



April 8, 1997

GENERAL LETTER NO. 5-A-AP-1

ISSUED BY: Bureau of Eligibility/HIPP, Division of Medical Services

SUBJECT: Employees' Manual, Title 5, Chapter A, *Interim Assistance Reimbursement, Appendix*, Title page, new; Contents (page 1), new; pages 1 through 14, new; and the following forms:

470-IAR1	<i>Assignment of Medicaid Claim</i> , revised
PA-6111	<i>Certificate of Authority</i> , revised
470-1950	<i>Initial Interim Assistance Reimbursement Authorization</i> , revised
PA-6108	<i>Interim Assistance Notice of Apportionment</i> , revised
PA-6110	<i>Interim Assistance Reimbursement Agreement</i> , revised
470-IAR2	<i>Interim Reimbursement Summary</i> , revised
SSA-L8125-EP	<i>Notice of Interim Assistance Reimbursement</i> , unchanged
SSA-L8125-U3-DAA	<i>Notice of Interim Assistance Reimbursement</i> , unchanged
470-2551	<i>Posteligibility Interim Assistance Reimbursement Authorization</i> , revised

Summary

This general letter transmits the new *Interim Assistance Reimbursement Appendix*. Interim assistance forms are updated and their instructions are converted to the Department's new manual format. Minor changes have been made to the format and content of the forms.

Effective Date

Upon receipt.

Material Superseded

None.

Additional Information

None of these forms are available through Anamosa. County agencies shall reproduce supplies as needed from the samples in this manual.

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

cc: County Agencies



TERRY E. BRANSTAD, GOVERNOR

DEPARTMENT OF HUMAN SERVICES

CHARLES M. PALMER, DIRECTOR

August 19, 1997

GENERAL LETTER NO. 5-A-AP-2

ISSUED BY: Bureau of Eligibility/HIPP, Division of Medical Services

SUBJECT: Employees' Manual, Title 5, Chapter A, *Interim Assistance Reimbursement, Appendix*, Contents (page 1), revised; pages 14, revised; pages 15 and 16, new; and the following form:

SSA-L8125-F6 *Notice of Interim Assistance Reimbursement, new.*

Summary

This general letter transmits the new *Notice of Interim Assistance Reimbursement*, form SSA-L8125-F6. The Social Security Administration uses this form to obtain the amount of interim assistance provided by the county agency when a person is entitled to past-due benefits which exceed 12 times the federal benefit rate, so that pay-out to the recipient must be made in installments.

Effective Date

Upon receipt.

Material Superseded

None.

Additional Information

This form is issued by the Social Security Administration. It is not available through Anamosa. County agencies do not need to stock supplies.

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

cc: County Agencies



April 17, 2001

GENERAL LETTER NO. 5-A-AP-3

ISSUED BY: Bureau of Eligibility Services, Division of Medical Services

SUBJECT: Employees' Manual, Title 5, Chapter A, *Interim Assistance Reimbursement Appendix*, Title page, revised; Contents (page 1), revised; pages 1 through 16, revised; and the following forms:

470-IAR1	<i>Assignment of Medicaid Claim</i> , revised
470-1950	<i>Initial Interim Assistance Reimbursement Authorization</i> , revised
470-1947	<i>Interim Assistance Certificate of Authority</i> , revised
470-1949	<i>Interim Assistance Notice of Apportionment</i> , revised
470-1948	<i>Interim Assistance Reimbursement Agreement</i> , revised
470-3857	<i>Interim Assistance Reimbursement Agreement (Veteran Affairs)</i> , new
470-IAR2	<i>Interim Assistance Reimbursement Summary</i> , revised
SSA-8125	<i>Notice of Interim Assistance Reimbursement</i> , revised
SSA-L8125-F6	<i>Notice of Interim Assistance Reimbursement</i> , revised
470-2551	<i>Posteligibility Interim Assistance Reimbursement</i> , revised

Summary

Forms 470-1950, *Initial Interim Assistance Reimbursement Authorization*, 470-2551, *Posteligibility Interim Assistance Reimbursement*, and 470-1948, *Interim Assistance Reimbursement Agreement*, have been revised to reflect changes in the Supplemental Security Income (SSI) federal regulations. A separate form number has been assigned to the *Interim Assistance Reimbursement Agreement* for county veterans affairs agencies.

Other forms have been updated. The Social Security Administration no longer uses the *Notice of Interim Assistance Reimbursement*, SSA-L8125-U3-DAA, so this form is removed.

Effective Date

Forms 470-1948 and 470-3857, the *Interim Assistance Reimbursement Agreements*, become effective on or after May 15, 2001. All other changes are effective upon receipt.

Material Superseded

Remove the entire Appendix Title 5, Chapter A, from the Employees' Manual and destroy it. This includes the following pages:

<u>Page</u>	<u>Date</u>
Title page	April 8, 1997
Contents (page 1)	August 19, 1997
470-IAR1	4/97
1-13	April 8, 1997
PA-6111 (470-1947)	4/97
470-1950	4/97
PA-6108 (470-1949)	4/97
PA-6110 (470-1948)	4/97
470-IAR2	4/97
SSA-L8125-EP	11-89
SSA-L8125-U3-DAA	1-95
14-16	August 19, 1997
SSA-L8125-F6	9-96
470-2551	4/97

Additional Information

New *Agreements* have been sent to all county agencies for signature. Forms SSA-8125 and SSA-L8125-F6 are issued by the Social Security Administration.

An initial sample of forms 470-1950 and 470-2551 is being sent to county agencies for reproduction. County agencies may obtain supplies of those and all remaining forms by photocopying the samples or printing from the Department's on-line manual, found at:

http://www.dhs.state.ia.us/policyanalysis/PolicyManualPages/Manual_Documents/Master/5-a-ap.pdf

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

Cc: County General Relief Agencies
County Veteran Affairs Agencies



STATE OF IOWA

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

DEPARTMENT OF HUMAN SERVICES
KEVIN W. CONCANNON, DIRECTOR

March 1, 2004

GENERAL LETTER NO. 5-A-AP-4

ISSUED BY: Bureau of Financial Support Programs
Division of Financial, Health and Work Supports

SUBJECT: Employees' Manual, Title 5, Chapter A, *INTERIM ASSISTANCE REIMBURSEMENT APPENDIX*, pages 3, 4, 6, 7, 8, and 9, revised; and the following forms:

470-1947 *Interim Assistance Certificate of Authority*, revised
470-1948 *Interim Assistance Reimbursement Agreement*, revised
470-3857 *Interim Assistance Reimbursement Agreement (Veteran Affairs)*,
revised

Summary

This chapter is revised to:

- ◆ Update form 470-1947, *Interim Assistance Certificate of Authority*, to remove the former Director's name and change the signature to "Director, Iowa Department of Human Services." The instructions re updated to reflect the Department's current organizational structure.
- ◆ Change forms 470-1948, *Interim Assistance Reimbursement Agreement*, and 470-3857, *Interim Assistance Reimbursement Agreement (Veteran's Affairs)*, to remove the effective date of May 15, 2001, from the form and instructions. The instructions were also updated to remove references to regional office and regional office administrator to reflect the Department's current organizational structure.

Effective Date

Upon receipt.

Material Superseded

Remove the following pages from Employees' Manual, Title 5, Chapter A, Appendix, and destroy them:

<u>Page</u>	<u>Date</u>
470-1947	4/01
3, 4, 6	April 17, 2001
470-1948	4/01
7, 8	April 17, 2001
470-3857	4/01
9	April 17, 2001

Additional Information

Discard any supplies of the previous versions of these forms. Existing agreements and certificates do not need to be resubmitted.

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



December 26, 2008

GENERAL LETTER NO. 5-A-AP-5

ISSUED BY: Bureau of Medical Supports,
Division of Financial, Health and Work Supports

SUBJECT: Employees' Manual, Title 5, Chapter A, *INTERIM ASSISTANCE REIMBURSEMENT APPENDIX*, Contents (page 1); pages 2, 3 and 4, revised; and the following form:

470-1947 *Certificate of Authority: Interim Assistance Reimbursement (IAR)*, revised

Summary

This chapter is revised to change the name of form 470-1947 from *Interim Assistance Certificate of Authority* to *Certificate of Authority Interim Assistance Reimbursement (IAR)*. The form has also been revised based on changes from the Social Security Administration.

Effective Date

Upon receipt.

Material Superseded

Remove the following pages from Employees' Manual, Title 5, Chapter A, Appendix, and destroy them:

<u>Page</u>	<u>Date</u>
Contents (page 1)	April 17, 2001
2 *	April 17, 2001
470-1947	1/04
3, 4	March 4, 2004

* Because form 470-1947 has been renamed, its place on the alphabetical list is changed. Move the sample of form 470-1949 to follow page 4.

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

November 19, 2010

GENERAL LETTER NO. 5-A-AP-6

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

SUBJECT: Employees' Manual, Title 5, Chapter A, **INTERIM ASSISTANCE REIMBURSEMENT APPENDIX**, Title page, revised; Contents (page 1), revised; pages 1 through 7, revised; and the following forms:

470-1950 *Authorization for Reimbursement of Interim Assistance Initial Claim or Posteligibility Case*, revised
470-1948 *Interim Assistance Reimbursement Agreement*, revised
470-1949 *Notice of Interim Assistance Payment*, revised

Summary

This chapter is revised to:

- ◆ Remove forms that are no longer used in Interim Assistance Reimbursement (IAR) procedures.
- ◆ Change the name of form 470-1950 from *Initial Interim Assistance Reimbursement Authorization*, to *Authorization for Reimbursement of Interim Assistance Initial Claim or Posteligibility Case*. Form 470-1950 includes both initial and posteligibility authorizations. The instructions are also revised.
- ◆ Revise form 470-1948, *Interim Assistance Reimbursement Agreement*, due to required changes by the Social Security Administration.
- ◆ Revise form 470-1949 and the accompanying instructions according to new Social Security Administration (SSA) procedures. The name of the form is changed to *Notice of Interim Assistance Payment* due to SSA procedural changes.

Effective Date

Upon receipt.

Material Superseded

This material replaces the following pages in Employees' Manual, Title 5, Chapter A Appendix:

<u>Page</u>	<u>Date</u>
Title page	April 17, 2001
Contents (page 1)	December 26, 2008
1, 2	April 17, 2001
3, 4	December 26, 2008
470-1950	4/01
470-1949	4/01
5	April 17, 2001
6	March 1, 2004
470-1948	2/04
7, 8	March 1, 2004
470-3857	2/04
9	March 1, 2004
10	April 17, 2001
SSA-8125	10/97
11-14	April 17, 2001
SSA-L8125-F6	9/96
15, 16	April 17, 2001
470-2551	4/01

Additional Information

Destroy any supplies of form 470-2551, *Posteligibility Interim Assistance Reimbursement Authorization*. Destroy supplies of previous versions of forms 470-1950, *Initial Interim Assistance Reimbursement Authorization*; 470-1948, *Interim Assistance Reimbursement Contract*; and 470-1949, *Interim Assistance Notice of Apportionment*.

Refer questions about this general letter to the Interim Assistance Reimbursement coordinator in the Department's Bureau of Financial, Health, and Work Supports.



Iowa Department of Human Services

Terry E. Branstad
Governor

Kim Reynolds
Lt. Governor

Charles M. Palmer
Director

August 14, 2015

GENERAL LETTER NO. 5-A-AP-7

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

SUBJECT: Employees' Manual, Title 5, Chapter A, **INTERIM ASSISTANCE REIMBURSEMENT APPENDIX**, form 470-1948, *Interim Assistance Reimbursement Agreement*, revised.

Summary

This chapter is revised to change the Department's IAR coordinator on form 470-1948, *Interim Assistance Reimbursement Agreement*.

Effective Date

Upon receipt.

Material Superseded

This material replaces Employees' Manual, Title 5, Chapter A, Appendix, form 470-1948, dated 6/10.

Additional Information

Use up any existing supplies of the previous versions of form 470-1948, *Interim Assistance Reimbursement Agreement*.

Refer questions about this general letter to the Interim Assistance Reimbursement coordinator in the Department's Bureau of Financial, Health and Work Supports.

August 21, 2020

GENERAL LETTER NO. 5-A-AP-8

ISSUED BY: Iowa Medicaid Enterprise

SUBJECT: Employees' Manual, Title 5, Chapter A Appendix, ***Interim Assistance Reimbursement***, Title Page and page 5, revised; and the following forms:

470-1947	<i>Certificate of Authority (Interim Assistance)</i> , revised
470-1948	<i>Interim Assistance Reimbursement Agreement</i> , revised

Summary

Chapter 5-A-Appendix is revised to:

- ◆ Update instructions for form 470-1948 to provide the correct Division within the Department of Human Services, who has responsibility to administer the Interim Assistance Reimbursement Program.
- ◆ Revise forms to show the current address for the Iowa Medicaid Enterprise (IME).

Effective Date

Immediately

Material Superseded

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

<u>Page</u>	<u>Date</u>
5	November 19, 2010
470-1947	11/08
470-1948	08/15

Additional Information

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

January 22, 2021

GENERAL LETTER NO. 5-A-AP-9

ISSUED BY: Iowa Medicaid Enterprise

SUBJECT: Employees' Manual, Title 5, Chapter A Appendix, ***Interim Assistance Reimbursement Appendix***, the following forms are revised:

470-1947 *Certificate of Authority (Interim Assistance)*, revised

470-1948 *Interim Assistance Reimbursement Agreement*, revised

Summary

Chapter 5-A-Appendix is revised to:

- Update form 470-1947 Certificate of Authority (Interim Assistance) to provide updated information on who to send copies of the document to
- Update form 470-1948 Interim Assistance Reimbursement Agreement to provide the updated Department IAR Coordinator

Effective Date

Immediately

Material Superseded

This material replaces the following forms from Employees' Manual, Title 5, Chapter A-Appendix and destroy them):

<u>Page</u>	<u>Date</u>
470-1947	11/08
470-1948	08/15

Additional Information

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