Department of HUMAN SERVICES

October 9, 2020

GENERAL LETTER NO. 6-AP-135

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

SUBJECT: Employees' Manual, Title 6, Income Maintenance Programs Appendix, form 470-1668, revised.

Summary

This chapter is revised to update language in form 470-1668, Notice of Setoff of an Iowa Income Tax Refund for Debts Owed DHS.

Effective Date

Immediately.

Material Superseded

This material replaces the following pages from Employees' Manual, Title 6, Appendix:

Page	Date
470-1668	8/15

Additional Information

Destroy existing supplies of 470-1668, *Notice of Setoff of an Iowa Income Tax Refund for Debts Owed DHS*, dated 8/15.

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

Department of HUMAN SERVICES

October 23, 2020

GENERAL LETTER NO. 6-AP-136

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

SUBJECT: Employees' Manual, Title 6, *Income Maintenance Programs Appendix*, Contents page 10, pages 412 and 413, revised;414 and 415 new; and RC-0120, new.

Summary

This chapter is revised to add form RC-0120, *Legal Language* and instructions.

Effective Date

Immediately.

Material Superseded

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

Page	Date
Contents page 10	July 17, 2020
412 and 413	September 20, 2019

Additional Information

Refer questions about this general letter to your area service administrator.

Department of HUMAN SERVICES

November 6, 2020

GENERAL LETTER NO. 6-AP-137

ISSUED BY: Division of Adult, Children and Family Services

SUBJECT: Employees' Manual, Title 6, *Income Maintenance Programs Appendix*, the following communications and reference card, revised:

Comm. 002	*Facts About the Food Assistance Program*
Comm. 002(S)	*Facts About the Food Assistance Program*, Spanish version
Comm. 229	*Food Assistance Makes Iowa Stronger*
Comm. 229(S)	*Food Assistance Makes Iowa Stronger,* Spanish version
RC-0033	*Desk Aid*

Summary

This chapter is revised to update the new income limits and maximum allotment amounts in the following documents:

- Comm. 002 and 002(S), *Facts about the Food Assistance Program*
- Comm. 229 and 229(S), Food Assistance Makes Iowa Stronger
- RC-0033, Desk Aid

Effective Date

October 1, 2020.

Material Superseded

Remove the following documents from Employees' Manual, Title 6 Appendix, and destroy them:

Page	Date
Comm. 002	10/19
Comm. 002(S)	10/19
Comm. 229	10/19
Comm. 229(S)	10/19
RC-0033	10/19

Additional Information

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

Department of HUMAN SERVICES

January 1, 2021

GENERAL LETTER NO. 6-AP-138

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

SUBJECT: Employees' Manual, Title 6 Appendix, forms 470-2341, 470-2588, 470-2626, 470-3088, 470-3144, Comm. 413, RC-0008, RC-0018, and RC-0130, revised.

Summary

This chapter is revised to:

- Update RC-0008, *Overpayment Recovery Codes* to remove obsolete Program Code 13 – Supplemental Food.
- The following forms have been updated to reflect revisions to COLA values:
  - 470-2341, *SSI-Related (No Children) Medically Needy Spenddown Computation Worksheet*
  - 470-2588, *Notice of Attribution of Resources*
  - 470-2626, *SSI-Related (Children In Household) Medically Needy Spenddown Computation Worksheet*
  - 470-3088, *FMAP-Related Medically Needy Spenddown Computation Worksheet*
  - 470-3144, *Attribution of Resources Appeal Summary*
  - Comm. 413, *Medicare Savings Programs*
  - RC-0018, *Supplemental Security Income Payment Standards*
  - RC-0130, *Desk Aid for MAGI, Non-MAGI, and Hawki*

Effective Date

Immediately.

Material Superseded

Page	Date
470-2341	2/99
470-2588	01/19
470-2626	10/98
470-3088	10/00
470-3144	1/19
Comm. 413	1/20
RC-0008	12/16

RC-0018	1/20
RC-0130	4/20

Additional Information

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

Department of HUMAN SERVICES

March 19, 2021

GENERAL LETTER NO. 6-AP-139

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

SUBJECT: Employees' Manual, Title 6 Appendix, Contents Page 1-10, 3-27, 28, 29 and 30, 31 and 32, 33-139, 140, 141-169, 170 and 171, 172-176, revised;176a, removed; 177, 178-191, 192 and 193, 194-275, 276-279, 280-369, revised; 370-388, 389, 390-393, 394, 395-413, removed; and the following forms:

470-0323, *SNAP Complaint Form*, revised
470-0325, *Notice of Expiration*, **obsolete**
470-0328, *SNAP Complaint Summary*, revised
470-0451, *Report of Quality Control Review*, removed from 6 Appendix; still available in 5-D Appendix
470-0479, *Noncooperation Notice*, removed from 6 Appendix; still available in 5-D Appendix
470-2326, *Interview Checklist for Farmer Food Stamp Applications and Recertifications*, **obsolete**
470-4487, *Change in Med Deduction for Food Assistance*, revised
470-5168M, *Medicaid/Hawki Review*, revised
470-5412, *Food Assistance Farmer Self-Employment Worksheet*, revised
470-5418, *Food Assistance Self-Employment Worksheet*, revised
470-5482M, *Medicaid/State Supp Review*, revised
Comm 028, *Medicaid for Non-MAGI-Related Persons,* revised
RC 0023, *Things You Need to Give Us for Food Assistance*, revised
RC 0033, *Desk Aid*, revised
RC 0064, *Unearned Income Desk Aid*, revised
RC-0130, *Desk Aid for MAGI, Non-MAGI, and Hawki,* revised
Unnumbered *IPV Hearing Notice*, **obsolete.**

Summary

This chapter is revised to:

- Revise the following forms to reflect change of "Food Assistance" program to "SNAP", including changes to the title of the form:
  - 470-0323 and 470-0323(S), *Food Assistance Complaint*
  - 470-0328, *Food Assistance Complaint Summary*
  - 470-4487 and 470-4487(S), *Change in Medical Deduction for Food Assistance*

- 470-5412, *Food Assistance Farmer Self-Employment Worksheet*
- 470-5418, *Food Assistance Self-Employment Worksheet*
- RC-0023 and RC-0023(S), *Things You Need to Give Us for Food Assistance*

♦ Update Comm. 028, *Medicaid for SSI-Related Persons*, reflecting a name change to *Medicaid for Non-MAGI-Related Persons* and replacing references to SSI with Non-MAGI throughout

♦ Update RC-0064, *Unearned Income Desk Aid,* to remove reference to taxes withheld from UIB for Food Assistance.

♦ Update RC-0130, *Desk Aid for MAGI, Non-MAGI, and Hawki* to reflect new poverty levels and resource limits

♦ The following forms are removed:

- Unnumbered *Intentional Program Violation Hearing Notice*
- 470-0325, *Notice of Expiration*
- 470-0451, *Report of Quality Control Review*
- 470-0479, *Noncooperation Notice*
- 470-2346, *Interview Checklist for Farmer Food Stamp Applications and Recertifications*

Effective Date

470-5168 and 470-5482 changes effective June 1, 2020, to reflect changes that occurred independently in the WISE system.

Comm. 028 changes effective February 1, 2021.

RC-0130 changes effective April 1, 2021.

All others effective immediately.

Material Superseded

Remove the following material from Employees' Manual, Title 6 Appendix, and destroy it:

Page	Date
Contents Page 1-10	July 17, 2020
3-27	September 20, 2019
28	July 17, 2020
29 and 30	September 20, 2019
31 and 32	July 17, 2020
33-139	September 20, 2019
140	July 17, 2020
141-169	September 20, 2019
170 and 171	July 17, 2020
172-176	September 20, 2019
176a	December 27, 2019
177	December 27, 2019
178-191	September 20, 2019
192 and 193	October 25, 2019

194-275	September 20, 2019
276-279	December 27, 2019
280-388	September 20, 2019
389	July 17, 2020
390-393	September 20, 2019
394	July 17, 2020
395-413	September 20, 2019
470-0323	03/07
470-0325	10/82
470-0328	01/04
470-0451	01/21
470-0479	03/12
470-2326	06/01
470-4487	11/07
470-5168M	01/20
470-5412	02/17
470-5418	02/17
470-5482M	01/20
Comm 028	09/18
RC 0023	06/20
RC 0033	01/21
RC 0064	06/10
RC-0130	01/21
Unnumbered IPV Hearing Notice	n/a

Additional Information

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

Department of HUMAN SERVICES

May 14, 2021

GENERAL LETTER NO. 6-AP-140

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

SUBJECT: Employees' Manual, Title 6 Appendix, *Income Maintenance Programs Appendix*, the following forms are revised:

470-0499, *Ten-Day Report of Change for FIP*, revised
470-5590, *Ten-Day Report of Change for Medicaid/Hawki*, revised
Comm. 284, *Iowa's Farmers Market Project,* revised

Summary

This chapter is revised to:

- Revise forms to update references from "food assistance" to "SNAP"
- Update style, functionality, and usability

Effective Date

Effective immediately.

Material Superseded

Remove the following material from Employees' Manual, Title 6 Appendix, and destroy it:

Page	Date
470-0499	08/19
470-5590	08/19
Comm. 284	04/21

Additional Information

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

Department of HUMAN SERVICES

July 23, 2021

GENERAL LETTER NO. 6-AP-141

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

SUBJECT: Employees' Manual, Title 6 Appendix, *Income Maintenance Programs Appendix*, Contents page 1-10, pages 72, 84 and 85, 110, and 114-370, and the following forms are revised:

470-0330, *SNAP Computation,* revised
470-1632, *Landlord Questionnaire,* revised
470-1632(S), *Landlord Questionnaire,* revised
470-2472, *Disability Transmittal,* revised
470-2920, *Request for Replacement of Spoiled Food,* revised
470-3035, *IPV Referral Cover Sheet,* revised
470-3780, *New Household Member,* revised
470-3897, *FIA Appointment,* revised
470-3897(S), *FIA Appointment,* revised
470-3983, *Adding an EBT Cardholder,* revised
470-4179, *Notice of SNAP Debt,* revised
470-4473, *Free Lunch Notice - Give This to the School,* revised
470-4473(S), *Free Lunch Notice - Give This to the School,* new
470-4668, *Notice of SNAP Overpayment,* revised
470-4699, *Annuity Release of Information,* revised
470-5129, *DHS Investigative Referral Follow-Up to DIA,* revised
470-5130, *DHS Investigative Referral to DIA,* revised
Comm. 051, *Information Practices,* revised
Comm. 084, *Information on Emergency Service,* revised
Comm. 390-390(S), *Benefits of a Health Marriage*, revised
RC-0120, *Legal Information,* revised
RC-0120(S), *Legal Information,* revised

Summary

This chapter is revised to:

- Revise the following forms to reflect change of "Food Assistance" program to "SNAP", including changes to the titles of some forms,

- Revise 470-4473, *Free Lunch Notice* based on updates from the Department of Education
- Update form 470-2472, *Disability Transmittal* to include a new field for State ID
- Add RC-0120, *Legal Information*, to Title 6 Appendix

Effective Date

470-4179 and 470-4668 effective June 1, 2021, as these forms were updated independently by DoIT staff

470-3897 and 470-3897(S) effective March 1, 2021, as these forms were updated via WISE.

Material Superseded

Remove the following material from Employees' Manual, Title 6 Appendix, and destroy it:

Page	Date
Contents Page 1-10	March 19, 2021
72, 84 and 85, 110, 114-370	March 19, 2021
470-0330	01/04
470-1632	12/19
470-1632(S)	12/19
470-2472	12/09
470-2920	08/20
470-3035	10/09
470-3780	01/19
470-3897	01/19
470-3897(S)	01/19
470-3983	03/07
470-4179	08/19
470-4473	01/19
470-4668	06/18
470-4699	01/19
470-5129	07/17
470-5130	06/17
Comm. 051	03/17
Comm. 084	09/07
Comm. 390-390(S)	01/11
RC-0120	10/20
RC-0120(S)	10/20

Additional Information

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

Department of HUMAN SERVICES

August 6, 2021

GENERAL LETTER NO. 6-AP-142

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

SUBJECT: Employees' Manual, Title 6 Appendix, ***Income Maintenance Programs Appendix*****,** forms:

470-4365, *Disposal of Assets Penalty Notice of Decision*, revised
470-4678, *MAIT Facility Worksheet*, revised
470-4679, *MAIT Waiver Worksheet*, revised
470-4851, *Medical Express Lane*, revised
470-4851(S), *Medical Express Lane*, Spanish Language version, revised

Summary

This chapter is revised to:

- Update 470-4365, *Disposal of Assets Penalty Notice of Decision*, updating Statewide Average Cost amounts
- Update calculation amounts for WISE version of 470-4678 and 470-4679
- Update 470-4851 and 470-4851(S), *Medicaid Express Lane*, revised to change references to "Food Assistance" to "SNAP".

Effective Date

Immediately.

Material Superseded

Remove the following material from Employees' Manual, Title 6 Appendix, and destroy it:

Page	Date
470-4365	07/20
470-4678	07/14
470-4679	04/20
470-4851	06/18
470-4851(S)	06/18

Additional Information

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

Department of HUMAN SERVICES

September 3, 2021

GENERAL LETTER NO. 6-AP-143

ISSUED BY: Division of Adult, Children, and Family Services

SUBJECT: Employees' Manual, Title 6 Appendix, ***Income Maintenance Programs Appendix***, Contents page 3, page 87, 119, 120, and forms:

470-0334, *Notice of Lost Benefits*, revised
470-0462, *Food and Financial Support Application*, revised
470-0462F, *Food and Financial Support Application*, French language version, new
470-0462S*, Food and Financial Support Application,* Spanish language version, revised
Comm. 024, *One-Time Payments*, revised
Comm. 024S, *One-Time Payments,* Spanish language version, revised
Comm. 108, *The Family Investment Program (FIP)*, revised
Comm. 137*, 60 Month Limit on FIP, revised*
Comm. 377*, FIP Electronic Access Card*, revised
Comm. 377S, *FIP Electronic Access Card*, Spanish language version, revised
RC-0103*, Disability Determination Checklist*, revised

Summary

The chapter is revised to:

- Update a link to US Citizenship and Immigration Services form G845.
- Update DHS forms that have been revised to change references to "Food Assistance" to "SNAP".

Effective Date

Immediately.

Material Superseded

Remove the following material from Employees' Manual, Title 6 Appendix, and destroy it:

Page	Date
Contents Page 3	July 23, 2021
87	March 19, 2021
119, 120	July 23, 2021
470-0334	03/91
470-0462	04/18
470-0462S	04/18

Comm. 024	10/16
Comm. 024S	10/16
Comm. 108	10/16
Comm. 137	10/08
Comm. 377	10/19
Comm. 377S	10/19
RC-0103	03/08

Additional Information

Refer questions about this general letter to your area service administrator.

Department of HUMAN SERVICES

October 15, 2021

GENERAL LETTER NO. 6-AP-144

ISSUED BY: Division of Adult, Children, and Family Services

SUBJECT: Employees' Manual, Title 6 Appendix, ***Income Maintenance Programs Appendix***, Contents Page 9, pages 320 and 344, revised; and forms:

Comm. 002, *Facts About SNAP*, revised
Comm. 002(S), *Facts About SNAP,* Spanish language version, revised
Comm. 229, *SNAP Makes Iowa Stronger,* revised
Comm. 229(S), *SNAP Makes Iowa Stronger,* Spanish language version, revised
RC-0033*, Desk Aid*, revised

Summary

The chapter is revised to update listed documents with October SNAP amounts and update references to the "Food Assistance" program, changing them to "SNAP".

Effective Date

Immediately.

Material Superseded

Remove the following material from Employees' Manual, Title 6 Appendix, and destroy it:

Page	Date
Contents Page 9	July 23, 2021
320 and 344	July 23, 2021
Comm. 002	11/20
Comm. 002(S)	11/20
Comm. 229	11/20
Comm. 229(S)	11/20
RC-0033	03/21

Additional Information

Refer questions about this general letter to your area service administrator.

Department of HUMAN SERVICES

October 22, 2021

GENERAL LETTER NO. 6-AP-145

ISSUED BY: Iowa Medicaid Enterprise

SUBJECT: Employees' Manual, Title 6 Appendix, ***Income Maintenance Programs Appendix***, forms:

470-2845, *Notice of Health Insurance Premium Payment*, revised
470-2846, *Cancellation of Premium Payment*, revised
470-2847, *Denial of Health Insurance Premium Payment*, revised
470-5308, *HIPP Notice of Action*, revised

Summary

The noted forms have been revised to change references to "Food Assistance" to "SNAP".

Effective Date

Immediately.

Material Superseded

Remove the following material from Employees' Manual, Title 6 Appendix, and destroy it:

Page	Date
470-2845	06/16
470-2846	04/18
470-2847	05/16
470-5308	09/17

Additional Information

Refer questions about this general letter to your area service administrator.

Department of HUMAN SERVICES

October 29, 2021

GENERAL LETTER NO. 6-AP-146

ISSUED BY: Iowa Medicaid Enterprise

SUBJECT: Employees' Manual, Title 6 Appendix, ***Income Maintenance Programs Appendix***, Contents page 7 and 8, 9, and 10; pages 96, 255-319, 320, 321-343, 344, and 345-370, revised; 371, new; and listed forms:

470-0444, *Insurance Report*, revised
470-2844, *Employer's Statement of Earnings*, revised
470-2844(S), *Employer's Statement of Earnings* Spanish version, revised
470-5682, *RCA Appointment Letter*, new
470-5682(S), *RCA Appointment Letter,* Spanish version, new

Summary

The chapter has been revised to:

- Update form 470-0444: add additional places where contact information can be listed, style and formatting
- Update form 470-2844 and 470-2844(S): revise content and style and formatting
- Add form 470-5682: form to inform clients of RCA appointment information

Effective Date

Immediately.

Material Superseded

Remove the following material from Employees' Manual, Title 6 Appendix, and destroy it:

Page	Date
Contents Page 7 and 8	July 23, 2021
Contents Page 9	October 15, 2021
Contents Page 10	July 23, 2021
96	March 19, 2021
255-319	July 23, 2021
320	October 15, 2021
321-343	July 23, 2021
344	October 15, 2021
345-370	July 23, 2021

Additional Information

Refer questions about this general letter to your area service administrator.

Department of HUMAN SERVICES

November 19, 2021

GENERAL LETTER NO. 6-AP-147

ISSUED BY: Iowa Medicaid Enterprise

SUBJECT: Employees' Manual, Title 6 Appendix, ***Income Maintenance Programs Appendix***, listed forms:

470-2844, *Employer's Statement of Earnings*, revised
470-2844(S), *Employer's Statement of Earnings* Spanish version, revised
470-3902, *MEPD Billing Statement*, revised
470-3928, *MEPD Information About Premium Payments,* revised

Summary

The chapter has been revised to:

- Update form 470-2844 and 470-2844(S): add fillable elements and update formatting
- Update 470-3902 and 470-3928 to reflect changes to contact address

Effective Date

Immediately.

Material Superseded

Remove the following material from Employees' Manual, Title 6 Appendix, and destroy it:

Page	Date
470-2844	10/21
470-2844(S)	10/21
470-3902	09/14
470-3928	07/21

Additional Information

Refer questions about this general letter to your area service administrator.

Department of HUMAN SERVICES

December 17, 2021

GENERAL LETTER NO. 6-AP-148

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

SUBJECT: Employees' Manual, Title 6 Appendix, ***Income Maintenance Programs Appendix***, page 274, revised; and listed forms:

470-2341, *SSI-Related (No Children) Medically Needy Spenddown Computation Worksheet*, revised
470-2588, *Notice of Attribution of Resources*, revised
470-2626, *SSI-Related (Children In Household) Medically Needy Spenddown Computation Worksheet*, revised
470-2890, *Payment Application for Nonregistered Providers,* revised
470-2920, *Request for Replacement of Spoiled Food*, revised
470-3088, *FMAP-Related Medically Needy Spenddown Computation Worksheet*, revised
470-3144, *Attribution of Resources Appeal Summary*, revised
470-3871, *Child Care Assistance Provider Agreement*, revised
Comm. 413, *Medicare Savings Programs*, revised
RC-0018, *Supplemental Security Income Payment Standards*, revised
RC-0130, *Desk Aid for MAGI, Non-MAGI, and Hawki*, revised

Summary

The chapter has been revised to:

- Update form 470-2890 and 470-3871 to add fillable elements and update formatting
- Update forms to reflect changes to Cost of Living Adjustment and deeming amounts
- Update language and manual instructions for form 470-2920, *Request for Replacement of Spoiled Food*.

Effective Date

Immediately.

Material Superseded

Remove the following material from Employees' Manual, Title 6 Appendix, and destroy it:

Page	Date
274	October 29, 2021
470-2341	01/21
470-2588	01/21

470-2626	01/21
470-2890	01/17
470-2920	07/21
470-3088	01/21
470-3144	01/21
470-3871	04/17
Comm413	01/21
RC-0018	01/21
RC-0130	03/21

Additional Information

Refer questions about this general letter to your area service administrator.

Department of HUMAN SERVICES

February 11, 2022

GENERAL LETTER NO. 6-AP-149

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

SUBJECT: Employees' Manual, Title 6 Appendix, ***Income Maintenance Programs Appendix***, Contents Page 10, page 259 and 371, revised; and listed forms:

470-0010, *Adjustment to Overpayment Balance*, revised
470-0480, *Refugee Referral to IWD and to Refugee Services*, revised
470-0485, *Notice of Decision*, revised
470-0485(S), *Notice of Decision*, Spanish version, revised
470-0495, *Agreement to Pay a Debt*, revised
470-0495(S), *Agreement to Pay a Debt*, Spanish version, new
470-3948, *Designation of a Personal Representative*, revised
470-4139, *Notice of Income Offset Against State Warrants*, revised
470-4140, *Notice of Income Offset*, revised
470-5168(M), *Medicaid/Hawki Review*, revised
470-5168(MS), *Medicaid/Hawki Review,* Spanish version, new
470-5170, *Application for Health Coverage and Help Paying Costs*, revised
470-5170(S), *Application for Health Coverage and Help Paying Costs,* Spanish version, revised
470-5482(M), *Medicaid/State Supp Review*, revised
470-5482(MS), *Medicaid/State Supp Review*, Spanish version, revised
Comm. 121, *Important Notice to Property Owners and Renters*, revised
RC-0008, *Overpayment Recovery Codes,* revised
RC-0130, *Medical Assistance Desk Aid*, revised

Summary

The chapter and its forms have been revised to:

- Update forms to change references to "Food Assistance" to "SNAP"
- Update and clarify processes regarding refugee employment and residency documentation
- Update forms to reflect system-level revisions
- Update style and formatting
- Introduce Spanish language versions of forms
- Clarify policies and procedures relating to Estate Recovery

- Revise name of RC-0130, *Desk Aid for MAGI, Non-MAGI, and Hawki* to *Medical Assistance Desk Aid*

Effective Date

Revisions to 470-0485 and 470-0485(S) reflect system-level changes already in place and are effective August 1, 2021.

All other changes effective immediately.

Material Superseded

Remove the following material from Employees' Manual, Title 6 Appendix, and destroy it:

Page	Date
Contents 10	October 29, 2021
259, 371	October 29, 2021
470-0010	10/09
470-0480	12/14
470-0485	01/20
470-0485(S)	01/20
470-0495	06/18
470-3948	12/11
470-4139	12/08
470-4140	06/11
470-5168M	01/20
470-5170	03/20
470-5170(S)	03/20
470-5482MS	01/20
470-5482M	06/20
Comm121	01/21
RC-0008	01/21
RC-0130	12/21
470-0480	12/14

Additional Information

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

Department of HUMAN SERVICES

May 13, 2022

GENERAL LETTER NO. 6-AP-150

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

SUBJECT: Employees' Manual, Title 6 Appendix., ***Income Maintenance Programs Appendix***, Contents 1 and 2, 3, 4-6, 7-9, 10; page 1, 2, 3-71, 72, 73-83, 84 and 85, 86, 87, 88-95, 96, 97-109, 110, 111-113, 114-118, 119 and 120, 121-254, 255-258, 259, 260-273, 274, 275-370, 371, revised; 372-395, new, and the following forms:

470-0130, Billing Statement, revised
470-2255, FA Work Rules, obsolete
470-2255(S), FA Work Rules, obsolete
470-2341, SSI-Related (No Children) Medically Needy Spenddown Computation Worksheet, revised
470-2626, SSI-Related (Children in Household) Medically Needy Spenddown Computation Worksheet, revised
470-2960, Reporting SNAP Changes, revised
470-2960S, Reporting SNAP Changes, revised
470-3088, FMAP-Related Medically Needy Spenddown Computation Worksheet, revised
470-3967, ABAWD Letter, obsolete
470-3967S, ABAWD Letter, obsolete
470-4179, Notice of SNAP Debt, revised
470-4469, Child Care Claim Cover Letter, revised
470-4469S, Child Care Claim Cover Letter, revised
470-5674, SNAP Work Rules, new
470-5674S, SNAP Work Rules, new

Summary

This chapter is revised to update forms:

- 470-0130, *Billing Statement* updated to reflect electronic payment option and "Hawki" program spelling
- 470-5674 and 470-5674(S), *SNAP Work Rules*, new form to replace 470-2255 and 470-2255(S), *FA Work Rules* and 470-3967 and 470-3967(S), *ABAWD Letter*, which are obsoleted
- 470-2341, *SSI-Related (No Children) Medically Needy Spenddown Computation Worksheet*, updated to reflect new Federal Poverty Level values

- 470-2626, *SSI-Related (Children in Household) Medically Needy Spenddown Computation Worksheet*, updated to reflect new Federal Poverty Level values
- 470-2960 and 470-2960(S), *Reporting SNAP Changes*, updated to revise contact information, update limits, and update references to "Food Assistance," changing them to "SNAP"
- 470-3088, *FMAP-Related Medically Needy Spenddown Computation Worksheet*, updated to reflect new Federal Poverty Level values
- 470-4179, *Notice of SNAP Debt*, updated to meet FNS guidelines
- 470-4469 and 470-4469(S), *Child Care Claim Cover Letter*, updated to revise contact information

Effective Date

Forms updated effective as noted in their own revision dates.

Material Superseded

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

Page	Date
Contents 1 and 2	July 23, 2021
Contents 3	September 3, 2021
Contents 4-6	July 23, 2021
Contents 7-9	October 29, 2021
Contents 10	February 11, 2022
1	July 17, 2019
2	September 20, 2019
3-71	March 19, 2021
72	July 23, 2021
73-83	March 19, 2021
84 and 85	July 23, 2021
86	March 19, 2021
87	September 3, 2021
88-95	March 19, 2021
96	October 29, 2021
97-109	March 19, 2021
110	July 23, 2021
111-113	March 19, 2021
114-118	July 23, 2021
119 and 120	September 3, 2021
121-254	July 23, 2021
255-258	October 29, 2021
259	February 11, 2022
260-273	October 29, 2021
274	December 17, 2021
275-370	October 29, 2021
371	February 11, 2022
470-0130	08/15
470-2255	08/20
470-2255S	08/20

470-2341	12/21
470-2626	12/21
470-2960	06/20
470-2960S	06/20
470-3088	12/21
470-3967	08/20
470-3967S	08/20
470-4179	06/21
470-4469	01/19
470-4469S	01/19

Additional Information

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

Department of HUMAN SERVICES

June 3, 2022

GENERAL LETTER NO. 6-AP-151

ISSUED BY: Bureau of Medical Eligibility Policy
Iowa Medicaid Enterprise

SUBJECT: Employees' Manual, Title 6 Appendix, *Income Maintenance Programs Appendix*, page 335, revised; forms, revised.

Summary

This chapter is revised to update the following forms:

- 470-0480, Refugee Referral to IWD and to Refugee Services, revised to update address
- 470-0481, *Notification to the Bureau of Refugee Services*, revised to update address
- 470-5590 and 470-5590(S), *Ten-Day Report of Change for Medicaid/Hawki*, revised to update wording and fields
- 470-5682, *RCA Appointment Letter*, revised to update address
- Comm. 020 and Comm. 020(S), *Your Guide to Medicaid Fee-For-Service (FFS)*, revised to update estate recovery language
- Comm. 123 and Comm. 123(S), *Important Information for You and Your Family Members About the Estate Recovery Program*, revised to update estate recovery language
- Comm. 266, *Iowa's Estate Recovery Law*, revised to update estate recovery language

Effective Date

Upon receipt.

Material Superseded

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

Page	Date
335	May 13, 2022
470-0480	02/22
470-0481	12/14
470-5590	05/21
470-5590S	05/21
470-5682	10/21
Comm020	09/21
Comm020S	09/21

Comm123	03/16
Comm123S	03/16
Comm266	11/15

Additional Information

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

Department of HUMAN SERVICES

June 24, 2022

GENERAL LETTER NO. 6-AP-152

ISSUED BY: Bureau of Child Care
Division of Adult, Children, and Family Services

SUBJECT: Employees' Manual, Title 6 Appendix, ***Income Maintenance Programs Appendix***, forms revised.

Summary

This chapter is revised to update the following forms:

- 470-2881 and 470-2881(S), *Review/Recertification Eligibility Document*, English and Spanish versions, revised to update wording
- 470-3871 and 470-3871(S), *Child Care Assistance Provider Agreement*, English and Spanish versions, revised to update wording
- 470-4365, *Disposal of Assets Penalty Notice of Decision*, revised to update monetary amounts
- 470-4473 and 470-4473(S), *Free Lunch Notice*, English and Spanish versions, revised to update wording
- 470-4678, *MAIT Facility Worksheet*, revised to update monetary amounts
- 470-4679, *MAIT Waiver Worksheet*, revised to update monetary amounts

Effective Date

Immediately.

Material Superseded

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

Page	Date
470-2881	07/20
470-2881(S)	07/20
470-3871	12/21
470-3871(S)	12/21
470-4365	08/21
470-4473	07/21
470-4473(S)	07/21

Additional Information

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

Department of HUMAN SERVICES

August 12, 2022

GENERAL LETTER NO. 6-AP-153

ISSUED BY: Bureau of Medicaid Eligibility Policy, Iowa Medicaid, Division of Field Operations

SUBJECT: Employees' Manual, Title 6 Appendix, ***Income Maintenance Programs Appendix***, Contents Page 1-10, revised; Contents Page 11, new; pages 159-334, 335, and 336-395, revised; 396-398, new, and forms, revised and new.

Summary

This following forms are revised or introduced:

- 470-0499, *Ten-Day Report of Change for FIP*, revised to update content and formatting; 470-0499(S), Spanish language version, new
- 470-5376 and 470-5376(S), *SSN Request for Information*, ELIAS-generated form introduced
- 470-5533 and 470-5533(S), *Income Request for Information*, ELIAS-generated form introduced
- 470-5589, *Paperless Enrollment Confirmation*, ELIAS-generated form revised to update content and formatting; 470-5589(S), Spanish language version, new
- 470-5590 and 470-5590(S), *Ten-Day Report of Change for Medicaid/Hawki*, revised to incorporate more detail and clarity for changes reported by members. These changes will also coincide with a newly developed UI within the DHS Portal that will allow members to report changes online. The instructions and distribution rules are also being revised accordingly.

Effective Date

Manual text changes effective upon receipt. 470-0499 and 470-5590 changes effective 08/12/22; other forms previously updated in ELIAS systems; their changes effective date listed on the form.

Material Superseded

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

Page	Date
Contents Page 1-10	May 13, 2022
Contents Page 11	
159-334	May 13, 2022
335	June 3, 2022
336-395	May 13, 2022
470-0499	05/21
470-5589	08/19

470-5590	06/22
470-5590S	06/22

Additional Information

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

STATE OF IOWA DEPARTMENT OF
Health AND Human
SERVICES

October 21, 2022

GENERAL LETTER NO. 6-AP-154

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

SUBJECT: Employees' Manual, Title 6 Appendix, ***Income Maintenance Programs Appendix***, Title Page, Contents Page 1-9, revised; Contents Page 10 and 11, removed; pages 1-158, 159-362, revised; 363-398, removed, and forms:

470-5322, *Resuming Overpayment Collection*, obsolete

470-5323, *Suspension of Overpayment Collection*, obsolete

Comm. 002, *Facts about SNAP*, revised

Comm. 002(S), *Facts about SNAP* (Spanish version), revised

Comm. 123, *Important Information for You and Your Family Members About the Estate Recovery Program*, revised

Comm. 123(S), *Important Information for You and Your Family Members About the Estate Recovery Program* (Spanish version), revised

Comm. 229, *SNAP Makes Iowa Stronger*, revised

Comm. 229(S), *SNAP Makes Iowa Stronger* (Spanish version), revised

RC-0033, *Desk Aid*, revised

Summary

This chapter is revised to:

- Revise instructions related to form 470-0481, *Notification to the Bureau of Refugee Services*
- Obsolete forms 470-5322, *Resuming Overpayment Collection* and 470-5323, *Suspension of Overpayment Collection*
- Revise Comm. 002 and Comm. 002(S), *Facts about SNAP* to adhere to new branding and reflect new income limits
- Revise Comm. 123 and Comm. 123(S), *Important Information for You and Your Family Members About the Estate Recovery Program* to adhere to new branding
- Revise Comm. 229 and Comm. 229(S), *SNAP Makes Iowa Stronger* to adhere to new branding and reflect new income limits
- Revise RC-0033, *Desk Aid* to adhere to new branding and reflect new income limits
- Revise entirety of the chapter to update style and formatting throughout.

Effective Date

Upon receipt.

Material Superseded

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

Page	Date
Title Page	September 20, 2019
Contents Page 1-10	August 12, 2022
Contents Page 11	August 12, 2022
1-158	May 13, 2022
159-362	August 12, 2022
363-398	August 12, 2022
470-5322	03/15
470-5323	03/15
Comm. 002	10/21
Comm. 002(S)	10/21
Comm. 123	06/22
Comm. 123(S)	06/22
Comm. 229	10/21
Comm. 229(S)	10/21
RC-0033	10/21

Additional Information

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

STATE OF IOWA DEPARTMENT OF
Health AND Human
SERVICES

January 6, 2023

GENERAL LETTER NO. 6-AP-155

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

SUBJECT: Employees' Manual, Title 6 Appendix, ***Income Maintenance Programs Appendix***, various forms, revised and new:

470-0462, *Food and Financial Support Application*, revised

470-0462S, *Food and Financial Support Application (Spanish)*, revised

470-2341, *SSI-Related (No Children) Medically Needy Spenddown Computation Worksheet*, revised

470-2588, *Notice of Attribution of Resources*, revised

470-2588S, *Notice of Attribution of Resources (Spanish)*, revised

470-2626, *SSI-Related (Children in Household) Medically Needy Spenddown Computation Worksheet*, revised

470-3088, *FMAP-Related Medically Needy Spenddown Computation Worksheet*, revised

470-3144, *Attribution of Resources Appeal Summary*, revised

Comm. 137, *60-Month Limit on FIP*, revised

Comm. 137S, *60-Month Limit on FIP (Spanish)*, new

Comm. 413, *Medicare Savings Programs*, revised

RC-0018, *Supplemental Security Income Payment Standards*, revised

RC-0130, *Medical Assistance Desk Aid*, revised

Summary

This chapter is revised to

- Update forms to reflect changes to Cost of Living Adjustment and deeming amounts for 2023
- Update forms 470-0462 and 470-0462(S) to reflect changes to Shelter and Utility information
- Add a Spanish version of Comm. 137
- Revise style and formatting of forms

Effective Date

Upon receipt.

Material Superseded

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

Page	Date
470-0462	09/21
470-0462S	09/21
470-2341	04/22
470-2588	12/21
470-2588S	12/21
470-2626	04/22
470-3088	04/22

470-3144	12/21
Comm. 137	09/21
Comm. 413	12/21
RC-0018	12/21
RC-0130	02/22

Additional Information

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

STATE OF IOWA DEPARTMENT OF
Health AND Human
SERVICES

February 10, 2023

GENERAL LETTER NO. 6-AP-156

ISSUED BY: Iowa Medicaid

SUBJECT: Employees' Manual, Title 6 Appendix, ***Income Maintenance Programs Appendix***, forms revised.

Summary

This chapter is revised to

- Update Comm. 123 and Comm. 123(S), *Important Information for You and Your Family Members About the Estate Recovery Program*, revised to update content and style and formatting
- Update RC-0130, *Medical Assistance Desk Aid*, revised to update new values relating to the Federal Poverty Level.

Effective Date

Comm. 123 and Comm. 123(S) revisions effective January 2023, RC-0130 revisions effective February 2023.

Material Superseded

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

Page	Date
Comm. 123	10/22
Comm. 123(S)	10/22
RC-0130	01/23

Additional Information

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

STATE OF IOWA DEPARTMENT OF
Health AND Human
SERVICES

February 24, 2023

GENERAL LETTER NO. 6-AP-157

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

SUBJECT: Employees' Manual, Title 6 Appendix, ***Income Maintenance Programs Appendix***, Contents 3-9, 96-362, revised; 363, new, and 470-5745, new.

Summary

This chapter is revised to introduce new form, 470-5745, *Enumeration Referral* and to add its instructions to the appendix.

Effective Date

Immediately.

Material Superseded

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

Page	Date
Contents 3-9	October 21, 2022
96-362	October 21, 2022

Additional Information

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

STATE OF IOWA DEPARTMENT OF
Health AND Human
SERVICES

April 7, 2023

GENERAL LETTER NO. 6-AP-158

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

SUBJECT: Employees' Manual, Title 6 Appendix, ***Income Maintenance Programs Appendix***, Contents 9, 354-363, revised; 364, new, and forms revised and new.

Summary

This chapter is revised to

- Update form 470-3897, *FIA Appointment Letter* to match language and process used by PROMISE JOBS
- Update form 470-5745, *Enumeration Referral* to add a box for the typed name of the management designated official signing the form
- Introduce new Communication, Comm. 674, *HHS Services Portal User Guide*, intended to assist staff and providers in navigating the HHS/DHS Portal

Effective Date

Upon receipt.

Material Superseded

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

Page	Date
Contents 9	February 24, 2023
354-363	February 24, 2023
470-3897	03/21
470-3897S	03/21
470-5745	02/23

Additional Information

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

STATE OF IOWA DEPARTMENT OF
Health AND Human
SERVICES

June 23, 2023

GENERAL LETTER NO. 6-AP-159

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

SUBJECT: Employees' Manual, Title 6 Appendix, ***Income Maintenance Program Appendix***, Contents 7 and 8, Contents 9, revised; Contents 10, new; 271-353, 354-364, revised; 365, new, and linked forms, revised and new.

Summary

This chapter and its forms are revised as follows:

- 470-4473 and 470-4473(S), *Important Information About Free Lunches – Free Lunch Notice – Give This Form to the School*, revised to update style and formatting.
- 470-4632, *Medicaid for Kids With Special Needs (MKSN) Income Worksheet*, revised to update income limit increases.
- 470-4670 and 470-4670(S), *Addendum to Application and Review Forms for Release of Information*, revised to update style and formatting.
- 470-5170 and 470-5170(S), *Application for Health Coverage and Help Paying Costs*, revised to update content, style, and formatting throughout.
- 470-5433 and 470-5433(S), *Appendix A for Health Coverage*, revised to update content, style, and formatting.
- 470-5763, *Request for Termination of Medical Assistance*, new form created to provide a form to members who no longer want to receive Medical Assistance. This form is not mandatory to be completed in order for a member to request that their Medical Assistance be discontinued.
- Comm. 233 and Comm. 233(S), *Rights and Responsibilities*, revised to update content, style, and formatting.
- Comm. 258 and Comm. 258(S), *Verifying Citizenship/Identity and/or Immigration Status*, revised to update style and formatting.

Effective Date

Upon receipt.

Material Superseded

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

Page	Date
Contents 7 and 8	February 24, 2023
Contents 9	April 7, 2023
271-353	February 24, 2023
354-364	April 7, 2023
470-4473	07/22
470-4473(S)	07/22
470-4632	06/09
470-4670	03/09
470-4670(S)	03/09

470-5170	02/22
470-5170(S)	02/22
470-5433	10/19
470-5433(S)	10/19
Comm. 233	02/20
Comm. 233(S)	02/20
Comm. 258	01/19
Comm. 258(S)	01/19

Additional Information

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

STATE OF IOWA DEPARTMENT OF
Health AND Human
SERVICES

July 28, 2023

GENERAL LETTER NO. 6-AP-160

ISSUED BY: Bureau of Financial, Food, and Work Supports
Division of Community Access
Iowa Medicaid
Division of Family Well-Being and Protection

SUBJECT: Employees' Manual, Title 6 Appendix, ***Income Maintenance Programs Appendix***, forms, revised.

Summary

This chapter is revised to update the following forms:

- 470-3035, *IPV Referral Cover Sheet*, revised to update style and formatting
- 470-4339, *Medical Assistance Debt Response*, revised to update style and formatting
- 470-5589 and 470-5589(S), *Paperless Enrollment Confirmation*, revised to update changes to the ELIAS system.
- Comm. 062 and Comm. 062(S), *Child Care Assistance*, revised to update style and formatting.

Effective Date

Form 470-4339 effective 06/23, all others effective upon receipt.

Material Superseded

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

Page	Date
470-3035	07/21
470-4339	12/10
470-5589	01/20
470-5589(S)	01/20
Comm062	07/20
Comm062(S)	07/20

Additional Information

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

STATE OF IOWA DEPARTMENT OF
Health AND Human
SERVICES

August 25, 2023

GENERAL LETTER NO. 6-AP-161

ISSUED BY: Bureau of Economic Assistance
Division of Community Access

SUBJECT: Employees' Manual, Title 6 Appendix, ***Income Maintenance Programs Appendix***, forms revised.

Summary

This chapter is revised to update the following forms' style and formatting:

- 470-3784, *Self-Employment Ledger*, adding 470-3784(S), a Spanish-Language version of this document,
- 470-4365, *Disposal of Assets Penalty Notice*, also updating formulae to reflect new rates and amounts for State Fiscal Year 2024,
- 470-4678, *MAIT Facility Worksheet*,
- 470-4679, *MAIT Waiver Worksheet*, and
- Comm. 060 and Comm. 060(S), *Medicaid for the Qualified Medicare Beneficiary*

Effective Date

Upon receipt.

Material Superseded

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

Form	Name
470-3784	01/19
470-4365	06/22
470-4678	06/22
470-4679	06/22
Comm060	01/18
Comm060(S)	01/18

Additional Information

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

STATE OF IOWA DEPARTMENT OF
Health AND Human
SERVICES

September 15, 2023

GENERAL LETTER NO. 6-AP-162

ISSUED BY: Division of Adult, Children, and Family Services

SUBJECT: Employees' Manual, Title 6 Appendix, ***Income Maintenance Programs Appendix***, forms revised.

Summary

This chapter is revised to update the following forms:

- 470-0462 and 470-0462(S), *Food and Financial Support Application*
- 470-1911, *Iowa Medicaid Medical Assistance Eligibility Card*
- 470-2881 and 470-2881(S), *Review/Recertification Eligibility Document*
- 470-2960 and 470-2960(S), *Reporting SNAP Changes*
- 470-5674 and 470-5674(S), *SNAP Work Rules*
- Comm. 002 and Comm. 002(S), *Facts About SNAP*
- Comm. 229 and Comm. 229(S), *SNAP Makes Iowa Stronger*
- RC-0033, *Desk Aid*

Forms are revised to update SNAP amounts, IMCSC email contact information, resource amounts, and style and formatting throughout.

Effective Date

Upon receipt.

Material Superseded

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

Num	Name
470-0462	01/23
470-0462(S)	01/23
470-1911	10/20
470-2881	06/22
470-2881(S)	06/22
470-2960	02/22
470-2960(S)	02/22
470-5674	01/22
470-5674(S)	01/22
Comm. 002	10/22
Comm. 002(S)	10/22
Comm. 229	10/22
Comm. 229(S)	10/22
RC-0033	08/22

Additional Information

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

STATE OF IOWA DEPARTMENT OF
Health AND Human
SERVICES

December 22, 2023

GENERAL LETTER NO. 6-AP-163

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

SUBJECT: Employees' Manual, Title 6 Appendix, ***Income Maintenance Programs Appendix***, Contents 5 and 6, Contents 7-9, revised; Contents 10, removed; 216-270, 271-364, revised; 365, removed, and forms, revised..

Summary

This chapter is revised to update the following forms:

- 470-1668, *Notice of a Setoff of an Iowa Income Tax Refund for Debts Owed the DHS*, obsolete
- 470-2341, *SSI-Related (No Children) Medically Needy Spenddown Computation Worksheet*, revised to update values
- 470-2588, *Notice of Attribution of Resources*, revised to update values
- 470-2626, *SSI-Related (Children In Household) Medically Needy Spenddown Computation Worksheet*, revised to update values
- 470-3088, *FMAP-Related Medically Needy Spenddown Computation Worksheet*, revised to update values
- 470-3144, *Attribution of Resources Appeal Summary*, revised to update values
- 470-3624 and 470-3624(S), *Child Care Assistance Application*, revised to update content and style and formatting
- 470-3851 and 470-3851(S), *Important Information About Your FIP,* revised to update content and style and formatting
- 470-4139, *Notice of Income Offset Against State Warrants*, obsolete
- 470-5771, *Report of Stole SNAP Benefits*, added to 6-Appendix
- Comm. 121 and Comm 121(S), *Important Notice to Property Owners and Renters*, revised to update values and content
- Comm. 413, *Medicare Savings Programs*, revised to update values
- RC-0018, *Supplemental Security Income Payment Standards*, revised to update values
- RC-0130, *Medical Assistance Desk Aid*, revised to update values

Effective Date

Immediately.

Material Superseded

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

Page	Date
Contents 5 and 6	February 24, 2023
Contents 7-10	June 23, 2023
216-270	February 24, 2023
271-365	June 23, 2023

Additional Information

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

STATE OF IOWA DEPARTMENT OF
Health AND Human
SERVICES

February 23, 2024

GENERAL LETTER NO. 6-AP-164

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

SUBJECT: Employees' Manual, Title 6 Appendix, ***Income Maintenance Programs Appendix***, Contents 1-4, Contents 5-9, 107, and forms, revised.

Summary

This chapter is revised to update the following forms:

- 470-3106, FIA Referral for Mandatory Participants (BRS), obsolete.
- RC-0120, Legal Information and RC-0120(S), Legal Information (Spanish Version), revised to update language.
- RC-0130, Medical Assistance Desk Aid, revised to update values relating to Federal Poverty Levels.

Effective Date

Immediately.

Material Superseded

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

Page	Date
Contents 1-4	February 24, 2023
Contents 5-9	December 22, 2023
107	February 24, 2023
470-3106	06/19
RC-0120	07/21
RC-0120S	07/21
RC-0130	11/23

Additional Information

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

STATE OF IOWA DEPARTMENT OF
Health AND Human
SERVICES

April 19, 2024

GENERAL LETTER NO. 6-AP-165

ISSUED BY: Bureau of Family Well-Being and Protection; and Financial, Food, and Works Supports Divisions of Child Care Services; Community Assistance; and Iowa Medicaid

SUBJECT: Employees' Manual, Title 6 Appendix, ***Income Maintenance Programs Appendix***, Contents 6-9, 249-362, revised; 363 and 364, removed and forms, revised and obsoleted.

Summary

This chapter is revised to update the style and formatting of the following forms:

- 470-0318, *Record of Lost Benefits Restored*, obsolete
- 470-3624 and 470-3624(S), *Child Care Assistance Application*
- 470-4459 and 470-4459(S), *DDS Authorization to Disclose Information to the Iowa Department of Health and Human Services*
- 470-5168(M) and 470-5168(MS), *Medicaid/Hawki Review*
- 470-5170 and 470-5170(S), *Application for Health Coverage and Help Paying Costs*
- 470-5482(M) and 470-5482(MS), *Medicaid/State Supp Review*
- 470-5590 and 470-5590(S), *Ten-Day Report of Change for Medicaid/Hawki*
- 470-5771 and 470-5771(S), *Report of Stolen SNAP Benefits*
- Comm. 123 and Comm. 123(S), *Important Information for You and Your Family Members About the Estate Recovery Program*
- Comm. 233 and Comm. 233(S), *Rights and Responsibilities*
- Comm. 284, *Bringing Farmers Markets and SNAP Together,* obsolete.

Effective Date

Upon receipt.

Material Superseded

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

Page	Date
Contents 6-9	February 23, 2024
249-362	December 22, 2023
363 and 364	December 22, 2023
470-0318	12/01
470-3624	09/23
470-3624(S)	09/23
470-4459	11/07
470-4459(S)	11/07
470-5168(M)	02/22
470-5168(MS)	02/22
470-5170	06/23
470-5170(S)	06/23
470-5482(M)	02/22

470-5482(MS)	02/22
470-5590	08/22
470-5590(S)	08/22
470-5771	06/23
470-5771(S)	06/23
Comm. 123	01/23
Comm. 123(S)	01/23
Comm. 233	06/23
Comm. 233(S)	06/23
Comm. 284	03/23

Additional Information

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

May 17, 2024

GENERAL LETTER NO. 6-AP-166

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

SUBJECT: Employees' Manual, Title 6 Appendix, ***Income Maintenance Programs Appendix***, forms revised.

Summary

This chapter is revised to update forms 470-0462 and 470-0462(S), *Financial Support Application*; and 470-2881, 470-2881(M), 470-2881(S), and 470-2881(MS), *Review/Recertification Eligibility Document* to reflect new Voter Registration information and update contact addresses.

Effective Date

Immediately.

Material Superseded

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

Item	Date
470-0462	09/23
470-0462(S)	09/23
470-2881	09/23
470-2881(S)	09/23
470-2881(M)	09/23
470-2881(MS)	09/23

Additional Information

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

July 12, 2024

GENERAL LETTER NO. 6-AP-167

ISSUED BY: Medicaid Eligibility Policy
Bureau of Economic Assistance
Bureau of Family, Food, and Work Supports
Division of Community Access
Bureau of Revenue Collections
Iowa Medicaid

SUBJECT: Employees' Manual, Title 6 Appendix, ***Income Maintenance Appendix***, forms revised.

Summary

This chapter is revised to update the following forms:

470-2920 and 470-2920(S), *Request for Replacement of Spoiled Food*
470-0398, *Accident or Injury Request Form*
470-0403, *Other Insurance Request for Information*
470-0499 and 470-0499(S), *Ten-Day Report of Change for FIP*
470-4365, *Disposal of Assets Penalty Notice of Decision*
470-4678, *MAIT Facility Worksheet*
470-4679, *MAIT Waiver Worksheet*
Comm108, *The Family Investment Program (FIP) Pamphlet*
Comm372, *Medicaid for Employed People with Disabilities (MEPD) Frequently Asked Questions*
Comm479, *Burial Contract Frequently Asked Questions*
RC-0130, *Medical Assistance Desk Aid*

Effective Date

Immediately.

Material Superseded

Remove the following material from Employees' Manual, Title 6 Appendix, and destroy them:

Page	Date
470-2920	12/21
470-2920S	12/21
470-0398	02/15

470-0403	02/15
470-0499	08/22
470-0499S	08/22
470-4365	08/23
470-4678	08/23
470-4679	08/23
Comm108	09/21
Comm372	08/19
Comm479	12/15
RC-0130	02/24

Additional Information

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

September 27, 2024

GENERAL LETTER NO. 6-AP-168

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

SUBJECT: Employees' Manual, Title 6 Appendix, ***Income Maintenance Programs Appendix***, Title Page, Contents page 1-5 and 6-9, revised, Contents page 10-13 new; pages 1-248, 249-362, revised; 363-401 new, and forms revised.

Summary

This chapter is revised to update forms:

- 470-0806 and 470-0806(S), PROMISE JOBS *Stepping Stones to Family Success*, revised to retitle the form from *Self Assessment* and to update branding and accessibility
- 470-2960 and 470-0806(S), *Reporting SNAP Changes*, revised to reflect SNAP changes and to update branding and accessibility
- 470-5674 and 470-5674(S), *SNAP Work Rules*, revised to reflect SNAP changes and to update branding and accessibility
- Comm. 002 and Comm. 002(S), *Facts About SNAP,* revised to reflect SNAP changes and to update branding and accessibility
- Comm. 229 and Comm. 229(S), *SNAP Makes Iowa Stronger Brochure,* revised to reflect SNAP changes and to update branding and accessibility
- RC-0033, *Desk Aid,* revised to reflect SNAP changes and to update branding and accessibility
- Comm. 249 Comm. 249(S), *Family Planning Program (FPP)*, revised to update content and to update branding and accessibility

Effective Date

Immediately.

Material Superseded

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

Page	Date
Title Page	October 21, 2022
Contents 1-5	February 23, 2024
Contents 6-9	April 19, 2024
1-248	October 21, 2022
249-362	April 19, 2024

470-0806	05/09
470-0806S	05/09
470-2960	09/23
470-2960S	09/23
470-5674	09/23
470-5674S	09/23
Comm. 002	09/23
Comm. 002S	09/23
Comm. 229	09/23
Comm. 229S	09/23
RC-0033	09/23
Comm. 249	07/17
Comm. 249S	07/17

Additional Information

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

October 11, 2024

GENERAL LETTER NO. 6-AP-169

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

SUBJECT: Employees' Manual, Title 6 Appendix, ***Income Maintenance Programs Appendix***, Contents 1-13, 2 and 3, revised; forms revised and new.

Summary

This chapter is revised to

- Update and rename 470-0398, Accident or Injury Request for Information: First Request to reflect new branding and content regarding vendors and agency names
- Create 470-0399, Accident or Injury Request for Information: Final Notice as a new document to supplement 470-0398
- Update forms 470-5771 and 470-5771(S), Report of Stolen SNAP Benefits, to reflect extended eligibility dates

Effective Date

Immediately.

Material Superseded

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

Page	Date
Contents 1-13	September 27, 2024
2 and 3	September 27, 2024
470-0398	06/24
470-5771	04/24
470-5771(S)	04/24

Additional Information

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

January 24, 2025

GENERAL LETTER NO. 6-AP-170

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

SUBJECT: Employees' Manual, Title 6 Appendix, ***Income Maintenance Programs Appendix***, Contents 10-13, 313, 349, revised, and forms, revised.

Summary

This chapter is revised to

- Instructions related to **470-0806, PROMISE JOBS Stepping Stones to Family Success**, revising instructions to match new form name and process used by PROMISE JOBS. Reflect that IM is no longer required to provide a copy of form 470-0806 to the client.
- **470-2341, SSI-Related (No Children) Medically Needy Spenddown Computation Worksheet**, revised to reflect new Cost of Living Adjustment (COLA) values
- **470-2588** and **470-2588(S), Notice of Attribution of Resources**, revised to reflect new COLA values
- **470-2626, SSI-Related (Children in Household) Medically Needy Spenddown Computation Worksheet**, revised to reflect new COLA values
- **470-3088, FMAP-Related Medically Needy Spenddown Computation Worksheet**, revised to reflect new COLA values
- **470-3144, Attribution of Resources Appeal Summary**, revised to reflect new COLA values
- **470-4339, Medical Assistance Debt Response**, revised to update mailing address and table formatting
- **Comm. 062** and **062(S), Child Care Assistance**, revised to update style, branding, and content
- **Comm. 413, Medicare Savings Programs**, revised to reflect new COLA values
- **RC-0018, Supplemental Security Income Payment Standards**, revised to reflect new COLA values
- **RC-0130, Medical Assistance Desk Aid**, revised to reflect new COLA values

Effective Date

Immediately.

Material Superseded

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

Page	Date
Contents 10-13	October 11, 2024
313, 349	September 27, 2024
470-2341	11/23
470-2588	11/23
470-2588(S)	11/23
470-2626	11/23
470-3088	11/23
470-3144	11/23
470-4339	06/24
Comm. 062	07/23
Comm. 062(S)	07/23
Comm. 413	12/23
RC-0018	11/23
RC-0130	06/24

Additional Information

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

April 18, 2025

GENERAL LETTER NO. 6-AP-171

ISSUED BY: Bureau of Medicaid Eligibility Policy
Division of Community Access and Eligibility

SUBJECT: Employees' Manual, Title 6 Appendix, **Income Maintenance Programs Appendix**, forms revised.

Summary

This chapter is revised to update the following forms:

- **470-2875** and **470-2875(S), Health Insurance Premium Payment (HIPP) Program Application**, revised to update branding, contact info, and agency info.
- **470-4670** and **470-4670(S), Addendum to Application and Review Forms for Release of Information**, revised to update contact and agency info.
- **470-5168(M)** and **470-5168(MS), Medicaid/Hawki Review**, revised to add form submission options, update contact info, and update page number references.
- **470-5170** and **470-5170(S), Application for Health Coverage and Help Paying Costs**, revised to update amounts, contact information, and update formatting.
- **470-5482(M)** and **470-5482(MS), Medicaid/State Supp Review**, revised to add form submission options and update contact info.
- **Comm. 037, Income and Resource Eligibility Criteria for Common Non-MAGI Programs**, revised to update amounts.
- **Comm. 233** and **Comm. 233(S), Rights and Responsibilities**, revised to comply with SF418.
- **Comm. 255-255(S), Benefits of the Health Insurance Premium Payment Program (English and Spanish)**, revised to update branding, contact info, and agency info.
- **RC-0130, Medical Assistance Desk Aid**, revised to update information relating to Federal Poverty Levels.

Effective Date

Immediately.

Material Superseded

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

Item	Date
470-2875	04/10

470-2875(S)	04/10
470-4670	06/23
470-4670(S)	06/23
470-5168(M)	04/24
470-5168(MS)	04/24
470-5170	04/24
470-5170(S)	04/24
470-5482(M)	04/24
470-5482(MS)	04/24
Comm. 037	08/24
Comm. 233	04/24
Comm. 233(S)	04/24
Comm. 255-255(S)	08/24
RC-0130	12/24

Additional Information

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

June 13, 2025

GENERAL LETTER NO. 6-AP-172

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

SUBJECT: Employees' Manual, Title 6 Appendix, **Income Maintenance Programs Appendix**, Title Page, Contents 1-9, Contents 10-13, 1, 2 and 3, 4-9, 10-13, 14-312, 313, 314-348, 349, 350-383, revised; 384-401, removed; and forms, revised.

Summary

This chapter is revised to update the following forms for content, accessibility, style, and formatting throughout:

▪ 470-0462	Food and Financial Support Application
▪ 470-1632	Landlord Questionnaire
▪ 470-1632(S)	Landlord Questionnaire (Spanish Version)
▪ 470-2341	SSI-Related (No Children) Medically Needy Spenddown Computation Worksheet
▪ 470-2626	SSI-Related (Children in Household) Medically Needy Spenddown Computation Worksheet
▪ 470-3088	FMAP-Related Medically Needy Spenddown Computation Worksheet
▪ 470-3624	Child Care Assistance (CCA) Application
▪ 470-3871	Child Care Assistance (CCA) Provider Agreement
▪ 470-4473	Free Lunch Notice
▪ 470-4473(S)	Free Lunch Notice (Spanish Version)
▪ 470-4558	Notice of Decision: Child Care
▪ 470-4851	Express Lane Medicaid for Children
▪ 470-4851(S)	Express Lane Medicaid for Children (Spanish Version)

and to obsolete the following item:

- Comm. 091 The Health Insurance Premium Payment (HIPP) Program for Iowa Medicaid Recipients

Effective Date

Text changes effective immdiately; form revisions effective date present on form.

Material Superseded

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

Page	Date
Title Page	September 27, 2024
Contents 1-9	October 11, 2024
Contents 10-13	January 24, 2025
1	September 27, 2024
2 and 3	October 11, 2024
4-9	September 27, 2024
10-13	January 24, 2025
14-312	September 27, 2024
313	January 24, 2025
314-348	September 27, 2024
349	January 24, 2025
350-384	September 27, 2024
385-401	September 27, 2024
470-0462	05/24
470-1632	07/21
470-1632S	07/21
470-2341	12/24
470-2626	12/24
470-3088	12/24
470-3624	04/24
470-3871	06/22
470-4473	06/23
470-4473S	06/23
470-4558	08/14
470-4851	08/21
470-4851(S)	08/21
Comm. 091	10/12

Additional Information

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

October 10, 2025

GENERAL LETTER NO. 6-AP-173

ISSUED BY: Bureau of Services Contract Support
Division of Community Access and Eligibility
Bureau of Child Care
Division of Family Well-Being and Protection

SUBJECT: Employees' Manual, Title 6 Appendix, **Income Maintenance Programs Appendix**, Contents 1-13, 4, 212, 214-380, revised; 381-383, removed, and forms, revised.

Summary

This chapter is revised to update content, style, formatting, and policy and procedure in the following forms:

- **470-3152, Notice of Cancellation/Redetermination**
- **470-3624, Child Care Assistance (CCA) Application**
- **470-3624(S), Child Care Assistance (CCA) Application (Spanish Version)**
- **470-3951, Authorization to Obtain or Release Health Care Information**
- **470-4167, Addendum to Application for Help with Medicare Prescription Drug Plan Costs**
- **470-4193, Extra Help for Medicare Prescription Drug Benefits Narrative/Worksheet**
- **470-4199, Notice of Decision for Extra Help with Medicare Prescription Drug Costs**
- **470-5674, SNAP Work Rules**
- **470-5674(S), SNAP Work Rules (Spanish Version)**
- **Comm. 060, Medicaid for the Qualified Medicare Beneficiary**
- **Comm. 060(S), Medicaid for the Qualified Medicare Beneficiary (Spanish Version)**
- **Comm. 337, Medicaid for Kids with Special Needs**
- **RC-0064, Unearned Income Desk Aid**
- **RC-0120, Legal Information**
- **RC-0130, Medical Assistance Desk Aid**

The chapter is also revised to add a translation for **470-5437, Account Transfer Error Letter.**

The chapter also is revised to obsolete the following forms:

- **470-5771, Report of Stolen SNAP Benefits**
- **470-5771(S), Report of Stolen SNAP Benefits (Spanish Version)**

Effective Date

Immediately.

Material Superseded

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

Page	Date
Contents 1-13	June 13, 2025
4, 212, 214-380	June 13, 2025
381-383	June 13, 2025
470-3152	10/10
470-3624	04/24
470-3624(S)	04/24
470-3951	12/09
470-4167	07/05
470-4193	07/05
470-4199	01/07
470-5674	09/25
470-5674(S)	09/25
470-5771	10/24
470-5771(S)	10/24
Comm. 060	08/23
Comm. 060(S)	08/23
Comm. 337	12/19
RC-0064	03/21
RC-0120	02/24
RC-0130	04/25

Additional Information

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