>
Contents (page 1)	February 24, 1998
Contents (page 2)	April 8, 2003
Contents (page 3 and 4)	November 12, 2003
9	November 9, 1999
14-16	December 26, 2000
39, 43	November 12, 2003
44	February 24, 1998
45 February	4, 2003
46	February 24, 1998
47-49	November 12, 2003
52	December 18, 2001
53, 54	February 24, 1998
77	December 26, 2000
78, 79	February 4, 2003
80	September 25, 2001
81	July 17, 2001

87 February	1, 2000
88-90	June 24, 2003
90a	June 22, 1999
91, 92	April 30, 2002
93, 94	November 12, 2003
95-97	April 30, 2002
100	December 18, 2001
101	February 24, 1998
102	March 21, 2000
103 October	22, 2002
104	March 21, 2000
105	November 9, 1999
106	June 20, 2000
110a	March 26, 2002
142	April 8, 2003
154	March 26, 2002
155	June 24, 2003
156	March 26, 2002
161	July 23, 2002
162	March 26, 2002
163, 164	April 30, 2002
165, 166, 179-182	March 26, 2002
183	April 30, 2002
184, 185	March 26, 2002
186 February	4, 2003
187	June 24, 2003
188	March 26, 2002
207, 208, 208a	April 8, 2003
208b	June 24, 2003
208e, 208f, 210a	April 8, 2003
210b February	4, 2003
210e, 212e, 212f	March 26, 2002
213	April 30, 2002
214	April 8, 2003
214a-214e, 215, 216	February 4, 2003
222e-222l	November 12, 2003
225	June 24, 2003
226	April 8, 2003
227, 228	November 12, 2003
229	June 24, 2003
230	April 30, 2002
231	April 17, 2001
232	September 25, 2001
233, 234	July 17, 2001
235-242	February 24, 1998
243, 244	November 12, 2003

245	September 15, 1998
246 February	4, 2003
247	September 25, 2001
248 February	4, 2003
248a	September 25, 2001
249	March 21, 2000
250-253, 283	February 24, 1998
284, 285	November 12, 2003
286	April 30, 2002
287	March 26, 2002

Additional Information

Refer questions about this general letter to your area income maintenance supervisor 2.



STATE OF IOWA

THOMAS J. VILSACK, GOVERNOR
SALLY J. PEDERSON, LT. GOVERNOR

DEPARTMENT OF HUMAN SERVICES
KEVIN W. CONCANNON, DIRECTOR

April 13, 2004

GENERAL LETTER NO. 14-B-AP-113

ISSUED BY: Office of Policy Analysis

SUBJECT: Employees' Manual, Title 14, Chapter B, Appendix, ***AUTOMATED BENEFIT CALCULATION SYSTEM APPENDIX***, Contents (page 4), revised; and pages 142, 168, 178a, 212e, 212f, 222e through 222j, 226, 226a, 227, 237, 238, and 294, revised.

Summary

This chapter is revised to:

- ◆ Change the language and the legal reference for Medicaid for employed people with disabilities (MEPD) notice reason 499.
- ◆ Change the language and the legal reference for FIP diversion notice reason 361.
- ◆ Change system-generated FIP limited benefit plan notice reasons 253, 254, 853, and 854 to be either worker-generated or system-generated.
- ◆ Change the language and legal references for EBT notice reasons 510, 511, 512, 513, and 515.
- ◆ Remove the EBT notice reason 514 from the chapter and the Reference Chart.
- ◆ Correct the page number for notice reason 263 on the Reference Chart.
- ◆ Change the language and severity of the worker action report (WAR) code 091.
- ◆ Add an automatic tickler message for a new SSI interview form returned.

Effective Date

Upon receipt.

Material Superseded

Remove the following pages from Employees' Manual, Title 14, Chapter B, Appendix, and destroy them:

<u>Page</u>	<u>Date</u>
Contents (page 4)	February 24, 2004
142	February 24, 2004
168	March 26, 2002
178a, 212e, 212f, 222e–222k, 226, 226a, 227, 237, 238	February 24, 2004
294	February 24, 1998

Additional Information

Refer questions about this general letter to your area income maintenance supervisor 2.



STATE OF IOWA

THOMAS J. VILSACK, GOVERNOR
SALLY J. PEDERSON, LT. GOVERNOR

DEPARTMENT OF HUMAN SERVICES
KEVIN W. CONCANNON, DIRECTOR

May 18, 2004

GENERAL LETTER NO. 14-B-AP-114

ISSUED BY: Office of Policy Analysis

SUBJECT: Employees' Manual, Title 14, Chapter B, Appendix, ***AUTOMATED BENEFIT CALCULATION SYSTEM APPENDIX***, pages 82, 106, 121, 222h, 222i, 225, 226, 226a, and 227, revised.

Summary

This chapter is revised to:

- ◆ Change the instructions for TD03 fields, TREL and TR. The FIP truancy program is rescinded. Until system changes are complete to remove these fields from the TD03 screen, the TREL field will require an entry of "N" for children ages 5 through 13. No entry will be required for the TR field.
- ◆ Change the language for notice reason codes 155, 510, and 511.
- ◆ Correct the notice code reference chart.
- ◆ Remove the FIP and refugee from the PRGM USE column and from the instructions for the CHILD CARE field on the BCW2 screen.

Effective Date

Upon receipt.

Material Superseded

Remove the following pages from Employees' Manual, Title 14, Chapter B, Appendix, and destroy them:

<u>Page</u>	<u>Date</u>
82, 82a	November 12, 2003
106	February 24, 2004
121	February 4, 2003
222h, 222i	April 13, 2004
225	February 24, 2004
226, 226a, 227	April 13, 2004

Additional Information

Refer questions about this general letter to your area income maintenance supervisor 2.



STATE OF IOWA

THOMAS J. VILSACK, GOVERNOR
SALLY J. PEDERSON, LT. GOVERNOR

DEPARTMENT OF HUMAN SERVICES
KEVIN W. CONCANNON, DIRECTOR

July 20, 2004

GENERAL LETTER NO. 14-B-AP-115

ISSUED BY: Office of Policy Analysis

SUBJECT: Employees' Manual, Title 14, Chapter B, Appendix, ***AUTOMATED BENEFIT CALCULATION SYSTEM APPENDIX***, pages 75, 76, 156, 157, 175, 203, 204, 204a, 204b, 206b, 208b, 208c, 216f, 218c, 222g, 225, 226, 226a, and 234, revised; and page 216g, new.

Summary

This chapter is revised to:

- ◆ Remove the food stamp ID card codes and instructions from the TD03 IDG field.
- ◆ Change the language of the instructions for the MP field on TD03 to reference Food Assistance.
- ◆ Add a new system-generated notice reason code 064 for Mothers and Children (MAC) cases that are denied using notice reason code 205. This language will be added to the notice language.
- ◆ Correct a typographical error in notice reason code 515.
- ◆ Add language to the notice reason code 829.
- ◆ Change the "reference chart" to add the new notice reason code 064.
- ◆ Change the language of the instructions for worker action message 062.
- ◆ Correct legal references.

Effective Date

Upon receipt.

Material Superseded

Remove the following pages from Employees' Manual, Title 14, Chapter B, Appendix, and destroy them:

<u>Page</u>	<u>Date</u>
75	February 24, 1998
76	April 8, 2003
156	February 24, 2004
157	March 26, 2002
175	April 8, 2003
203, 204, 204a	March 26, 2002
204b	June 24, 2003
206b	March 26, 2002
208b	February 24, 2004
208c	June 24, 2003
216f	March 26, 2002
218c	April 8, 2003
222g	April 13, 2004
225, 226, 226a	May 18, 2004
234	February 24, 2004

Additional Information

Refer questions about this general letter to your area income maintenance supervisor 2.



STATE OF IOWA

THOMAS J. VILSACK, GOVERNOR
SALLY J. PEDERSON, LT. GOVERNOR

DEPARTMENT OF HUMAN SERVICES
KEVIN W. CONCANNON, DIRECTOR

September 10, 2004

GENERAL LETTER NO. 14-B-AP-116

ISSUED BY: Office of Policy Analysis

SUBJECT: Employees' Manual, Title 14, Chapter B, Appendix, ***AUTOMATED BENEFIT CALCULATION SYSTEM APPENDIX***, Contents (pages 1, 2, and 3), revised; pages 1, 4, 36, 43, 49, 53, 55, 65, 67, 68, 92, 99, 100, 103, 111, 167, 186, 208c, 214h, 214i, 214j, 226, 226a, and 227, revised; and page 214k, new.

Summary

This chapter is revised to:

- ◆ Add screen headings to facilitate the on-line manual.
- ◆ Add a new FIP case action reason notice 280. This case reason notice is to be used to cancel or deny FIP when a student is enrolled in an educational program leading to a degree beyond a bachelor's degree.
- ◆ Add a new Food Assistance case action reason 507. This case reason notice is for continuing a failure to comply with work registration.
- ◆ Correct the medical legal reference for case notice reason 205.
- ◆ Add a new Food Assistance person action reason 803. This person reason notice is for continuing a failure to comply with work registration.
- ◆ Update the reference chart for the notice codes.

Effective Date

Immediately.

Material Superseded

Remove the following pages from Employees' Manual, Title 14, Chapter B, Appendix, and destroy them:

<u>Page</u>	<u>Date</u>
Contents (pages 1, 2, 3)	February 24, 2004
Contents (page 4)	April 13, 2004
1	July 23, 2002
4	February 24, 1998
36 February	4, 2003

43, 49, 53	February 24, 2004
55	March 21, 2000
65, 67	February 24, 1998
68	September 15, 1998
92	February 24, 2004
99	November 12, 2003
100, 103	February 24, 2004
111, 167	March 26, 2002
186	February 24, 2004
208c	July 20, 2004
214h-214j	February 24, 2004
226, 226a	July 20, 2004
227	May 18, 2004

Additional Information

Refer questions about this general letter to your area income maintenance supervisor 2.



STATE OF IOWA

THOMAS J. VILSACK, GOVERNOR
SALLY J. PEDERSON, LT. GOVERNOR

DEPARTMENT OF HUMAN SERVICES
KEVIN W. CONCANNON, DIRECTOR

November 19, 2004

GENERAL LETTER NO. 14-B-AP-117

ISSUED BY: Office of Policy Analysis

SUBJECT: Employees' Manual, Title 14, Chapter B, Appendix, ***AUTOMATED BENEFIT CALCULATION SYSTEM APPENDIX***; Contents (pages 2 and 3), revised; pages 5, 6, 7, 8, 80, 82, 83, 85 through 91, 97, 98, 116, 167, 168, 169, 173 through 176, 186, 211, 212, 214h, 218c, 225, 226, 226a, 227, 243 through 248, 257, 259, 260, 261, and 289 through 296, revised; and pages 80a and 186a, new.

Summary

This chapter is revised to:

- ◆ Add to the TD01 AID field the list of aid types for the supplement for Medicare and Medicaid eligibles.
- ◆ Add new TD03 JOBS codes "3," "4," "A," "B," "W," "T," "7," "K," "X," and "Y," and change TD03 JOBS codes descriptions for "U" and "V" to match system changes effective November 1, 2004.
- ◆ Remove the voluntary TD03 JOBS codes "2," and "E." Effective November 1, 2004, voluntary referrals to PROMISE JOBS are obsolete.
- ◆ Change the TD03 INHOME field's description. The change is an on-line edit that requires an entry on a referral to PROMISE JOBS is made for a non-active or non-pended person for FIP.
- ◆ Change the TD03 MED ST field's description of code "F" to include "or ineligible adult alien."
- ◆ Change the TD03 FUND field's description of code "7" to include "or excluded person."
- ◆ Change the TD03 POV worker instructions to include the following: "If the poverty level is worker-calculated as 000, enter 001."
- ◆ Add the new TD03 UNB/DUE field and description.
- ◆ Add the Spanish translations for notice reasons 280, 507, and 803.
- ◆ Change language for notice reason codes 010 and 360.
- ◆ Add a new FIP notice reason code 213.

- ◆ Add new notice reason codes 373, 912, and 919 to deny or cancel FIP when an applicant does not sign a family investment agreement.
- ◆ Move the TD03 HEALTH field.
- ◆ Change the instructions for worker action messages 380 through 385 and 387 through 389 to indicate that these are no longer displayed and no action is required. Although these are no longer displayed, the ICSC system still generates them to the ABC system.
- ◆ Add fatal worker action messages 490, 491, 507, and 619.
- ◆ Change the instructions for worker action message 668.
- ◆ Removal of some automatic tickler messages that either are obsolete or will no longer be displayed.
- ◆ Add a new automatic tickler message for UNBORN DUE DATE for MAC cases.
- ◆ Remove references to TCC PRGM USE and the automatic tickler message for Transitional Child Care.
- ◆ Change some references to reflect the current program name of Food Assistance.

Effective Date

Immediately.

Material Superseded

Remove the following pages from Employees' Manual, Title 14, Chapter B, Appendix, and destroy them:

<u>Page</u>	<u>Date</u>
Contents (pp. 2 and 3)	September 10, 2004
5	April 17, 2001
6	March 9, 1999
7	June 24, 2003
8	April 17, 2001
80	February 24, 2004
82	May 18, 2004
83	March 21, 2000
85	November 12, 2003
86	March 21, 2000
87-91, 97	February 24, 2004
98	April 30, 2002
116	March 26, 2003
167	September 10, 2004
168	April 13, 2004
169, 173, 174	April 8, 2003
175	July 20, 2004

176	April 8, 2003
186	September 10, 2004
211, 212	March 26, 2002
214h	September 10, 2004
218c, 225	July 20, 2004
226, 226a, 227	September 10, 2004
243-248	February 24, 2004
257 February	4, 2003
259	March 26, 2002
260	February 24, 1998
261, 289-292	December 18, 2001
293	February 24, 1998
294	April 13, 2004
295-297	February 24, 1998
298	November 7, 2000

Additional Information

Refer questions about this general letter to your area income maintenance supervisor 2.



STATE OF IOWA

THOMAS J. VILSACK, GOVERNOR
SALLY J. PEDERSON, LT. GOVERNOR

DEPARTMENT OF HUMAN SERVICES
KEVIN W. CONCANNON, DIRECTOR

December 31, 2004

GENERAL LETTER NO. 14-B-AP-118

ISSUED BY: Office of Policy Analysis

SUBJECT: Employees' Manual, Title 14, Chapter B, Appendix, ***AUTOMATED BENEFIT CALCULATION SYSTEM APPENDIX***, Contents (page 1), revised; pages 44, 93, 97, 142, 142a, 157, 158, 174, 207, 208, 208f, 226, 239, 243, 263, and 264, revised; and pages 44a and 142b, new.

Summary

This chapter is revised to:

- ◆ Add the new TD02 field EMSV for Food Assistance, effective December 13, 2004. The codes and instructions for this new field are to be used on all Food Assistance application approvals when emergency services (formerly known as expedited services) are to be issued. TD06 entries for emergency services are no longer valid.
- ◆ Remove the "E" EXPD code from the TD06 field IC.
- ◆ Change the instructions for TD06 field ISSUE DATE to note that the field is now obsolete.
- ◆ Correcting typographical errors in notice reason codes 161, 162, and 208.
- ◆ Change the language for notice reason code 499.
- ◆ Remove notice reason code 334.
- ◆ Correct the legal references for notice reason codes 491 and 400.
- ◆ Remove notice reason code 334 from the "Reference Chart."
- ◆ Remove worker action messages 315, 316, 703, and 705.
- ◆ Change language for worker action messages 311, 702, and 716.
- ◆ Add new worker action message 354.

Effective Date

Immediately.

Material Superseded

Remove the following pages from Employees' Manual, Title 14, Chapter B, Appendix, and destroy them:

<u>Page</u>	<u>Date</u>
Contents (page 1)	September 10, 2004
44, 93, 97	February 24, 2004
142	April 13, 2004
142a	April 8, 2003
157	July 20, 2004
158	March 26, 2002
174	November 19, 2004
207, 208, 208f	February 24, 2004
226	November 19, 2004
239	February 24, 2004
243	November 19, 2004
263, 264	December 18, 2001

Additional Information

Refer questions about this general letter to your area income maintenance supervisor 2.



STATE OF IOWA

THOMAS J. VILSACK, GOVERNOR
SALLY J. PEDERSON, LT. GOVERNOR

DEPARTMENT OF HUMAN SERVICES
KEVIN W. CONCANNON, DIRECTOR

January 28, 2005

GENERAL LETTER NO. 14-B-AP-119

ISSUED BY: Office of Policy Analysis

SUBJECT: Employees' Manual, Title 14, Chapter B, Appendix, ***AUTOMATED BENEFIT CALCULATION SYSTEM APPENDIX***, Contents (page 1), revised; pages 55, 81, 82, 119, 120, 121, 144, 145, 167, 200, 201, 211, 212a, 212b, 225, 226, 226a, 227, and 267 through 270, revised; and page 132a, new.

Summary

This chapter is revised to:

- ◆ Remove the field names and instructions for TD03 fields TREL and TR.
- ◆ Add the new approval and cancellation notice reason codes 164 and 165 for the Supplement for Medicare and Medicaid eligibles.
- ◆ Add the new denial notice reason code 039.
- ◆ Remove the FIP notice reason codes 212, 917, 948, 949.
- ◆ Change the language for transitional Medicaid notice reason code 626.
- ◆ Change the reference chart to remove notice reason codes and change page numbers.
- ◆ Remove worker action messages 791 and 792.
- ◆ Change instructions for worker action messages 778, 787, 829, and 901 from "food stamps" to "Food Assistance."

Effective Date

Immediately.

Material Superseded

Remove the following pages from Employees' Manual, Title 14, Chapter B, Appendix, and destroy them:

<u>Page</u>	<u>Date</u>
Contents (page 1)	December 21, 2004
55	September 10, 2004
81	February 24, 2004
82	November 19, 2004
119, 120	June 24, 2003
121	May 18, 2004
144	March 26, 2002
145	June 24, 2003
167	November 19, 2004
200	March 26, 2002
201	June 24, 2003
211	November 19, 2004
212a, 212b	March 26, 2002
225	November 19, 2004
226	December 31, 2004
226a	November 19, 2004
227	July 20, 2004
267, 268	May 15, 2001
269	November 12, 2003
270 February	4, 2003

Additional Information

Refer questions about this general letter to your area income maintenance supervisor 2.



STATE OF IOWA

THOMAS J. VILSACK, GOVERNOR
SALLY J. PEDERSON, LT. GOVERNOR

DEPARTMENT OF HUMAN SERVICES
KEVIN W. CONCANNON, DIRECTOR

April 8, 2005

GENERAL LETTER NO. 14-B-AP-120

ISSUED BY: Office of Policy Analysis

SUBJECT: Employees' Manual, Title 14, Chapter B, Appendix, ***AUTOMATED BENEFIT CALCULATION SYSTEM APPENDIX***, Contents (page 3), revised; pages 49, 52, 72, 72a, 75, 125, 126, 142, 142a, 142b, 204c, 226, 226a, 227, 228, 229, 247 through 252, 267, 268, and 278, revised; page 226b, new.

Summary

This chapter is revised to:

- ◆ Add a note to the TD02 LIMIT fields for Food Assistance and FIP and Refugee Assistance.
- ◆ Add a new religious beliefs (RB) field and instructions to TD03. This field must be entered for all programs when the person's social security number is all zeroes.
- ◆ Add language to the TD03 out-of-home placement (OHP) codes "A," "D," and "P."
- ◆ Add a new notice reason code 495 when the federal poverty level changes for the Medicaid for employed people with disabilities.
- ◆ Correct typographical errors in the Spanish translations of notice reason codes 238, 345, and 346.
- ◆ Update the reference chart.
- ◆ Add a new section, "WIFS Messages," that includes an overview on WIFS and the two new WIFS that are created from the ABC system, numbered 0001 and 0002.
- ◆ Add new worker action messages 492, 493, 494, 495, and 496.
- ◆ Remove worker action message 811 that is obsolete and correct the language of worker action message 778.

Effective Date

Upon receipt.

Material Superseded

Remove the following pages from Employees' Manual, Title 14, Chapter B, Appendix, and destroy them:

<u>Page</u>	<u>Date</u>
Contents (page 3)	November 19, 2004
49	September 10, 2004
52	February 24, 2004
72 February	4, 2003
72a	September 25, 2001
75	July 20, 2004
125, 126	March 26, 2002
142, 142a, 142b	December 31, 2004
204c	March 26, 2002
226, 226a, 227	January 28, 2005
228, 229	February 24, 2004
247, 248	November 19, 2004
249-252	February 24, 2004
267, 268	January 28, 2005
278	December 18, 2001

Additional Information

Refer questions about this general letter to your area income maintenance supervisor 2.



STATE OF IOWA

THOMAS J. VILSACK, GOVERNOR
SALLY J. PEDERSON, LT. GOVERNOR

DEPARTMENT OF HUMAN SERVICES
KEVIN W. CONCANNON, DIRECTOR

May 13, 2005

GENERAL LETTER NO. 14-B-AP-121

ISSUED BY: Office of Policy Analysis

SUBJECT: Employees' Manual, Title 14, Chapter B, Appendix, ***AUTOMATED BENEFIT CALCULATION SYSTEM APPENDIX***, pages 11, 12, 44, 77 through 80, 84, 88, 105, 185, 186, 186a, 189, 218c, 218d, 247, and 248, revised.

Summary

This chapter is revised to:

- ◆ Add a cross-reference under the TD01 AID field to 14-C, **SSNI = Medicaid Eligibility File**.
- ◆ Add clarifying language to the TD02 EMSV field.
- ◆ Change TD03 field names from FOOD STAMP to FOOD ASSISTANCE.
- ◆ Add codes "7" and "K" to the TD03 JOBS field.
- ◆ Add language and remove a cross-reference under the TD03 FUND field.
- ◆ Change language under the TD03 COPAY field.
- ◆ Remove code "8" for entrepreneurial training from the BCW2 SR field.
- ◆ Change language for notice reason code 521.
- ◆ Change legal references for notice reason codes 229, 847, and 960.
- ◆ Change the severity of worker action message 496 from a fatal error to an informational error.

Effective Date

Immediately.

Material Superseded

Remove the following pages from Employees' Manual, Title 14, Chapter B, Appendix, and destroy them:

<u>Page</u>	<u>Date</u>
11	November 9, 1999
12	March 21, 2000
44	December 31, 2004
77-79	February 24, 2004
80	November 19, 2004
84	July, 23, 2002
88	November 18, 2004
105, 185	February 24, 2004
186, 186a	November 19, 2004
189	April 8, 2003
218c	November 19, 2004
218d	March 26, 2002
247, 248	April 8, 2005

Additional Information

Refer questions about this general letter to your area income maintenance supervisor 2.



STATE OF IOWA

THOMAS J. VILSACK, GOVERNOR
SALLY J. PEDERSON, LT. GOVERNOR

DEPARTMENT OF HUMAN SERVICES
KEVIN W. CONCANNON, DIRECTOR

June 17, 2005

GENERAL LETTER NO. 14-B-AP-122

ISSUED BY: Office of Policy Analysis

SUBJECT: Employees' Manual, Title 14, Chapter B, Appendix, ***AUTOMATED BENEFIT CALCULATION SYSTEM APPENDIX***, pages 43, 49, 68, 81, 82, 93 through 98, 208f, 210b, 210c, 220c, 220d, 220e, 220f, 226, 226a, 226b, 238, 247, 262, 276, and 279 through 286, revised; and page 220g, new.

Summary

This chapter is revised to:

- ◆ Add the new TD02 ENTRY RSN code "M." This code is used for both Food Assistance and FIP to designate death.
- ◆ Change the language for the TD03 ENTRY RSN field instructions for code "M", death code.
- ◆ Change the programs that use the field and the language for the TD03 INHOME field.
- ◆ Add the new TD03 FIA DATE field that is currently reserved for future use.
- ◆ Remove the obsolete TD06 IC codes of "B," "I," "L," "O," "S."
- ◆ Remove the obsolete instructions and codes for the TD06 SP ALLOW CD field for Food Stamp Mail Loss Replacements.
- ◆ Change the language for the TD06 LOC/TYP and TD06 CLAIM# fields.
- ◆ Remove the notice reason code "400" from the section, "NOTICE CODES," and from the "Reference Chart."
- ◆ Change the "ENTER IN" fields for notice reason 613.
- ◆ Add fatal worker action message 250 for the TD03 INHOME field.
- ◆ Change language for worker action messages 698, 969, 970 and 992.
- ◆ Change or remove language that is now obsolete for Food Assistance under the section, "ISSUANCE VERIFICATION SYSTEM."

Effective Date

Immediately.

Material Superseded

Remove the following pages from Employees' Manual, Title 14, Chapter B, Appendix, and destroy them:

<u>Page</u>	<u>Date</u>
43	September 10, 2004
49	April 8, 2005
68	September 10, 2004
81, 82	January 28, 2005
93	December 31, 2004
94-96	February 24, 2004
97	December 31, 2004
98	November 19, 2004
208f	December 31, 2004
210b	February 24, 2004
210c, 220c	April 8, 2003
220d	March 26, 2002
220e, 220f, 226, 226a, 226b	April 8, 2003
238	April 13, 2004
247	May 13, 2005
262, 276	February 24, 2004
278a	June 24, 2003
279	December 18, 2001
280	March 21, 2000
281	December 18, 2001
282	November 12, 2003
283-286	February 24, 2004

Additional Information

Refer questions about this general letter to your area income maintenance supervisor 2.



STATE OF IOWA

THOMAS J. VILSACK, GOVERNOR
SALLY J. PEDERSON, LT. GOVERNOR

DEPARTMENT OF HUMAN SERVICES
KEVIN W. CONCANNON, DIRECTOR

September 16, 2005

GENERAL LETTER NO. 14-B-AP-123

ISSUED BY: Office of Policy Analysis

SUBJECT: Employees' Manual, Title 14, Chapter B, Appendix, ***AUTOMATED BENEFIT CALCULATION SYSTEM APPENDIX***, Contents (pages 2 and 3), revised; pages 7, 8, 9, 10, 13, 45, 64, 65, 76, 110a, 120, 132, 145, 166, 171, 172, 174, 188, 191, 192, 193, 197, 199, 206d, 207, 208, 208a through 208f, 210c, 218c, 220c, 220d, 225, 226, 226a, 226b, 247 through 252, 257, 295, and 296, revised; Contents (page 4), new; and pages 120a, 120b, and 188a, new.

Summary

This chapter is revised to:

- ◆ Add the new aid types for the IowaCare program, 60-E and 60-P, to the TD01 AID field.
- ◆ Change the description for the aid type 37-7 under "Medicaid Facilities" to reflect FMAP or SSI child or adult or PMIC.
- ◆ Add under "Medicaid Home- and Community-Based Waivers" the aid type for the new children's mental health waiver that will be effective October 1, 2005.
- ◆ Change the listings of valid entries in both AID and MED AID fields to include 60-E and 60-P.
- ◆ Add the new TD05 MHI field and instructions to enter an "R" code when approving MHI care for a person aged 21 to 64 or an IowaCare recipient.
- ◆ Add language to the worker instructions for the TD02 FSI field.
- ◆ Add the beginning of the vendor numbers for MHI cases funded by IowaCare (264) to the reference for the TD05 VENDOR field.
- ◆ Add the new TD03 WVR code "H" for the children's mental health waiver.
- ◆ Add the new BCW2 DEDUCT5 and DEDUCT6 fields and instructions.
- ◆ Add new notice reason codes 065, 066, 067, 460, and 480 for IowaCare.
- ◆ Add new notice reason codes 212 and 290.
- ◆ Change the language for notice reason code 847.
- ◆ Update legal references and update the "Reference Chart" to reflect the new notices and page changes.
- ◆ Add new worker action messages and instructions for messages 497, 498, 499, 510, and 532.

Effective Date

Immediately.

Material Superseded

Remove the following pages from Employees' Manual, Title 14, Chapter B, Appendix, and destroy them:

<u>Page</u>	<u>Date</u>
Contents (page 2)	November 19, 2004
Contents (page 3)	April 8, 2005
7, 8	November 19, 2004
9	February 24, 2004
10	April 30, 2002
13	March 21, 2000
45	February 24, 2004
64	February 24, 1998
65	September 10, 2004
76	July 20, 2004
110a	February 24, 2004
120 January	28, 2005
132	July 23, 2002
145 January	28, 2005
166	February 24, 2004
171, 172	April 8, 2003
174	December 31, 2004
188	February 24, 2004
191	March 26, 2002
192	April 8, 2003
197	March 26, 2002
199	April 8, 2003
206d	July 23, 2002
207, 208	December 31, 2004
208a	February 24, 2004
208c	September 10, 2004
208d	April 8, 2003
208f, 210c	June 17, 2005
218c	May 13, 2005
220c, 220d	June 17, 2005
225 January	28, 2005
226, 226a, 226b, 247	June 17, 2005
248	May 13, 2005
249, 250-252	April 8, 2005
257, 295, 296	November 19, 2004

Additional Information

Refer questions about this general letter to your area income maintenance supervisor 2.



STATE OF IOWA

THOMAS J. VILSACK, GOVERNOR
SALLY J. PEDERSON, LT. GOVERNOR

DEPARTMENT OF HUMAN SERVICES
KEVIN W. CONCANNON, DIRECTOR

November 4, 2005

GENERAL LETTER NO. 14-B-AP-124

ISSUED BY: Office of Policy Analysis

SUBJECT: Employees' Manual, Title 14, Chapter B, Appendix, ***AUTOMATED BENEFIT CALCULATION SYSTEM APPENDIX***, Contents (pages 2 and 3), revised; pages 10, 12, 13, 176, 187, 188, 188a, 191 through 194, 194a, 215, 216, 216a through 216g, 218c, 220d, 220f, 220g, 225, 226, 226a, 226b, 227, 241 through 244, 246, 251, 252, and 275, revised; and pages 188b, 216h, and 246a, new.

Summary

This chapter is revised to:

- ◆ Remove aid type 37-7 from the list on the TD01 MED AID field and add it to the list for both the AID and MED AID fields.
- ◆ Add IowaCare notice reason codes 226, 227, and 285.
- ◆ Remove notice reason code 212.
- ◆ Add children's mental health waiver notice reason code 231.
- ◆ Correct the location of notice reason 195 from the case reason messages section to the person reason messages.
- ◆ Update the legal references for notice reasons 290, 819, 844, and 847.
- ◆ Update the "Reference Chart" to reflect the new notices, removed notice, and page changes.
- ◆ Change the language on worker action messages 334, 345, 400, 551, and 956.
- ◆ Add new IowaCare worker action messages 460, 461, 462, 463, and 464.

Effective Date

Immediately.

Material Superseded

Remove the following pages from Employees' Manual, Title 14, Chapter B, Appendix, and destroy them:

<u>Page</u>	<u>Date</u>
Contents (pages 2 and 3)	September 16, 2005
10	September 16, 2005
12	May 13, 2005
13	September 16, 2005
176	November 19, 2004
187	February 24, 2004
188, 188a, 191-193	September 16, 2005
194, 194a	April 8, 2003
215, 216	February 24, 2004
216a-216e	March 26, 2002
216f, 216g	July 20, 2004
218c, 220d	September 16, 2005
220f, 220g	June 17, 2005
225, 226, 226a, 226b	September 16, 2005
227	April 8, 2005
241, 242	February 24, 2004
243	December 31, 2004
244, 246	November 19, 2004
251, 252	September 16, 2005
275	July 17, 2001

Additional Information

Refer questions about this general letter to your area income maintenance supervisor 2.



STATE OF IOWA

THOMAS J. VILSACK, GOVERNOR
SALLY J. PEDERSON, LT. GOVERNOR

DEPARTMENT OF HUMAN SERVICES
KEVIN W. CONCANNON, DIRECTOR

December 23, 2005

GENERAL LETTER NO. 14-B-AP-125

ISSUED BY: Office of Policy Analysis

SUBJECT: Employees' Manual, Title 14, Chapter B, Appendix, ***AUTOMATED BENEFIT CALCULATION SYSTEM APPENDIX***, Contents (pages 2, 3 and 4), revised; pages 100, 101, 142a, 167, 188, 188a, 188b, 190, 208, 208c, 210, 216, 216a through 216h, 217, 218a, 226, 226a, and 226b, revised; and page 188c, new.

Summary

This chapter is revised to:

- ◆ Change the language for code "F" for the BCW1 & BCW2 field of ENTRY RSN.
- ◆ Change the language of the EXT MED field on BCW1.
- ◆ Change the ENTER IN field location for notice reason code 320 from TD02 FIP REA2 to TD02 FIP REA1.
- ◆ Add a new case reason message section, "IowaCare: Deny."
- ◆ Change the name of the person reason message section from, "IowaCare: Canceled Due to Unpaid Premium," to "IowaCare: Canceled."
- ◆ Add a new person reason message section, "IowaCare: Denied."
- ◆ Add IowaCare notice reason codes 248, 286, 420, and 421.
- ◆ Change the legal references for notice reason codes 201, 205, 241, 242, 405, 832, and 839.
- ◆ Change the language for notice reason codes 499, 829, and 832.
- ◆ Update the "Reference Chart" to reflect the new notices and page changes.

Effective Date

Immediately.

Material Superseded

Remove the following pages from Employees' Manual, Title 14, Chapter B, Appendix, and destroy them:

<u>Page</u>	<u>Date</u>
Contents (pages 2, 3)	November 4, 2005
Contents (page 4)	September 16, 2005
100	September 10, 2004
101	February 24, 2004
142a	April 8, 2005
167 January	28, 2005
188, 188a, 188b	November 4, 2005
190	March 26, 2002
208, 208c	September 16, 2005
210	April 8, 2003
216, 216a-216h	November 4, 2005
217, 218a	March 26, 2002
226, 226a, 226b	November 4, 2005

Additional Information

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



STATE OF IOWA

THOMAS J. VILSACK, GOVERNOR
SALLY J. PEDERSON, LT. GOVERNOR

DEPARTMENT OF HUMAN SERVICES
KEVIN W. CONCANNON, DIRECTOR

March 10, 2006

GENERAL LETTER NO. 14-B-AP-126

ISSUED BY: Office of Policy Analysis

SUBJECT: Employees' Manual, Title 14, Chapter B, Appendix, ***AUTOMATED BENEFIT CALCULATION SYSTEM APPENDIX***, Contents (pages 1 through 4), revised; pages 69, 70, 75 through 80, 82, 83, 87, 89, 92, 93, 108, 109, 110, and 113 through 296, revised; and pages 70a and 297 through 393, new.

Summary

This chapter is revised to:

- ◆ Change references from food stamps (FS) to Food Assistance (FA).
- ◆ Change some names of fields to match the current system screens.
- ◆ Add the new TD03 DSTR field and instructions for tracking disaster codes and locations.
- ◆ Remove the TD03 CAUSE field and instructions that are obsolete.
- ◆ Change the language for the TD03 fields QMB and POV.
- ◆ Update the Spanish translations for the "Notice Codes" section and re-page the chapter.
- ◆ Change the legal references for notice reason codes 610, 706, 932, and 947.
- ◆ Correct the ENTER IN instructions for notice reason codes 285, 460, and 480.
- ◆ Change the reference chart to reflect re-paging of the chapter.
- ◆ Change language for worker action messages 323, 400, 501, 694, 695, and 959.
- ◆ Add a new worker action message, code 465.

Effective Date

Immediately.

Material Superseded

Remove the following pages from Employees' Manual, Title 14, Chapter B, Appendix, and destroy them:

<u>Page</u>	<u>Date</u>
Contents (page 1)	January 28, 2005
Contents (pages 2, 3, 4)	December 23, 2005
69	June 17, 2005
70	May 15, 2001
75	April 8, 2005
76	September 16, 2005
77-80	May 13, 2005
82	June 17, 2005
83, 87, 89	November 19, 2004
92	September 10, 2004
93	June 17, 2005
108	February 24, 1998
109, 110	March 9, 1999
110a	September 16, 2005
113-115	March 26, 2002
116	November 19, 2004
117, 118	March 26, 2002
119 January	28, 2005
120, 120a, 120b	September 16, 2005
121 January	28, 2005
122, 123	March 26, 2002
124	September 24, 2002
125, 126	April 8, 2005
127, 128	September 24, 2002
129, 130	July 23, 2002
131	March 26, 2002
132	September 16, 2005
132a January	28, 2005
133-135	March 26, 2002
136-138	July 23, 2002
139-141	March 26, 2002
142	April 8, 2005
142a	December 23, 2005
142b	April 8, 2005
143	March 26, 2002
144 January	28, 2005
145	September 16, 2005
146, 147	March 26, 2002
148	July 23, 2002

149-153	March 26, 2002
154, 155	February 24, 2004
156	July 20, 2004
157, 158	December 31, 2004
159	March 26, 2002
160	July 23, 2002
161-165	February 24, 2004
166	September 16, 2005
167	December 23, 2005
168, 169	November 19, 2004
170	March 26, 2002
171, 172	September 16, 2005
173	November 19, 2004
174	September 16, 2005
175	November 19, 2004
176	November 4, 2005
177, 178	March 26, 2002
178a	April 13, 2004
178b-178f, 179-184	February 24, 2004
185, 186, 186a	May 13, 2005
187	November 4, 2005
188, 188a-188c	December 23, 2005
189	May 13, 2005
190	December 23, 2005
191-194, 194a	November 4, 2005
195	April 8, 2003
196	March 26, 2002
197	September 16, 2005
198	March 26, 2002
199	September 16, 2005
200, 201	January 28, 2005
202	March 26, 2002
203, 204, 204a, 204b	July 20, 2004
204c	April 8, 2005
204d	June 24, 2003
205, 206	March 26, 2002
206a	June 24, 2003
206b	July 20, 2004
206c	March 26, 2002
206d, 207	September 16, 2005
208	December 23, 2005
208a, 208b	September 16, 2005
208c	December 23, 2005
208d-208f	September 16, 2005
209	April 8, 2003
210	December 23, 2005

210a	February 24, 2004
210b	June 17, 2005
210c	September 16, 2005
210d	March 26, 2002
210e	February 24, 2004
210f	March 26, 2002
211 January	28, 2005
212	November 19, 2004
212a, 212b	January 28, 2005
212c, 212d	March 26, 2002
212e, 212f	April 13, 2004
212g-212l, 213, 214, 214a-214g	February 24, 2004
214h	November 19, 2004
214i-214k	September 10, 2004
215	November 4, 2005
216, 216a-216h, 217	December 23, 2005
218	March 26, 2002
218a	December 23, 2005
218b	March 26, 2002
218c	November 4, 2005
218d	May 13, 2005
218e	June 24, 2003
218f, 219, 220, 220a, 220b	March 26, 2002
220c	September 16, 2005
220d	November 4, 2005
220e	June 17, 2005
220f, 220g	November 4, 2005
221, 222, 222a	April 8, 2003
222b	June 24, 2003
222c, 222d	March 26, 2002
222e, 222f	April 13, 2004
222g	July 20, 2004
222h, 222i	May 18, 2004
222j	April 13, 2004
223, 224, 224a-224f	March 26, 2002
225	November 4, 2005
226, 226a, 226b	December 23, 2005
227	November 4, 2005
228, 229	April 8, 2005
230-233	February 24, 2004
234	July 20, 2004
235, 236	February 24, 2004
237	April 13, 2004
238	June 17, 2005
239	December 31, 2004
240	February 24, 2004

241-244	November 4, 2005
245	November 19, 2004
246, 246a	November 4, 2005
247-250	September 16, 2005
251, 252	November 4, 2005
253	February 24, 2004
254, 255	February 24, 1998
256	April 17, 2001
257	September 16, 2005
258	May 15, 2001
258a	March 26, 2002
259-261	November 19, 2004
262	June 17, 2005
263, 264	December 31, 2004
265, 266	February 24, 1998
267, 268	April 8, 2005
269, 270	January 28, 2005
271	November 9, 1999
272	February 24, 1998
273	July 17, 2001
274	December 18, 2001
275	November 4, 2005
276	June 17, 2005
277	December 18, 2001
278	April 8, 2005
279-286	June 17, 2005
287	February 24, 2004
288	December 18, 2001
289-294	November 19, 2004
295, 296	September 16, 2005

Additional Information

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



STATE OF IOWA

THOMAS J. VILSACK, GOVERNOR
SALLY J. PEDERSON, LT. GOVERNOR

DEPARTMENT OF HUMAN SERVICES
KEVIN W. CONCANNON, DIRECTOR

May 12, 2006

GENERAL LETTER NO. 14-B-AP-127

ISSUED BY: Office of Policy Analysis

SUBJECT: Employees' Manual, Title 14, Chapter B, Appendix, ***AUTOMATED BENEFIT CALCULATION SYSTEM APPENDIX***, pages 1, 77, 199, 204, 237, 272, 277, and 373, revised.

Summary

This chapter is revised to:

- ◆ Add "less-than-full-time" office designation to Davis County.
- ◆ Remove obsolete language from the instructions for the TD03 COS field.
- ◆ Update the legal references for notice reason codes 248 and 281.
- ◆ Change the language for notice reason codes 405 and 823.
- ◆ Add to the instructions for worker action message 962.

Effective Date

Immediately.

Material Superseded

Remove the following pages from Employees' Manual, Title 14, Chapter B, Appendix, and destroy them:

<u>Page</u>	<u>Date</u>	
1	September 10, 2004	
77, 199, 204, 237, 272, 277, 373	March 10, 2006	

Additional Information

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



STATE OF IOWA

THOMAS J. VILSACK, GOVERNOR
SALLY J. PEDERSON, LT. GOVERNOR

DEPARTMENT OF HUMAN SERVICES
KEVIN W. CONCANNON, DIRECTOR

August 4, 2006

GENERAL LETTER NO. 14-B-AP-128

ISSUED BY: Office of Policy Analysis

SUBJECT: Employees' Manual, Title 14, Chapter B, Appendix, ***AUTOMATED BENEFIT CALCULATION SYSTEM APPENDIX***, Contents (pages 1, 2, and 3), revised; pages 5, 7, 13 through 16, 65, 70a, 72b, 77, 79, 81, 82, 86, 89, 96, 117, 118, 139, 140, 148, 152 through 155, 160, 199, 200, 284 through 291, 319 through 322, 327, 333, 339, 350, 351, 364 through 368, 379, 383, and 389, revised; and pages 16a, 70b, 140a, 200a, 200b, 368a, and 368b, new.

Summary

This chapter is revised to:

- ◆ Add the new TD01 AID and MED AID type, 37-6, for the Medicaid for Independent Young Adults (MIYA) program that is effective July 1, 2006.
- ◆ Add language to the TD01 fields, MR DEMAND 1 & 2, MO, CD, CYC, and DT for the automation of the *Medicaid Review* form.
- ◆ Change the TD05 FLH AMOUNT field program use and instructions to include facilities for the additional personal needs allowance for nursing facilities effective July 1, 2006.
- ◆ Add the two new TD03 fields, US and ID, effective July 2006. These fields are to be used for documenting for medical programs that have been designated according to policy, that verifications is needed to be used for citizenship and identity.
- ◆ Change the order and names of some of the TD03 fields to reflect the system changes made to the TD03 screen.
- ◆ Add language and a new worker-entered FACS status code of "M" to the TD03 FACS field. This status code is worker-entered on cases with an AID and MED AID type of 37-6 for a person in the Medicaid for Independent Young Adults (MIYA) program.
- ◆ Add language and a new system-generated code, "F," to the TD06 LOC/TYP field. This code will be used when the system issues a refund, i.e. Bliet lawsuit.
- ◆ Change the language of notice reason codes 014, 015, 032, and 108.
- ◆ Add the new notice reason code 422 for approving IowaCare renewal applications.

- ◆ Correct the ENTER IN field to “RSN2” on TD05 when entering the IowaCare: Cancellation or Denial notice reason code 248.
- ◆ Add the new notice reason codes 282 and 848.
- ◆ Correct legal references.
- ◆ Change the reference chart to reflect the addition of the new notice reason codes and any repaging.
- ◆ Change the language for worker action messages 094, 573, 575, and 757.
- ◆ Add the new worker action messages 376, 783, 784, 785, 786, 832, 833, and 850.
- ◆ Add a new LOC/TYPE code of “F” in the section, “ISSUANCE VERIFICATION SYSTEM.” This code indicates a system-generated refund of benefits.
- ◆ Add the new automatic tickler message, “MIYA,” for the Medicaid for Independent Young Adults (MIYA) program.

Effective Date

Immediately.

Material Superseded

Remove the following pages from Employees’ Manual, Title 14, Chapter B, Appendix, and destroy them:

<u>Page</u>	<u>Date</u>
Contents (pages 1-3)	March 10, 2006
5	November 19, 2004
7	September 16, 2005
13	November 4, 2005
14-16	February 24, 2004
65	September 16, 2005
70a	March 10, 2006
72b	September 25, 2001
77	May 12, 2006
79	March 10, 2006
81	June 17, 2005
82	March 10, 2006
86	November 19, 2004
89	March 10, 2006
96	June 17, 2005
117, 118, 139, 140, 148, 152-155, 160	March 10, 2006
199	May 12, 2006
200, 284-291, 319-322, 327, 333, 339, 350, 351, 364-368, 379, 383, 389	March 10, 2006

Additional Information

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



STATE OF IOWA

THOMAS J. VILSACK, GOVERNOR
SALLY J. PEDERSON, LT. GOVERNOR

DEPARTMENT OF HUMAN SERVICES
KEVIN W. CONCANNON, DIRECTOR

November 10, 2006

GENERAL LETTER NO. 14-B-AP-129

ISSUED BY: Office of Policy Analysis

SUBJECT: Employees' Manual, Title 14, Chapter B, Appendix, ***AUTOMATED BENEFIT CALCULATION SYSTEM APPENDIX***, pages 5, 12, 13, 36, 62, 70b, 71, 100, 101, 104, 109, 110, 172, 173, 174, 213, 320, 323, 342, 351, 368a and 368b, revised; and pages 70c and 368c, new.

Summary

This chapter is revised to:

- ◆ Add language to the Family Investment Program aid types 30-2, 32-8, 33-8 and 35-0 under the TD01 AID field.
- ◆ Change the TD01 MED AID field to remove aid type 63-2 from the "Aid Types Valid in AID Field Only" list and add it to the list "Aid Types Valid in Both AID and MED AID Fields."
- ◆ Add a note to the instructions on the TD01 GOOD CAUSE: FS PEN field.
- ◆ Add to the TD05 HH SIZE field the program use of MEPPD.
- ◆ Add to the TD03 US field a new code "Z." This code is used to indicate that the document used for citizenship was from a data match with Iowa Vital Records.
- ◆ Change the TD03 ID description of codes "D," "E," and "L," to reflect the current description.
- ◆ Change the TD03 REL description of the codes "7," "B," and "D" to reflect the current description.
- ◆ Add the new THRU MO field to the BCW1 and BCW2 screens. This field allows you to create multiple, identical BCW1 and BCW2 screens from one screen entry.
- ◆ Change the BCW2 P DED NEED field amount from \$60 to \$40 for the additional personal needs allowance for veterans with improved pensions that have been reduced to \$90.
- ◆ Add FIP notice reason code 374. Due to the implementation of the Winnebago Tribal TANF program, effective October 1, 2006, notice reason code 374 was created for use when a client requests FIP cancellation as the household has decided to pursue TANF under the Tribal TANF program.

- ◆ Change the reference chart to reflect the new notice reason.
- ◆ Correct the legal references for notice reason code 624.
- ◆ Change the explanation of facility and waiver code 071 to reflect the current system.
- ◆ Remove worker action messages 440, 441, and 584.
- ◆ Add worker action message 834.

Effective Date

Immediately.

Material Superseded

Remove the following pages from Employees' Manual, Title 14, Chapter B, Appendix, and destroy them:

<u>Page</u>	<u>Date</u>
5	August 4, 2006
12	November 4, 2005
13	August 4, 2006
36	September 10, 2004
62	March 21, 2000
70b	August 4, 2006
71	June 24, 2003
100, 101	December 23, 2005
104	February 24, 2004
109, 110, 172-174, 213	March 10, 2006
320	August 4, 2006
323, 342	March 10, 2006
351, 368a, 368b	August 4, 2006

Additional Information

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



STATE OF IOWA

CHESTER J. CULVER, GOVERNOR
PATTY JUDGE, LT. GOVERNOR

DEPARTMENT OF HUMAN SERVICES
KEVIN W. CONCANNON, DIRECTOR

February 23, 2007

GENERAL LETTER NO. 14-B-AP-130

ISSUED BY: Office of Policy Analysis

SUBJECT: Employees' Manual, Title 14, Chapter B, Appendix, ***AUTOMATED BENEFIT CALCULATION SYSTEM APPENDIX***, Contents (page 2), revised; pages 14, 15, 16, 16a, 17, 18, 43, 44a, 48 through 52, 55, 69, 79, 87, 88, 94, 100, 103 through 107, 110, 146, 165 through 169, 230, 232, 234, 319 through 322, 324, 333, 346 through 350, 368b, and 369 through 372, revised.

Summary

This chapter is revised to:

- ◆ Add references to the *Combined PAER/FAIR* to the appropriate TD01 and TD02 fields.
- ◆ Change the language on the TD01 LI field.
- ◆ Change the language on the TD02 END CERT field to reflect current system.
- ◆ Remove the entry reason code "D" (reinstatement to suspension) from the list of TD02 FIP and Refugee ENTRY RSN codes. Effective January 1, 2007, suspension is now obsolete.
- ◆ Remove the TD02 FIP and Refugee STATUS code "E" (suspended.) Effective January 1, 2007, suspended status code is no longer available to be entered.
- ◆ Change the TD02 FIP and Refugee field names, LAST REV, NEXT REV, MR, to QR to reflect the system changes.
- ◆ Add a new TD02 FIP and Refugee field QR DUE. This field is system-generated.
- ◆ Change the language of the TD05 MED ENTRY code "N."
- ◆ Remove the medical status code "H" (considered persons) from the list of valid status codes on the TD05 MED STATUS field.
- ◆ Remove FIP status code "E" (suspended) on the TD03 FIP/ST field and change the language for FIP status code "R" (closed for lump sum) to add "(Obsolete 12/22/06)".
- ◆ Add clarifying language to the TD03 POV field.
- ◆ Add clarifying language to the TD06 #MONTHS field.
- ◆ Add language to the status code "E" (suspended (not for FAC or FA)) on the BCW1 & 2 STATUS field. Effective December 22, 2006, suspension is now obsolete.

- ◆ Remove code “F” (suspended (not for FAC or FA)) from the BCW1 & 2 valid ENTRY RSN codes.
- ◆ Remove code “P” and language from the BCW2 E/B field.
- ◆ Remove some language from the BCW2 fields OTHER EI, SR, OTHER UI.
- ◆ Change the language of the BCW2 SR (1-4) field for code “I” (lump sum (nonrecurring)) to include an obsolete reference.
- ◆ Change the language to notice reasons 113, 116, 119, 203, and 499.
- ◆ Change the legal references to notice reasons 205 and 209.
- ◆ Change the language to the explanation of the system-generate code 115.
- ◆ Change the language of worker action messages 093, 094, 514 through 531, 570, 903, 924, 942, and 956.

Effective Date

Immediately.

Material Superseded

Remove the following pages from Employees’ Manual, Title 14, Chapter B, Appendix, and destroy them:

<u>Page</u>	<u>Date</u>
Contents (page 2)	August 4, 2006
14-16, 16a	August 4, 2006
17 February	4, 2003
18	December 6, 2000
43	June 17, 2005
44a	December 31, 2004
48	February 24, 2004
49	June 17, 2005
50	May 15, 2001
51 February	4, 2003
52	April 8, 2005
55 January	28, 2005
69	March 10, 2006
79, 87	August 4, 2006
88	May 13, 2005
94	June 17, 2005
100	November 10, 2006
103	September 10, 2004
104	November 10, 2006

105	May 13, 2005
106	May 18, 2004
107	May 15, 2001
110	November 10, 2006
146, 165-169, 230, 232, 234	March 10, 2006
319	August 4, 2006
320	November 10, 2006
321, 322, 324	March 10, 2006
333	August 4, 2006
346-349	March 10, 2006
350	August 4, 2006
368b	November 10, 2006
369-372	March 10, 2006

Additional Information

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



STATE OF IOWA

CHESTER J. CULVER, GOVERNOR
PATTY JUDGE, LT. GOVERNOR

DEPARTMENT OF HUMAN SERVICES
KEVIN W. CONCANNON, DIRECTOR

March 30, 2007

GENERAL LETTER NO. 14-B-AP-131

ISSUED BY: Office of Policy Analysis

SUBJECT: Employees' Manual, Title 14, Chapter B, Appendix, ***AUTOMATED BENEFIT CALCULATION SYSTEM APPENDIX***, pages 11, 12, 70b, 70c, 96, 97, 99, and 362, revised.

Summary

This chapter is revised to:

- ◆ Add the new system-generated AID types of 80-0 through 80-5.
- ◆ Change the language for code "1" under the TD03 US field.
- ◆ Change the language for code "1" under the TD03 ID field.
- ◆ Remove the reference to and codes for the transitional child care payments from the TD06 SP ALLOW CD field.
- ◆ Add the new identifying medical transportation codes "1" and "0" for the TD06 FED ADT field. These codes will be used in conjunction with the member's fund code to identify and track medical transportation entries now done in the Automated Benefit Calculation system.
- ◆ Change the language and add the medical program use to the TD06 VENDOR field.
- ◆ Remove references and codes for JOBS child care from the TD06 VENDOR, CODE, and TYPE fields.
- ◆ Change the language of worker action message 715.

Effective Date

Immediately.

Material Superseded

Remove the following pages from Employees' Manual, Title 14, Chapter B, Appendix, and destroy them:

<u>Page</u>	<u>Date</u>
11, 12	May 13, 2005
70b, 70c	November 10, 2006
96	August 4, 2006
97	June 17, 2005
99	September 10, 2004
362	March 10, 2006

Additional Information

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



STATE OF IOWA

CHESTER J. CULVER, GOVERNOR
PATTY JUDGE, LT. GOVERNOR

DEPARTMENT OF HUMAN SERVICES
KEVIN W. CONCANNON, DIRECTOR

July 6, 2007

GENERAL LETTER NO. 14-B-AP-132

ISSUED BY: Bureau of Policy Analysis and Appeals

SUBJECT: Employees' Manual, Title 14, Chapter B, Appendix, ***AUTOMATED BENEFIT CALCULATION SYSTEM APPENDIX***, Contents (pages 2 and 3), revised; pages 73, 108, 116, 117, 118, 122, 133, 134, 140, 141, 147, 153, 159, 160, 165 through 169, 173, 180, 194, 197, 198, 200, 228 through 232, 234, 235, 242, 249, 250, 256, 259, 263 through 271, 300, 319 through 322, 339, 340 and 389, revised.

Summary

This chapter is revised to:

- ◆ Change the language to the instructions for the TD03 HWBAIN field.
- ◆ Simplify the language used on the following notice reason codes: 010, 014, 015, 017, 030, 032, 035, 138, 155, 205, 209, and 933.
- ◆ Add a new section, "Medicaid: Waiver Denial," and notice reason codes 338, 339, and 839 to the "Case Reason Messages."
- ◆ Correct legal references for notice reason codes 209 and 932.
- ◆ Change the program name from "food stamps" to "Food Assistance" and from "public assistance" to "Cash Assistance" on the following notice reason codes:
005, 006, 007, 008, 020, 024, 030, 040, 044, 050, 053, 060, 063, 111, 116, 119, 136, 151, 153, 154, 170, 172, 173, 174, 175, 203, 213, 226, 365, 403, 404, 501, 502, 522, 802, 805, 856, 863, 868, 923, 927, 973, 980, 981, 982, 983, 984, 985, 987, 988, 989, 990, 991, and 993.
- ◆ Change the reason field used on TD05 for notice reason code 286 from RSN1 to RSN2.
- ◆ Change the reference chart to reflect new additions and re paging
- ◆ Add language to the instructions for the automatic tickler message "New SSI."

Effective Date

Immediately.

Material Superseded

Remove the following pages from Employees' Manual, Title 14, Chapter B, Appendix, and destroy them:

<u>Page</u>	<u>Date</u>
Contents (page 2)	February 23, 2007
Contents (page 3)	March 10, 2006
73	May 15, 2001
108, 116	March 10, 2006
117, 118	August 4, 2006
122, 133, 134	March 10, 2006
140	August 4, 2006
141, 147	March 10, 2006
153	August 4, 2006
159	March 10, 2006
160	August 4, 2006
165-169	February 23, 2007
173	November 10, 2006
180, 194, 197, 198	March 10, 2006
200	August 4, 2006
228, 229	March 10, 2006
230	February 23, 2007
231	March 10, 2006
232, 234	February 23, 2007
235, 242, 249, 250, 256, 259, 263- 271, 300	March 10, 2006
319-322	February 23, 2007
339	August 4, 2006
340, 389	March 10, 2006

Additional Information

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



STATE OF IOWA

CHESTER J. CULVER, GOVERNOR
PATTY JUDGE, LT. GOVERNOR

DEPARTMENT OF HUMAN SERVICES
KEVIN W. CONCANNON, DIRECTOR

September 7, 2007

GENERAL LETTER NO. 14-B-AP-133

ISSUED BY: Bureau of Policy Analysis and Appeals

SUBJECT: Employees' Manual, Title 14, Chapter B, Appendix, ***AUTOMATED BENEFIT CALCULATION SYSTEM APPENDIX***, pages 64, 70a, 75, 76, 77, and 112, revised.

Summary

This chapter is revised to:

- ◆ Add the new TD03 FACS status code indicator of "R" for the new coverage group, Medicaid reciprocity for non-IV-E children with adoption subsidies from states with reciprocal Medicaid agreements.
- ◆ Change the instructions under the TD05 screen VENDOR field to reflect the change in medical cards from monthly to annual.
- ◆ Change the instructions under the TD03 screen ID GEN field to reflect that IowaCare is the only program that will use this code.
- ◆ Remove an obsolete note from the notice code section. Effective August 6, 2007, the Automated Benefit Calculation system now generates messages for the *Notice of Decision* in both English and Spanish on cases that have an "S" code in the LI field on the TD01 screen.

Effective Date

Immediately.

Material Superseded

Remove the following pages from Employees' Manual, Title 14, Chapter B, Appendix, and destroy them:

<u>Page</u>	<u>Date</u>
64	September 16, 2005
70a	August 4, 2006
75, 76	March 10, 2006
77	August 4, 2006
112	March 26, 2002

Additional Information

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



STATE OF IOWA

CHESTER J. CULVER, GOVERNOR
PATTY JUDGE, LT. GOVERNOR

DEPARTMENT OF HUMAN SERVICES
KEVIN W. CONCANNON, DIRECTOR

October 12, 2007

GENERAL LETTER NO. 14-B-AP-134

ISSUED BY: Bureau of Policy Analysis and Appeals

SUBJECT: Employees' Manual, Title 14, Chapter B, Appendix, ***AUTOMATED BENEFIT CALCULATION SYSTEM APPENDIX***, pages 70a, 70b, 70c, 102, 103, 104, 173, 174, 235 through 238, 320, 321, 322, and 343, revised.

Summary

This chapter is revised to:

- ◆ Change the definitions of some of the codes under the TD03 fields US and ID.
- ◆ Add the new medical code field M CD on BCW1. The codes to use in this field are:
 - "A" if the household chooses the actual amount of medical expenses.
 - "S" if the household chooses the standard amount for medical expenses.
 - Blank if the household has no medical expense deduction.

NOTE: The system will allow the amount displayed in the BCW1 MED EXP field as a deduction even if this field is blank. You must remove the previous amount using the spacebar.

- ◆ Change the instructions for the U CD field on the BCW1 screen to reflect system changes in the number of positions used for the field.
- ◆ Change the instructions for the E/B field on the BCW2 screen to reflect system changes for Food Assistance and FIP for cost of living adjustments.
- ◆ Add the legal reference for Food Assistance for notice reason code 300. Move the notice reason code 300 under the section, "NOTICE CODES: Case Reason messages: Multiple Programs," and update the reference chart.
- ◆ Remove informational worker action message code 486.

Effective Date

Immediately.

Material Superseded

Remove the following pages from Employees' Manual, Title 14, Chapter B, Appendix, and destroy them:

<u>Page</u>	<u>Date</u>
70a	September 7, 2007
70b, 70c	March 30, 2007
102	February 24, 2004
103, 104	February 23, 2007
173	July 6, 2007
174	November 10, 2006
236	March 10, 2006
237	May 12, 2006
238	March 10, 2006
320-322	July 6, 2007
343	March 10, 2006

Additional Information

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



STATE OF IOWA

CHESTER J. CULVER, GOVERNOR
PATTY JUDGE, LT. GOVERNOR

DEPARTMENT OF HUMAN SERVICES
KEVIN W. CONCANNON, DIRECTOR

December 28, 2007

GENERAL LETTER NO. 14-B-AP-135

ISSUED BY: Bureau of Policy Analysis and Appeals

SUBJECT: Employees' Manual, Title 14, Chapter B, Appendix, ***AUTOMATED BENEFIT CALCULATION SYSTEM APPENDIX***, Contents (pages 1 through 4), revised; pages 44, 44a, 45, 50 through 60, 60a, 63 through 66, 77, 141 through 146, 164, 165, 166, 227 through 230, 319 through 322, 325, 326, and 368b, revised; and pages 326a and 368c, new.

Summary

This chapter is revised to:

- ◆ Add the new TD02 screen fields, AD, "Food Assistance Application Details," or "FIP Assistance Application Detailing," and the Food Assistance, DOD, "Date of Discovery."
- ◆ Change worker instructions and add codes for the EMVS field on the TD02 screen. This is now a two-character field with codes for each character.
- ◆ Add the new TD05 screen field, AD, for both "Medical Application Detail" and "Facility/State Supp/Waiver Application Detail."
- ◆ Change the instructions on the TD05 screen MED LAST REV and MED NEXT REV fields to reflect the change for Medicaid for employed people with disabilities (MEPD) from a six-month premium period to an annual premium period.
- ◆ Change the worker-entered codes on the TD03 screen FACS field to reflect the current system.
- ◆ Remove notice reason codes 449, 486, and 493.
- ◆ Change the language on notice reason code 485.
- ◆ Change the "Reference Chart" to reflect removal of notice reason codes and repagination changes.
- ◆ Added WIFS messages from the IM system mainframe and FACS.
- ◆ Add and change the original descriptions and instructions for worker action messages 876, 877, 900, 901, 902, and 903.

Effective Date

Immediately.

Material Superseded

Remove the following pages from Employees' Manual, Title 14, Chapter B, Appendix, and destroy them:

<u>Page</u>	<u>Date</u>
Contents (page 1)	August 4, 2006
Contents (page 2, 3)	July 6, 2007
Contents (page 4)	March 10, 2006
44	May 13, 2005
44a	February 23, 2005
45	September 16, 2005
46	February 24, 2004
50, 51, 52	February 23, 2005
53	September 10, 2004
54	February 24, 2004
55	February 23, 2007
56	March 21, 2000
57	December 26, 2000
58	March 21, 2000
59	December 26, 2000
60, 60a	September 25, 2001
63	February 24, 1998
64	September 7, 2007
65	August 4, 2006
66	February 24, 1998
77	September 7, 2007
140a	August 4, 2006
141	July 6, 2007
142-145	March 10, 2006
146	February 23, 2007
164	March 10, 2006
165, 166	July 6, 2007
227	March 10, 2006
228-230, 319	July 6, 2007
320-322 October	12, 2007
325, 326	October 10, 2006
368b	February 23, 2007

Additional Information

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



STATE OF IOWA

CHESTER J. CULVER, GOVERNOR
PATTY JUDGE, LT. GOVERNOR

DEPARTMENT OF HUMAN SERVICES
KEVIN W. CONCANNON, DIRECTOR

February 29, 2008

GENERAL LETTER NO. 14-B-AP-136

ISSUED BY: Bureau of Policy Analysis and Appeals

SUBJECT: Employees' Manual, Title 14, Chapter B, Appendix, ***AUTOMATED BENEFIT CALCULATION SYSTEM APPENDIX***, Contents (page 2), revised; and pages 11, 13, 57, 63, 87, 106, 109, 164, 368b, and 368c, revised.

Summary

This chapter is revised to:

- ◆ Remove AID type 80-8 from the list of system-generated AID TYPES.
- ◆ Remove MED AID type 88-8 from the list of "Aid Types Valid in Both AID and MED AID Fields."
- ◆ Change the language of some of the code descriptions under the TD05 MED AD field.
- ◆ Change the language of a code description under the TD05 FAC AD field.
- ◆ Remove incorrect language under the TD03 QMB field.
- ◆ Remove the HR field and instructions from the BCW2 screen fields. This field is now obsolete.
- ◆ Change the dollar amount under the BCW2 P DED NEED field from \$40 to \$90.
- ◆ Change the name under the section "NOTICE CODES: Primary Headers" from "Medicaid: MEPD Reopening or Denial of Reopening," to "Medicaid: MEPD Reopening."
- ◆ Add fatal worker action message codes 860 and 861.

Effective Date

Immediately.

Material Superseded

Remove the following pages from Employees' Manual, Title 14, Chapter B, Appendix, and destroy them:

<u>Page</u>	<u>Date</u>
Contents (page 2)	December 28, 2007
11	March 30, 2007
13	November 10, 2006
57, 63	December 28, 2007
87, 106	February 23, 2007
109	November 10, 2006
164, 368b, 368c	December 28, 2007

Additional Information

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



STATE OF IOWA

CHESTER J. CULVER, GOVERNOR
PATTY JUDGE, LT. GOVERNOR

DEPARTMENT OF HUMAN SERVICES
KEVIN W. CONCANNON, DIRECTOR

April 18, 2008

GENERAL LETTER NO. 14-B-AP-137

ISSUED BY: Bureau of Policy Analysis and Appeals

SUBJECT: Employees' Manual, Title 14, Chapter B, Appendix, ***AUTOMATED BENEFIT CALCULATION SYSTEM APPENDIX***, pages 62, 70b, 70c, 149, 319, and 320, revised.

Summary

This chapter is revised to:

- ◆ Remove obsolete language from the worker instructions on the TD05 MEPD PM field.
- ◆ Add clarifying language to the code descriptions for “eligible alien” to include eligibility for three-day emergency care on both the US and ID fields on TD03.
- ◆ Remove the notice reason code 039 from the section, “NOTICE CODES: Primary Headers: Denial,” and correct the language of notice reason code 047 located in the same section.
- ◆ Change the “Reference Chart” to reflect the removal of notice reason code 039.

Effective Date

Immediately.

Material Superseded

Remove the following pages from Employees' Manual, Title 14, Chapter B, Appendix, and destroy them:

<u>Page</u>	<u>Date</u>
62	November 10, 2006
70b, 70c	October 12, 2007
149	March 10, 2006
319, 320	December 28, 2007

Additional Information

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



STATE OF IOWA

CHESTER J. CULVER, GOVERNOR
PATTY JUDGE, LT. GOVERNOR

DEPARTMENT OF HUMAN SERVICES
KEVIN W. CONCANNON, DIRECTOR

May 30, 2008

GENERAL LETTER NO. 14-B-AP-138

ISSUED BY: Bureau of Policy Analysis and Appeals

SUBJECT: Employees' Manual, Title 14, Chapter B, Appendix, ***AUTOMATED BENEFIT CALCULATION SYSTEM APPENDIX***, pages 3, 4, 77, 108, 110, and 200a, revised.

Summary

This chapter is revised to:

- ◆ Add the Income Maintenance Customer Call Center to the list of TD01 WKR field. The county number for the Customer Call Center is 78.
- ◆ Change the instructions under the TD03 FACS field to reflect a system change effective May 12, 2008. Also added the FACS status code of "G" for subsidized guardianship.
- ◆ Move language for facility program use on the administrative fee in cases with a medical assistance income trust from the BCW2 DEDUCT 1 field to the BCW2 P DED PAY field.
- ◆ Correct the ENTER IN reason field used on the IowaCare notice reason code 420.

Effective Date

Immediately.

Material Superseded

Remove the following pages from Employees' Manual, Title 14, Chapter B, Appendix, and destroy them:

<u>Page</u>	<u>Date</u>
3	March 26, 2002
4	September 10, 2004
77	December 28, 2007
108	July 6, 2008
110	February 23, 2007
200a	August 4, 2006

Additional Information

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



STATE OF IOWA

CHESTER J. CULVER, GOVERNOR
PATTY JUDGE, LT. GOVERNOR

DEPARTMENT OF HUMAN SERVICES
KEVIN W. CONCANNON, DIRECTOR

July 25, 2008

GENERAL LETTER NO. 14-B-AP-139

ISSUED BY: Bureau of Policy Analysis and Appeals

SUBJECT: Employees' Manual, Title 14, Chapter B, Appendix, ***AUTOMATED BENEFIT CALCULATION SYSTEM APPENDIX***, pages 3, 65, 153, 321, 322, and 368a, revised; and page 284a, new.

Summary

This chapter is revised to:

- ◆ Change the TD01's WKR field program codes used for the Income Maintenance Customer Call Center to match the system.
- ◆ Change the language under the "SYSTEM CODING INSTRUCTIONS" under the TD05 screen's FLH AMOUNT field to reflect the July 1, 2008, change to include ICFs/MR.
- ◆ Correct the "ENTER IN" fields associated with the denial notice reason code 799.
- ◆ Add the new system-generated notice reason codes 888 and 889 for the denial of adults when there are children who are continuously eligible and update the "Reference Chart" to add the new codes.
- ◆ Change the instructions for worker action messages 832 and 833 to reflect system changes.

Effective Date

July 1, 2008

Material Superseded

Remove the following pages from Employees' Manual, Title 14, Chapter B, Appendix, and destroy them:

<u>Page</u>	<u>Date</u>
3	May 30, 2008
65	December 28, 2007
153	July 6, 2007
321, 322	December 28, 2007
368a	November 10, 2006

Additional Information

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



STATE OF IOWA

CHESTER J. CULVER, GOVERNOR
PATTY JUDGE, LT. GOVERNOR

DEPARTMENT OF HUMAN SERVICES
EUGENE I. GESSOW, DIRECTOR

February 20, 2009

GENERAL LETTER NO. 14-B-AP-140

ISSUED BY: Bureau of Policy Analysis and Appeals

SUBJECT: Employees' Manual, Title 14, Chapter B, Appendix, ***AUTOMATED BENEFIT CALCULATION SYSTEM APPENDIX***, Contents (pages 1, 2, 3, and 4), revised; and pages 9, 13 through 17, 43, 45, 49, 52, 70a, 70b, 70c, 85, 87, 103, 107, 109, 110, and 113 through 378, revised.

Summary

This chapter is revised to:

- ◆ Add the new aid type, 64-7, and notice reason codes 292 and 957 for the group, Medicaid for Iowa Kids With Special Needs (MKSNN).
- ◆ Remove references to the forms *Public Assistance Eligibility Report* (PAER), 470-0454, *Combined PAER/FAIR*, 470-4387, and *Food Assistance Interim Report*, 470-4026, based on policy changes effective February 1, 2009. The *PAER*, *Combined PAER/FAIR*, and *FAIR* are now obsolete. The Automated Benefit Calculation (ABC) system is changed to no longer system-generate these forms for reporting purposes.

Changes in worker instructions, codes, notice reason codes, and worker action messages for fields and screens that previously related to reporting via these forms are being removed. These include the following:

- TD01 screen fields: MR DEMAND 1: CD, MR DEMAND1: CYC, MR DEMAND1: DT, MR DEMAND 2 MO, MR DEMAND 2 CD, MR DEMAND 2 CYC, and MR DEMAND 2 DT.
- TD02 screen fields: For Food Assistance: ENTRY RSN, MR, FAIR. For FIP and Refugee: ENTRY RSN.
- BCW1 screen field: MRTL.
- BCW2 screen field: MRTL.
- Notice reason codes: Removal of notice reason codes 112 and 116. Change the legal reference on notice reason code 207. Update the reference chart to reflect removal of codes. Change language of system-generated code 113.
- Worker action messages: Change instructions for codes 093, 094, 514 through 530 and remove message codes 101 through 104.

- ◆ Remove references to simplified reporting based on the policy changes effective February 1, 2009.
- ◆ Add a new code “I - Ineligible Alien – eligible for emergency services only” to the TD03 fields US and ID.
- ◆ Clarify when the worker is to use the instructions for the QMB field on the TD03 screen.
- ◆ Add clarifying language to BCW2’s SR (1-4) and P DED NEED fields.
- ◆ Update the section, “NOTICE CODES,” with the current simplified language.
- ◆ Update the section, “Reference Chart,” to reflect the current pages that the notice reasons are located.

Effective Date

February 1, 2009

Material Superseded

Remove the following pages from Employees’ Manual, Title 14, Chapter B, Appendix, and destroy them:

<u>Page</u>	<u>Date</u>
Contents (page 1)	December 28, 2007
Contents (page 2)	February 29, 2008
Contents (page 3 and 4)	December 28, 2007
9	September 16, 2005
13	February 29, 2008
14-17, 43	February 23, 2007
45	December 28, 2007
49	February 23, 2007
52	December 28, 2007
70a	October 12, 2007
70b, 70c	April 18, 2008
85	November 19, 2004
87	February 29, 2008
103	October 12, 2007
107	February 23, 2007
109	February 29, 2008
110	May 30, 2008
113-115	March 10, 2006
116-118	July 6, 2007
119-121	March 10, 2006
122	July 6, 2007
123-132	March 10, 2006
133, 134	July 6, 2007

135-138	March 10, 2006
139	August 4, 2006
140	July 5, 2007
140a	August 4, 2006
141-146	December 28, 2007
147	July 6, 2007
148	August 4, 2006
149	April 18, 2008
150, 151	March 10, 2006
152	August 4, 2006
153	July 24, 2008
154, 155	August 4, 2006
156-158	March 10, 2006
159, 160	July 6, 2007
161-163	March 10, 2006
164	February 29, 2008
165, 166	December 28, 2007
167-169	July 6, 2007
170, 171	March 10, 2006
172	November 10, 2006
173, 174	October 12, 2007
175-179	March 10, 2006
180	July 6, 2007
181-193	March 10, 2006
194	July 6, 2007
195, 196	March 10, 2006
197, 198	July 6, 2007
199	August 4, 2006
200	July 6, 2007
200a	May 30, 2008
200b	August 4, 2006
201-203	March 10, 2006
204	May 12, 2006
205-212	March 10, 2006
213	November 10, 2006
214-226	March 10, 2006
227-230	December 28, 2007
231, 232	July 6, 2007
233	March 10, 2006
234	July 6, 2007
235-238 October	12, 2007
239-241	March 10, 2006
242	July 6, 2007
243-248	March 10, 2006
249, 250	July 6, 2007
251-255	March 10, 2006

256	July 6, 2007
257, 258	March 10, 2006
259	July 6, 2007
260-262	March 10, 2006
263-271	July 6, 2007
272	May 12, 2006
273-276	March 10, 2006
277	May 12, 2006
278-283	March 10, 2006
284	August 4, 2006
284a	July 25, 2008
285-291	August 4, 2006
292-299	March 10, 2006
300	July 6, 2007
301-318	March 10, 2006
319, 320	April 18, 2008
321, 322	July 25, 2008
323	November 10, 2006
324	February 23, 2007
325, 326, 326a	December 28, 2007
327	August 4, 2006
328-332	March 10, 2006
333	February 23, 2007
334, 335	March 10, 2006
336, 337	November 10, 2006
338	March 10, 2006
339, 340	July 6, 2007
341	March 10, 2006
342	November 10, 2006
343 October	12, 2007
344, 345	March 10, 2006
346-350	February 23, 2007
351	November 10, 2006
352-361	March 10, 2006
362	March 30, 2007
363	March 10, 2006
364-368	August 4, 2006
368a	July 25, 2008
368b, 368c	February 29, 2008
369-372	February 23, 2007
373	May 12, 2006
374-378	March 10, 2006
379	August 4, 2006

380-382	August 10, 2006
383	August 4, 2006
384-388	March 10, 2006
389	July 6, 2007
390-393	March 10, 2006

Additional Information

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



STATE OF IOWA

CHESTER J. CULVER, GOVERNOR
PATTY JUDGE, LT. GOVERNOR

DEPARTMENT OF HUMAN SERVICES
EUGENE I. GESSOW, DIRECTOR

April 10, 2009

GENERAL LETTER NO. 14-B-AP-141

ISSUED BY: Bureau of Policy Analysis and Appeals

SUBJECT: Employees' Manual, Title 14, Chapter B, Appendix, ***AUTOMATED BENEFIT CALCULATION SYSTEM APPENDIX***, Contents (pages 2 and 3), revised; and pages 70b, 70c, 77, 78, 87, 88, 133, 135, 144, 159, 183, 184, 245, 268, 273, 274, 300 through 303, and 352, revised.

Summary

This chapter is revised to:

- ◆ Change the instructions for the codes "P" and "4" on the TD03 screen's US and ID fields. Effective March 2, 2009, these codes are no longer available for use and have been removed from the system.
- ◆ Add language to the FSET field on the TD03 screen that states the following:
"Important: Though the three-month limit for ABAWDs is suspended through September 30, 2010, we are still required to track ABAWD status.
Therefore, continue to determine whether a person is an ABAWD and enter appropriate coding in the TD03 FSET field."
- ◆ Add case aid type 37-0 to the list of exceptions that do not require an entry of the poverty level on the TD03 POV field. Due to a system change, that coding is no longer required for cases in the Transitional Medicaid aid type. Changes to the instructions also are reflected in this revision.
- ◆ Remove the section, "Suspension," and notice reason codes 040, 041, and 044 from the chapter and the reference chart.
- ◆ Remove the section, "Food Assistance: Failure to Comply," and notice reason codes 521 and 927 from chapter and from the reference chart effective April 1, 2009.
- ◆ Add denial notice reason code 523 to the reference chart and the section, "Food Assistance: Missed Appointments."
- ◆ Remove the section, "Managed Health Care," and notice reason codes 961 through 977 from the chapter and the reference chart.
- ◆ Add a new fatal worker action message 855.

Effective Date

Changes effective April 1, 2009, include removal of section, "Food Assistance: Failure to Comply," and notice reason codes 521 and 927 along with the change in language to the TD03 screen's FSET field. These changes are due to changes in federal law from the economic stimulus plan (American Recovery and Reinvestment Act of 2009). ABAWDs are no longer limited to three months of Food Assistance benefits from April 1, 2009 through September 30, 2010.

All other changes are effective upon receipt.

Material Superseded

Remove the following pages from Employees' Manual, Title 14, Chapter B, Appendix, and destroy them:

<u>Page</u>	<u>Date</u>
Contents (pages 2 and 3)	February 20, 2009
70b, 70c	February 20, 2009
77	May 30, 2008
78	March 10, 2006
87	February 20, 2009
88	February 23, 2007
133, 135, 144, 159, 183, 184, 245, 268-274, 300-303, 352	February 20, 2009

Additional Information

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



STATE OF IOWA

CHESTER J. CULVER, GOVERNOR
PATTY JUDGE, LT. GOVERNOR

DEPARTMENT OF HUMAN SERVICES
CHARLES J. KROGMEIER, DIRECTOR

September 11, 2009

GENERAL LETTER NO. 14-B-AP-142

ISSUED BY: Bureau of Policy Analysis and Appeals

SUBJECT: Employees' Manual, Title 14, Chapter B, Appendix, ***AUTOMATED BENEFIT CALCULATION SYSTEM APPENDIX***, Contents (page 3), revised; pages 5, 10, 12, 70b, 70c, 71, 74 through 77, 95, 96, 107, 256, 257, 260, 282 through 287, 301, 302, 321 through 324, and 366, revised; and page 192a, new.

Summary

This chapter is revised to:

- ◆ Note that aid types 30-2, 32-8, and 33-8 are obsolete and remove them from the list of aid types valid in the AID field only.
- ◆ Change the name of the Medicaid home-and community-based waiver under the AID field on TD01 from mental retardation (MR) to intellectual disabilities (ID) to reflect the current name.
- ◆ Add a new marital status code of "U, Legally married same-sex couple (includes common-law marriage)" to the list of valid MAR codes on the TD03 screen.
- ◆ Add a new TD03 screen field, LPR DT, to use for medical cases for children under age 19. This field is used to enter the date that a legal permanent resident child who is exempt from the five-year bar entered the United States.
- ◆ Remove from the SP ALLOW CD field on the TD06 screen the obsolete code "S, Vendor payments."
- ◆ Remove from the list of valid codes for the SR (1-4) field on the BCW2 screen the obsolete code "N, Vendor payment (to reduce benefit only)."
- ◆ Add notice reason code 293 to the section, "NOTICE CODES: Case Reason Messages: Medicaid, Medically Needy, and State Supplementary Assistance."
- ◆ Change the wording of notice reason codes 812 and 827.
- ◆ Remove notice reason code 816 from the chapter.
- ◆ Add notice reason codes 817 and 946 to the section, "NOTICE CODES: Person Reason Messages."

- ◆ Update the notice reason reference chart.
- ◆ Add an obsolete reference to the warrant code “S - Vendor payment,” under the list for warrant codes in section, “ISSUANCE VERIFICATION SYSTEM.”

Effective Date

Immediately.

Material Superseded

Remove the following pages from Employees’ Manual, Title 14, Chapter B, Appendix, and destroy them:

<u>Page</u>	<u>Date</u>
Contents (p. 3)	April 10, 2009
5	November 10, 2006
10	November 4, 2005
12	March 30, 2007
70b, 70c	April 10, 2009
71	November 10, 2006
74	May 15, 2001
75-76	September 7, 2007
77	June 17, 2005
95	April 10, 2009
96	March 30, 2007
107	February 20, 2009
256, 257, 260, 282-287	February 20, 2009
301, 302	April 10, 2009
321-324, 366	February 20, 2009

Additional Information

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



STATE OF IOWA

CHESTER J. CULVER, GOVERNOR
PATTY JUDGE, LT. GOVERNOR

DEPARTMENT OF HUMAN SERVICES
CHARLES J. KROGMEIER, DIRECTOR

January 8, 2010

GENERAL LETTER NO. 14-B-AP-143

ISSUED BY: Bureau of Policy Analysis and Appeals

SUBJECT: Employees' Manual, Title 14, Chapter B, Appendix, ***AUTOMATED BENEFIT CALCULATION SYSTEM APPENDIX***, pages 57, 71, 81, 82, 92, 94, 213, 308, 309, 316, 319, 320, 342, 348, 365, 368, and 372, revised; and page 80b, new.

Summary

This chapter is revised to:

- ◆ Add new code "I" to the MED AD field on the TD05 screen to identify system-entered Medicare Savings Program applications received from the Social Security Administration.
- ◆ Change the explanation for the MAR field's "U" code on the TD03 screen. All legal marriages should be designated with code "M."
- ◆ Add the new system-generated electronic access card field, "EAC," and instructions to the TD03 screen.
- ◆ Change the language under the TD06 screen fields and worker message codes 337 and 689 to replace some references of "warrant" or "check" to "payment."
- ◆ Change the ENTER IN: fields used in relationship with the use of notice reason code 489 to TD05 MED RSN2.
- ◆ Add a new WIFs message created from the IM system mainframe for electronic access cards returned as undeliverable.
- ◆ Add a new informational worker action message code 105 for children with legal permanent resident status.
- ◆ Add language and codes for electronic access cards and direct deposit to the section, "ISSUANCE VERIFICATION SYSTEM."
- ◆ Change the instructions on the CSRU automatic tickler message issued when support income is released to a client.

Effective Date

Immediately.

Material Superseded

This material replaces the following pages from Employees' Manual, Title 14, Chapter B, Appendix:

<u>Page</u>	<u>Date</u>
57	February 29, 2008
71	September 11, 2009
81, 82	August 4, 2006
92	March 10, 2006
94	February 23, 2007
213, 308, 309, 316, 319, 320, 342, 348, 365, 368, 372	February 20, 2009

Additional Information

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



STATE OF IOWA

CHESTER J. CULVER, GOVERNOR
PATTY JUDGE, LT. GOVERNOR

DEPARTMENT OF HUMAN SERVICES
CHARLES J. KROGMEIER, DIRECTOR

April 2, 2010

GENERAL LETTER NO. 14-B-AP-144

ISSUED BY: Bureau of Policy Coordination

SUBJECT: Employees' Manual, Title 14, Chapter B, Appendix, ***AUTOMATED BENEFIT CALCULATION SYSTEM APPENDIX***, Contents (page 2), revised; pages 1, 49, 51, 55, 57 through 60, 60a, 63, 103, 110, 115, 157 through 166, 181, 182, 197, 204, 211, 220, 221, 222, 224, 225, 226, 266, 267, 268, 300 through 303, and 331, revised; and pages 60b, 166a, 204a, 204b, 210a, and 226a, new.

Summary

This chapter is revised to:

- ◆ Remove code "N, Closing for failure to file a RRED" from the list of valid codes under TD02 and TD05 screen fields ENTRY RSN and MED ENTRY.
- ◆ Add code "G, Grace period allowed" and code "J, Grace period allowed" to the list of valid codes under the TD02 screen AD field and the TD05 screen MED AD and FAC AD fields.
- ◆ Remove from the MRTL fields on BCW1 and BCW2 screens the FIP STATUS and MED STATUS fields and instructions and remove notice reason codes 113, 114, and 119.
- ◆ Change language and program use and legal references to notice reason codes 010, 060, 063, 610, 207, 224, 225, 300, and 406.
- ◆ Add a new section "Remain Denied" under the section "NOTICE CODES: Primary Headers," remove the section "Report Form Cancellation (for *Notice of Cancellation* actions only)," and add new notice reason codes 179 and 180.
- ◆ Remove notice reason code 315 from the section "NOTICE CODES: Case Reason Messages."
- ◆ Add new case reason and person reason notice codes 104, 105, 140, 141, 142, 143, 144, and 849 to the NOTICE CODES section and update the reference chart with the reasons and page references.
- ◆ Change language for instructions on worker action message code 551.

Effective Date

Immediately.

Material Superseded

This material replaces the following pages from Employees' Manual, Title 14, Chapter B, Appendix:

<u>Page</u>	<u>Date</u>
Contents (page 2)	April 10, 2009
1	May 12, 2006
49	February 20, 2009
51, 55	December 28, 2007
57	January 8, 2010
58-60, 60a	December 28, 2007
63	February 29, 2008
103, 110, 115, 157, 158	February 20, 2009
159	April 10, 2009
160-166, 181, 182, 197, 204, 211, 220-222, 224-226, 266, 267	February 20, 2009
268, 300	April 10, 2009
301, 302	September 11, 2009
303	April 10, 2009
331	February 20, 2009

Additional Information

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



STATE OF IOWA

CHESTER J. CULVER, GOVERNOR
PATTY JUDGE, LT. GOVERNOR

DEPARTMENT OF HUMAN SERVICES
CHARLES J. KROGMEIER, DIRECTOR

December 10, 2010

GENERAL LETTER NO. 14-B-AP-145

ISSUED BY: Bureau of Financial, Health and Work Supports
Division of Adult, Children and Family Services

SUBJECT: Employees' Manual, Title 14, Chapter B, Appendix, ***AUTOMATED BENEFIT CALCULATION SYSTEM APPENDIX***, Contents (pages 2 and 3), revised; pages 45, 59, 60, 64, 65, 70a, 70b, 70c, 78, 84 through 88, 119 through 123, 163, 183 through 189, 225, 226, 226a, 253, 290, 299 through 304, 317, 318, 325 through 328, and 352, revised; and pages 70d and 226b, new.

Summary

This chapter is revised to:

- ◆ Include instructions on using the TD02 INT field for Food Assistance.
- ◆ Add new code "Z" for "Retroactive Medicaid was requested and at least one person has not verified citizenship or identity" to the TD05 RETRO field.
- ◆ Remove vendor code "264" for MHI cases funded by IowaCare from the TD05 VENDOR field.
- ◆ Remove the TD05 MHI field.
- ◆ Add new codes for TD03 US and ID fields.
- ◆ Redefine the codes for work registration and ABAWD status and indicate which codes should no longer be used.
- ◆ Add a new TD03 field "EL" to reflect the status of express-lane Medicaid eligibility for a child.
- ◆ Add a new fatal worker action messages 852 and 853.
- ◆ Update IowaCare notice reasons.
- ◆ Restore the Food Assistance legal references to notice code 405 and move the code back to the "multi-program" section.
- ◆ Remove notice reasons for the Emergency Assistance Program.
- ◆ Update worker action messages (WARs).

Effective Date

Immediately.

Material Superseded

This material replaces the following pages from Employees' Manual, Title 14, Chapter B, Appendix:

<u>Page</u>	<u>Date</u>
Contents (page 2)	April 2, 2010
Contents (page 3)	September 11, 2009
45	February 20, 2009
59, 60	April 2, 2010
64	December 28, 2007
65	July 25, 2008
70a	February 20, 2009
70b, 70c	September 11, 2009
78	April 10, 2009
84	May 13, 2005
85	February 20, 2009
86	August 4, 2006
87, 88	April 10, 2009
119-123	February 20, 2009
163, 183, 184	April 10, 2009
185-189	February 20, 2009
225, 226, 226a	April 2, 2010
253, 290-299	February 20, 2009
300-304	April 2, 2010
317, 318, 325-328	February 20, 2009
352	April 10, 2009

Additional Information

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



STATE OF IOWA

TERRY E. BRANSTAD, GOVERNOR
KIM REYNOLDS, LT. GOVERNOR

DEPARTMENT OF HUMAN SERVICES
CHARLES M. PALMER, DIRECTOR

February 18, 2011

GENERAL LETTER NO. 14-B-AP-146

ISSUED BY: Bureau of Financial, Health and Work Supports
Division of Adult, Children and Family Services

SUBJECT: Employees' Manual, Title 14, Chapter B, Appendix, ***AUTOMATED BENEFIT CALCULATION SYSTEM APPENDIX***, pages 45, 46, 92, 93, and 94, revised; and page 44b, new.

Summary

This chapter is revised to:

- ◆ Add instructions on the new PHM field on TD02 and TD06.
- ◆ Update instructions on the IMM/CAN field on TD06.

Effective Date

January 1, 2011

Material Superseded

This material replaces the following pages from Employees' Manual, Title 14, Chapter B, Appendix:

<u>Page</u>	<u>Date</u>
45	December 10, 2010
46	December 28, 2007
92	January 8, 2010
93	March 10, 2006
94	January 8, 2010

Additional Information

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



STATE OF IOWA

TERRY E. BRANSTAD, GOVERNOR
KIM REYNOLDS, LT. GOVERNOR

DEPARTMENT OF HUMAN SERVICES
CHARLES M. PALMER, DIRECTOR

May 20, 2011

GENERAL LETTER NO. 14-B-AP-147

ISSUED BY: Bureau of Financial, Health and Work Supports
Division of Adult, Children and Family Services

SUBJECT: Employees' Manual, Title 14, Chapter B, Appendix, ***AUTOMATED BENEFIT CALCULATION SYSTEM APPENDIX***, Contents (page 3), revised; and pages 78, 102, 103, 245 through 251, 255, 301, 302, 303, 341, and 352, revised.

Summary

This chapter is revised to:

- ◆ Remove obsolete TD03 FSET codes.
- ◆ Update instructions on TD03 UTIL AMT and U CD fields.
- ◆ Remove obsolete notice codes for Food Assistance Employment and Training and Food Assistance Work Registration.
- ◆ Update WAR 674.
- ◆ Add WAR 854.

Effective Date

Immediately.

Material Superseded

This material replaces the following pages from Employees' Manual, Title 14, Chapter B, Appendix:

<u>Page</u>	<u>Date</u>
Contents (page 3)	December 10, 2010
78	December 10, 2010
102	October 12, 2007
103	April 2, 2010
245	April 10, 2009
246-252	February 20, 2009
253	December 10, 2010

254, 255	February 20, 2009
301-303	December 10, 2010
341	February 20, 2009
352	December 10, 2010

Additional Information

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



Iowa Department of Human Services

Terry E. Branstad
Governor

Kim Reynolds
Lt. Governor

Charles M. Palmer
Director

July 15, 2011

GENERAL LETTER NO. 14-B-AP-148

ISSUED BY: Bureau of Financial, Health and Work Supports
Division of Adult, Children and Family Services

SUBJECT: Employees' Manual, Title 14, Chapter B, Appendix, ***AUTOMATED BENEFIT CALCULATION SYSTEM APPENDIX***, pages 121, 130, 131, 145, 191, 206, 300, 301, and 302, revised.

Summary

This chapter is revised to:

- ◆ Update changes to notice reasons 164 and 165.
- ◆ Update legal references to notice reasons 174, 235, and 241.

Effective Date

Upon receipt.

Material Superseded

This material replaces the following pages from Employees' Manual, Title 14, Chapter B, Appendix:

<u>Page</u>	<u>Date</u>
121	December 10, 2010
130, 131, 145, 191, 206	February 20, 2009
300	December 10, 2010
301, 302	May 20, 2011

Additional Information

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



Iowa Department of Human Services

Terry E. Branstad
Governor

Kim Reynolds
Lt. Governor

Charles M. Palmer
Director

September 30, 2011

GENERAL LETTER NO. 14-B-AP-149

ISSUED BY: Bureau of Financial, Health and Work Supports
Division of Adult, Children and Family Services

SUBJECT: Employees' Manual, Title 14, Chapter B, Appendix, ***AUTOMATED BENEFIT CALCULATION SYSTEM APPENDIX***, Title page, revised; Contents (page 2), revised; and pages 75 through 80, 80a, 145, 181 through 185, 210a, 211, 217, 300, 301, and 318 through 321, revised.

Summary

This chapter is revised to:

- ◆ Remove the D and E codes on TD03 SRV field. These codes are no longer valid IM entries.
- ◆ Reflect the extension of the suspension of the ABAWD three-month limit on Food Assistance benefits to September 2012.
- ◆ Add the new TD03 QC field.
- ◆ Change the wording of notice reason 174 from “facility care or Medicaid” to “medical assistance.” This notice reason may now be used for IowaCare as well as Medicaid.
- ◆ Revise notice reason 203 and add notice reason 212. These changes separate noncooperation with Quality Control and noncooperation with DIA for Food Assistance only.
- ◆ Update the Medicare Savings program resource limits for an individual and a couple.
- ◆ Add WARs 356, 357, and 358 for mistakes in coding the new TD03 QC field.

Effective Date

Upon receipt.

Material Superseded

This material replaces the following pages from Employees' Manual, Title 14, Chapter B, Appendix:

<u>Page</u>	<u>Date</u>
Title page	February 24, 1998
Contents (page 2)	December 10, 2010

75-77	September 11, 2009
78	May 20, 2011
79	February 23, 2007
80	March 10, 2006
80a	November 19, 2004
80b	January 8, 2010
145	July 15, 2011
181, 182	April 2, 2010
183-185	December 10, 2010
210a, 211	April 2, 2010
217	February 20, 2009
300, 301	July 15, 2011
318	December 10, 2010
319, 320	January 8, 2010
321	September 11, 2009

Additional Information

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



Iowa Department of Human Services

Terry E. Branstad
Governor

Kim Reynolds
Lt. Governor

Charles M. Palmer
Director

November 9, 2012

GENERAL LETTER NO. 14-B-AP-150

ISSUED BY: Bureau of Financial, Health and Work Supports
Division of Adult, Children and Family Services

SUBJECT: Employees' Manual, Title 14, Chapter B, Appendix, ***AUTOMATED BENEFIT CALCULATION SYSTEM APPENDIX***, Contents (pages 1, 2, and 3), revised; pages 92 through 96, 165, 192a, 211 through 214, 269, 273, 301, 302, 305, 314 through 317, and 343, revised; and pages 210b through 210e, new.

Summary

This chapter is revised to:

- ◆ Add notice reason 291. This notice reason is used by *hawk-i* staff only.
- ◆ Add PSC code descriptions and PSC DATE entry directions.
- ◆ Add WAR reasons 252, 253, 254, 255, 256, 257, 258, 259, 260, and 261. These WAR reasons are related to suspension of inmates.
- ◆ Add notice reasons 430, 431, 432, 433, and 434. These notice reasons are for suspension of inmates.
- ◆ Remove the Medicaid Employees' Manual reference for notice reason 304.
- ◆ Remove obsolete notice code 115. It is no longer used.
- ◆ Add notice reason 703 regarding invalid fund codes.

Effective Date

Upon receipt.

Material Superseded

This material replaces the following pages from Employees' Manual, Title 14, Chapter B, Appendix:

<u>Page</u>	<u>Date</u>
Contents (page 1)	February 20, 2009
Contents (page 2)	September 30, 2011
Contents (page 3)	May 20, 2011

92-94	February 18, 2011
95, 96	September 11, 2009
165	April 2, 2010
192a	September 11, 2009
211	September 30, 2011
212	February 20, 2009
213	January 8, 2010
214	February 20, 2009
273	April 10, 2009
301	September 30, 2011
302	July 15, 2011
305, 314, 315	February 20, 2009
316	January 8, 2010
317	December 10, 2010
343	February 20, 2009

Additional Information

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



Iowa Department of Human Services

Terry E. Branstad
Governor

Kim Reynolds
Lt. Governor

Charles M. Palmer
Director

November 15, 2013

GENERAL LETTER NO. 14-B-AP-151

ISSUED BY: Bureau of Financial, Health and Work Supports
Division of Adult, Children and Family Services

SUBJECT: Employees' Manual, Title 14, Chapter B, Appendix, ***AUTOMATED BENEFIT CALCULATION SYSTEM APPENDIX***, pages 5, 6, 9, 10, 64, 65, 75, 76, 210a, 210b, 214, 262, 304, and 351, revised.

Summary

This chapter is revised to:

- ◆ Reflect the name change of the ill and handicap waiver to the health and disability waiver.
- ◆ Update the acronym for ICF/MR to ICF/ID.
- ◆ Update notice reasons 224 and 225 to revise the Medicare Savings Programs resource limits due to an increase in the resource limits for extra help for Medicare Part D prescriptions.

Effective Date

Immediately.

Material Superseded

This material replaces the following pages from Employees' Manual, Title 14, Chapter B, Appendix:

<u>Page</u>	<u>Date</u>
5	September 11, 2009
6	November 19, 2004
9	February 20, 2009
10	September 11, 2009
64, 65	December 10, 2010
75, 76, 210a	September 30, 2011
210b, 214	November 9, 2012
262	February 20, 2009
304	December 10, 2010
351	February 20, 2009

Additional Information

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



Iowa Department of Human Services

Terry E. Branstad
Governor

Kim Reynolds
Lt. Governor

Charles M. Palmer
Director

February 21, 2014

GENERAL LETTER NO. 14-B-AP-152

ISSUED BY: Bureau of Financial, Health and Work Supports
Division of Adult, Children and Family Services

SUBJECT: Employees' Manual, Title 14, Chapter B, Appendix, ***AUTOMATED BENEFIT CALCULATION SYSTEM APPENDIX***, Contents (page 2), revised; pages 161 through 166, 166a, 167 through 170, 210a, 210b, 301, and 302, revised; and pages 166b and 166c, new.

Summary

This chapter is revised to:

- ◆ Update notice reasons 224 and 225 to revise the Medicare Savings Program resource limits due to an increase in the resource limits for extra help for Medicare Part D prescriptions.
- ◆ Add notice reason 294. This reason is system generated when header 010, 030, or 060 are used for FIP cases.
- ◆ Add notice reasons 310, 311 and 312. These notice reasons are used for sanctioning FIP cases that accessed FIP benefits with their electronic access card (EAC) at a prohibited location.

Effective Date

February 1, 2014

Material Superseded

This material replaces the following pages from Employees' Manual, Title 14, Chapter B, Appendix:

<u>Page</u>	<u>Date</u>
Contents (page 2)	November 9, 2012
161, 162	April 2, 2010
163	December 10, 2010
164	April 2, 2010
165	November 9, 2012

166, 166a	April 2, 2010
167-170	February 20, 2009
210a, 210b	November 15, 2013
301, 302	November 9, 2012

Additional Information

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



Iowa Department of Human Services

Terry E. Branstad
Governor

Kim Reynolds
Lt. Governor

Charles M. Palmer
Director

July 10, 2015

GENERAL LETTER NO. 14-B-AP-153

ISSUED BY: Bureau of Financial, Health and Work Supports
Division of Adult, Children and Family Services

SUBJECT: Employees' Manual, Title 14, Chapter B, Appendix, ***AUTOMATED BENEFIT CALCULATION SYSTEM APPENDIX***, Contents (pages 1, 2, and 3), revised; and pages 14 through 17, 74, 119, 120, 121, 131, 141, 159, 166, 172, 173, 174, 183 through 192, 199, 210a, 210b, 244 through 247, 249, 275, 300, 301, 302, 321, and 325, revised.

Summary

This chapter is revised to:

- ◆ Add the section, "Food Assistance: Failure to Comply," and notice reason codes 521 and 927.
- ◆ Update notice reasons 224 and 225 to revise the Medicare Savings Program resource limits due to an increase in the resource limits for extra help for Medicare Part D prescriptions.
- ◆ Remove notice reasons 255 and 256.
- ◆ Delete references and notice codes for the IowaCare program. The Iowa Care program ended December 31, 2013.
- ◆ Update the section, "Reference Chart," to reflect the current pages that the notice reasons are located.
- ◆ Update links due to the Department's new website.

Effective Date

Upon receipt.

Material Superseded

This material replaces the following pages from Employees' Manual, Title 14, Chapter B, Appendix:

<u>Page</u>	<u>Date</u>
Contents (page 1)	November 9, 2012
Contents (page 2)	February 21, 2014
Contents (pages 3 and 4)	November 9, 2012
14-17	February 20, 2009
74	September 11, 2009
119, 120	December 10, 2010
121, 131	July 15, 2011
141	February 20, 2009
159	April 2, 2010
166	February 21, 2014
172-174	February 20, 2009
183-185	September 30, 2011
186-189	December 10, 2010
190	February 20, 2009
191	July 15, 2011
192	February 20, 2009
192a	November 9, 2012
199	February 20, 2009
210a, 210b	February 21, 2014
244	February 20, 2009
245-247, 249-251	May 20, 2011
275	February 20, 2009
300	September 30, 2011
301, 302	February 21, 2014
321	September 30, 2011
325	December 10, 2010

Additional Information

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



Iowa Department of Human Services

Terry E. Branstad
Governor

Kim Reynolds
Lt. Governor

Charles M. Palmer
Director

December 16, 2016

GENERAL LETTER NO. 14-B-AP-154

ISSUED BY: Bureau of Financial, Health and Work Supports
Division of Adult, Children and Family Services

SUBJECT: Employees' Manual, Title 14, Chapter B, Appendix, ***AUTOMATED BENEFIT
CALCULATION SYSTEM APPENDIX***, pages 161, 162, and 163, revised.

Summary

This chapter is revised to update the Family Investment Program (FIP) notice reason 294. Applicants and participants are required to agree in writing that they will not use their electronic access card at prohibited locations.

Effective Date

Upon receipt.

Material Superseded

This material replaces the following pages from Employees' Manual, Title 14, Chapter B, Appendix:

<u>Page</u>	<u>Date</u>
161-163	February 21, 2014

Additional Information

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



Iowa Department of Human Services

Kim Reynolds
Governor

Adam Gregg
Lt. Governor

Jerry R. Foxhoven
Director

November 17, 2017

GENERAL LETTER NO. 14-B-AP-155

ISSUED BY: Bureau of Financial, Health and Work Supports
Division of Adult, Children and Family Services

SUBJECT: Employees' Manual, Title 14, Chapter B, Appendix, *Automated Benefit Calculation System Appendix*, page 184, revised.

Summary

This chapter is updated to revise Notice Reason 521 for the new ABAWD time period.

Effective Date

Immediately.

Material Superseded

This material replaces the following page from Employees' Manual, Title 14, Chapter B, Appendix:

<u>Page</u>	<u>Date</u>
184	July 10, 2015

Additional Information

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



Iowa Department of Human Services

Kim Reynolds
Governor

Adam Gregg
Lt. Governor

Jerry R. Foxhoven
Director

February 16, 2018

GENERAL LETTER NO. 14-B-AP-156

ISSUED BY: Bureau of Financial, Health and Work Supports
Division of Adult, Children and Family Services

SUBJECT: Employees' Manual, Title 14, Chapter B, Appendix, *Automated Benefit Calculation System Appendix*, pages 210a and 210b, revised.

Summary

This chapter is revised to increase the resource limits for Notice Reasons 224 and 225.

Effective Date

Immediately.

Material Superseded

This material replaces the following pages from Employees' Manual, Title 14, Chapter B, Appendix:

<u>Page</u>	<u>Date</u>
210a, 210b	July 10, 2015

Additional Information

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



Iowa Department of Human Services

Kim Reynolds
Governor

Adam Gregg
Lt. Governor

Jerry R. Foxhoven
Director

May 11, 2018

GENERAL LETTER NO. 14-B-AP-157

ISSUED BY: Bureau of Financial, Health and Work Supports
Division of Adult, Children and Family Services

SUBJECT: Employees' Manual, Title 14, Chapter B, Appendix, *Automated Benefit Calculation System Appendix*, page 176, revised.

Summary

This chapter is revised to correct the language of FIP case reason notice code 266 to reflect revisions made in 2012.

Effective Date

Immediately.

Material Superseded

This material replaces the following page from Employees' Manual, Title 14, Chapter B, Appendix:

<u>Page</u>	<u>Date</u>
176	February 20, 2009

Additional Information

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



Iowa Department of Human Services

Kim Reynolds
Governor

Adam Gregg
Lt. Governor

Jerry R. Foxhoven
Director

November 2, 2018

GENERAL LETTER NO. 14-B-AP-158

ISSUED BY: Bureau of Financial, Health and Work Supports
Division of Adult, Children and Family Services

SUBJECT: Employees' Manual, Title 14, Chapter B, Appendix, *Automated Benefit Calculation System Appendix*, Contents (page 3), revised; pages 49, 77, 78, 103, 106, 110, 116, 117, 118, 119, 140, 141, 184, 247 through 250, and 300, 301, and 302, revised; and pages 118a, 118b, and 118c, new.

Summary

Chapter 14-B-Appendix is revised to update notice reasons and to remove descriptions of obsolete IABC fields.

Effective Date

Immediately.

Material Superseded

This material replaces the following pages from Employees' Manual, Title 14, Chapter B, Appendix:

<u>Page</u>	<u>Date</u>
Contents (page 3)	July 10, 2015
49	April 2, 2010
77, 78	September 30, 2011
103	May 20, 2011
106	February 29, 2008
110	April 2, 2010
116-118	February 20, 2009
119	July 10, 2015
140	February 20, 2009
141	July 10, 2015
184	November 17, 2017
247	July 10, 2015
248	May 20, 2011
249, 300-302	July 10, 2015

Additional Information

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

July 19, 2019

GENERAL LETTER NO. 14-B-AP-159

ISSUED BY: Bureau of Financial, Food and Work Supports
Division of Adult, Children and Family Services

SUBJECT: Employees' Manual, Title 14, Chapter B Appendix, ***Automated Benefit Calculation System Appendix***, pages 102, 103, 211, 212, and 312, revised.

Summary

Chapter 14-B-Appendix is revised to:

- ◆ Add instructions on BCW1 Homeless Shelter Deduction.
- ◆ Remove obsolete notice codes for Food Assistance Employment and Training and Food Assistance Work Registration.
- ◆ Update the language for notice code 433.
- ◆ Update WAR 034.

Effective Date

Immediately.

Material Superseded

This material replaces the following pages from Employees' Manual, Title 14, Chapter B Appendix:

<u>Page</u>	<u>Date</u>
102	May 20, 2011
103	November 2, 2018
211, 212	November 9, 2012
312	February 20, 2009

Additional Information

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

February 7, 2020

GENERAL LETTER NO. 14-B-AP-160

ISSUED BY: Bureau of Financial, Food and Work Supports
Division of Adult, Children and Family Services

SUBJECT: Employees' Manual, Title 14, Chapter B, Appendix, ***Automated Benefit Calculation System Appendix***, pages 82 and 308, revised.

Summary

Chapter 14-B-Appendix is revised to:

- ◆ Add an "M" to the TD03 EAC field instructions to indicate a Mastercard has been issued to the client.
- ◆ Remove the reference to the EAC return mail WIF that is no longer generated.

Effective Date

Immediately.

Material Superseded

This material replaces the following page from Employees' Manual, Title 14, Chapter B, Appendix:

<u>Page</u>	<u>Date</u>
82, 308	January 8, 2010

Additional Information

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

May 7, 2021

GENERAL LETTER NO. 14-B-AP-161

ISSUED BY: Bureau of Financial, Health, and Work Supports,
Division of Adult, Children, and Family Services

SUBJECT: Employees' Manual, Title 14, Chapter B Appendix, ***Automated Benefit Calculation System Appendix***, Title page, Contents 1 and 2, Contents 3, 1, 2, 3, 4, 5 and 6, 7, 8, 9 and 10, 11, 12, 13, 14-17, 18, 19-34, 35, 36, 36a, 37 and 38, 39, 40-42, 43, 44, 44a, 44b, 45 and 46, 47, 48, 49, 50, 51, 52, 53 and 54, 55, 56, 57 and 58, 59 and 60, 60a and 60b, 61, 62, 63, 64 and 65, 66, 67, 68, 69, 70, 70a-70d, 71, 72, 72a, 72b, 73, 74, 75 and 76, 77 and 78, 79 and 80, 80a, 81, 82, 83, 84-88, 89, 90 and 91, 92-96, 97, 98, 99, 100, 101, 102 and 103, 104, 105, 106, 107, 108, 109, 110, 111, 112, 113 and 114, 115, 116-118, 118a-118c, 119, 120 and 121, 122 and 123, 124-129, 130, 131, 132, 133, 134, 135, 136-139, 140 and 141, 142 and 143, 144, 145, 146-156, 157 and 158, 159, 160, 161-163, 164 and 165, 166, 166a-166c, 167-170, 171, 172-174, 175, 176, 177-180, 181 and 182, 183, 184, 185-192, 193-196, 197, 198, 199, 200-203, 204, 204a and 204b, 205, 206, 207-210, 210a and 210b, 210c-210e, 211 and 212, 213, 214, 215 and 216, 217, 218 and 219, 220-222, 223, 224, 225 and 226, 226a-226b, 227-243, 244-246, 247-254, 255, 256 and 257, 258 and 259, 260, 261, 262, 263-265, 266-268, 269-273, 274, 275, 276-281, 282-287, 288 and 289, 290-299, 300-302, 303, 304, 305, 306 and 307, 308, 309, 310 and 311, 312, 313, 314-317, 318-320, 321, 322-324, 325, 326-328, 329 and 330, 331, 332-340, 341, 342, 343, 344-347, 348, 349 and 350, 351, 352, 353-364, 365, 366, 367, 368, 369-371, 372, 373-378, revised.

Summary

Chapter 14-B Appendix is revised to:

- ◆ Add code SRV in field under TD03.
- ◆ Update style and formatting throughout

Effective Date

Immediately.

Material Superseded

This material replaces the following pages from Employees' Manual Title 14, Chapter B Appendix:

<u>Page</u>	<u>Date</u>
Title	September 30, 2011
Contents 1 and 2	July 10, 2015
Contents 3	November 2, 2018
1	April 2, 2010
2	June 24, 2003
3	July 25, 2008
4	May 30, 2008
5 and 6	November 15, 2013
7	August 4, 2006
8	September 16, 2005
9 and 10	November 15, 2013
11	February 29, 2008
12	September 11, 2009
13	February 20, 2009
14-17	July 10, 2015
18	February 23, 2007
19-34	February 24, 1998
35	March 26, 2002
36	November 10, 2006
36a	May 15, 2001
37 and 38	November 12, 2003
39	February 24, 2004
40-42	February 24, 1998
43	February 20, 2009
44	December 28, 2007
44a	December 28, 2007
44b	February 18, 2011
45 and 46	February 18, 2011
47	February 24, 2004
48	February 23, 2007
49	November 2, 2018
50	December 28, 2007
51	April 2, 2010
52	February 20, 2009
53 and 54	December 28, 2007
55	April 2, 2010
56	December 28, 2007
57 and 58	April 2, 2010
59 and 60	December 10, 2010
60a and 60b	April 2, 2010
61	March 21, 2000
62	April 18, 2008
63	April 2, 2010
64 and 65	November 15, 2013
66	December 28, 2007
67	September 10, 2004
68	June 17, 2005
69	February 23, 2007
70	March 10, 2006

70a-70d	December 10, 2010
71	January 8, 2010
72	April 8, 2005
72a	April 8, 2005
72b	August 4, 2006
73	July 6, 2007
74	July 10, 2015
75 and 76	November 15, 2013
77 and 78	November 2, 2018
79 and 80	September 30, 2011
80a	September 30, 2011
81	January 8, 2010
82	February 7, 2020
83	March 10, 2006
84-88	December 10, 2010
89	August 4, 2006
90 and 91	November 19, 2004
92-96	November 9, 2012
97	March 30, 2007
98	June 17, 2005
99	March 30, 2007
100	February 23, 2007
101	November 10, 2006
102 and 103	July 19, 2019
104	October 12, 2007
105	February 23, 2007
106	November 2, 2018
107	September 11, 2009
108	May 30, 2008
109	February 20, 2009
110	November 2, 2018
111	September 10, 2004
112	September 7, 2007
113 and 114	February 20, 2009
115	April 2, 2010
116-118	November 2, 2018
118a-118c	November 2, 2018
119	November 2, 2018
120 and 121	July 10, 2015
122 and 123	December 10, 2010
124-129	February 20, 2009
130	July 15, 2011
131	July 10, 2015
132	February 20, 2009
133	April 10, 2009
134	February 20, 2009
135	April 10, 2009
136-139	February 20, 2009
140 and 141	November 2, 2018
142 and 143	February 20, 2009

144	April 10, 2009
145	September 30, 2011
146-156	February 20, 2009
157 and 158	April 2, 2010
159	July 10, 2015
160	April 2, 2010
161-163	December 16, 2016
164 and 165	February 21, 2014
166	July 10, 2015
166a-166c	February 21, 2014
167-170	February 21, 2014
171	February 20, 2009
172-174	July 10, 2015
175	February 20, 2009
176	May 11, 2018
177-180	February 20, 2009
181 and 182	September 30, 2011
183	July 10, 2015
184	November 2, 2018
185-192	July 10, 2015
193-196	February 20, 2009
197	April 2, 2010
198	February 20, 2009
199	July 10, 2015
200-203	February 20, 2009
204	April 2, 2010
204a and 204b	April 2, 2010
205	February 20, 2009
206	July 15, 2011
207-210	February 20, 2009
210a and 210b	February 16, 2018
210c-210e	November 9, 2012
211 and 212	July 19, 2019
213	November 9, 2012
214	November 15, 2013
215 and 216	February 20, 2009
217	September 30, 2011
218 and 219	February 20, 2009
220-222	April 2, 2010
223	February 20, 2009
224	April 2, 2010
225 and 226	December 10, 2010
226a-226b	December 10, 2010
227-243	February 20, 2009
244-246	July 10, 2015
247-254	November 2, 2018
255	May 20, 2011
256 and 257	September 11, 2009
258 and 259	February 20, 2009
260	September 11, 2009

261	February 20, 2009
262	November 15, 2013
263-265	February 20, 2009
266-268	April 2, 2010
269-273	November 9, 2012
274	April 10, 2009
275	July 10, 2015
276-281	February 20, 2009
282-287	September 11, 2009
288 and 289	February 20, 2009
290-299	December 10, 2010
300-302	November 2, 2018
303	May 20, 2011
304	November 15, 2013
305	November 9, 2012
306 and 307	February 20, 2009
308	February 7, 2020
309	January 8, 2010
310 and 311	February 20, 2009
312	July 19, 2019
313	February 20, 2009
314-317	November 9, 2012
318-320	September 30, 2011
321	July 10, 2015
322-324	September 11, 2009
325	July 10, 2015
326-328	December 10, 2010
329 and 330	February 20, 2009
331	April 2, 2010
332-340	February 20, 2009
341	May 20, 2011
342	January 8, 2010
343	November 9, 2012
344-347	February 20, 2009
348	January 8, 2010
349 and 350	February 20, 2009
351	November 15, 2013
352	May 20, 2011
353-364	February 20, 2009
365	January 8, 2010
366	September 11, 2009
367	February 20, 2009
368	January 8, 2010
369-371	February 20, 2009
372	January 8, 2010
373-378	February 20, 2009

Additional Information

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

August 20, 2021

GENERAL LETTER NO. 14-B-AP-162

ISSUED BY: Bureau of Financial, Health, and Work Supports,
Division of Adult, Children, and Family Services

SUBJECT: Employees' Manual, Title 14, Chapter B Appendix, ***Automated Benefit Calculation System Appendix***, Contents 1 and 2, page 3-5, 14-17, and 19-378, revised.

Summary

Chapter 14-B Appendix is revised to:

- ◆ Add denial/cancellation notice reasons for FIP for the new Kinship Caregiver payment.
- ◆ Update references to Food Assistance to SNAP
- ◆ Update Worker Number coding
- ◆ Remove school district coding
- ◆ Update notice reason wording
- ◆ Remove outdated WAR messages

Effective Date

Immediately.

Material Superseded

This material replaces the following pages from Employees' Manual Title 14, Chapter B Appendix:

<u>Page</u>	<u>Date</u>
Contents Page 1 and 2	May 7, 2021
3-5, 14-17	May 7, 2021
19-378	May 7, 2021

Additional Information

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

June 10, 2022

GENERAL LETTER NO. 14-B-AP-163

ISSUED BY: Bureau of Food, Financial, Health, and Work Supports
Division of Adult, Children, and Family Services

SUBJECT: Employees' Manual, Title 14, Chapter B Appendix, ***Automated Benefit Calculation System Appendix***, 238, 289, 290, 367, revised.

Summary

This chapter is revised to:

- ◆ Update language for EBT aging notice reasons 510 and 511
- ◆ Clarify instructions for TD03 H entry reason
- ◆ Update notice code 701 language from "8 months" to "12 months"

Effective Date

Immediately.

Material Superseded

Remove the following pages from Employees' Manual, Title 14, Chapter B Appendix, and destroy them:

<u>Page</u>	<u>Date</u>
238, 289, 290, 367	August 20, 2021

Additional Information

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

July 15, 2022

GENERAL LETTER NO. 14-B-AP-164

ISSUED BY: Bureau of Food, Financial, Health, and Work Supports
Division of Adult, Children, and Family Services

SUBJECT: Employees' Manual, Title 14, Chapter B Appendix, ***Automated Benefit Calculation System Appendix***, page 312, revised.

Summary

This chapter is revised to update a Worker Action Message code.

Effective Date

Immediately.

Material Superseded

Remove the following pages from Employees' Manual, Title 14, Chapter B Appendix, and destroy them:

Page Date

312 August 20, 2021

Additional Information

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

December 23, 2022

GENERAL LETTER NO. 14-B-AP-165

ISSUED BY: Bureau of Food, Financial, Health, and Work Supports
Division of Adult, Children, and Family Services

SUBJECT: Employees' Manual, Title 14, Chapter B Appendix, **Automated Benefit Calculation System Appendix**, Title Page, Contents 1 and 2, Contents 3, pages 1 and 2, 3-5, 6-13, 14-17, 18, 19-237, 238, 239-297, 298 and 290, 291-311, 312, 313-337, revised; 338-368, removed.

Summary

This chapter is revised to update instructions related to TD03: JOBS Referral Codes and to revise style and formatting throughout.

Effective Date

Immediately.

Material Superseded

Remove the following pages from Employees' Manual, Title 14, Chapter B Appendix, and destroy them:

<u>Page</u>	<u>Date</u>
Title Page	May 7, 2021
Contents 1 and 2	August 20, 2021
Contents 3	May 7, 2021
1 and 2	May 7, 2021
3-5	August 20, 2021
6-13	May 7, 2021
14-17	August 20, 2021
18	May 7, 2021
19-237	August 20, 2021
238	June 10, 2022
239-297	August 20, 2021
298 and 290	June 10, 2022
291-311	August 20, 2021
312	July 15, 2022
313-368	May 7, 2021

Additional Information

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

March 31, 2023

GENERAL LETTER NO. 14-B-AP-166

ISSUED BY: Bureau of Financial, Food, and Work Supports
Division of Community Access

SUBJECT: Employees' Manual, Title 14, Chapter B Appendix, ***Automated Benefit Calculation System Appendix***, 253, revised.

Summary

This chapter is revised to update the Person Reason 938 from 8 months to 12 months

Effective Date

March 24, 2023.

Material Superseded

Remove the following pages from Employees' Manual, Title 14, Chapter B Appendix, and destroy them:

<u>Page</u>	<u>Date</u>
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253	December 23, 2022
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Additional Information

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

December 8, 2023

GENERAL LETTER NO. 14-B-AP-167

ISSUED BY: Bureau of Financial, Food, and Work Supports
Division of Community Access

SUBJECT: Employees' Manual, Title 14, Chapter B Appendix, **Automated Benefit Calculation System Appendix**, 63 and 64, 76-78, 82 and 83, 159, 280, 326, 327, revised.

Summary

This chapter is revised to

- Update the descriptions of PROMISE JOBS Referral Codes
- Add instructions for TD06 fields for SNAP replacements due to fraud
- Update description of BCWI S CD
- Update the date in reason 521 for the new ABAWD period
- Update ISSV descriptions

Effective Date

Upon receipt.

Material Superseded

Remove the following pages from Employees' Manual, Title 14, Chapter B Appendix, and destroy them:

<u>Page</u>	<u>Date</u>
63 and 64, 76-78, 82 and	December 23, 2022
83, 159, 280, 326, 327	

Additional Information

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

March 7, 2025

GENERAL LETTER NO. 14-B-AP-168

ISSUED BY: Bureau of Financial, Food, and Work Supports
Division of Community Access

SUBJECT: Employees' Manual, Title 14, Chapter B Appendix, **Automated Benefit Calculation System Appendix**, Title Page, Contents 1-3, 1-62, 63 and 64, 65-75, 76-78, 79-81, 82 and 83, 84-158, 159, 160-252, 253, 252-279, 280, 281-325, 326 and 327, revised; 328-388, new.

Summary

This chapter is revised to

- Update the descriptions of TD02 EMSV codes.
- Update the descriptions of TD03 WR codes.
- Add notice reasons 429 and 944.
- Update the wording of notice reasons 512 and 515.
- Add WARs 347 and 788.
- Update the wording of WARs 346, 634, 635, 661, 704, and 990.
- Update age for ABAWDs.
- Update branding, style, and formatting throughout.

Effective Date

Upon receipt.

Material Superseded

Remove the following pages from Employees' Manual, Title 14, Chapter B Appendix, and destroy them:

<u>Page</u>	<u>Date</u>
Title Page	December 23, 2022
Contents 1-3	December 23, 2022
1-62	December 23, 2022
63 and 64	December 8, 2023
65-75	December 23, 2022
76-78	December 8, 2023
79-81	December 23, 2022
82 and 83	December 8, 2023
84-158	December 23, 2022
159	December 8, 2023
160-252	December 23, 2022
253	March 31, 2023
252-279	December 23, 2022

280	December 8, 2023
281-325	December 23, 2022
326 and 327	December 8, 2023

Additional Information

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