



June 25, 1996

GENERAL LETTER NO. 6-AP-1

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

SUBJECT: Employees' Manual, Title 6, *Income Maintenance Programs Appendix*, Contents (pages 1-14), new; pages 1-434, new; and the following forms, new:

470-2051	10-Day Report of Change
Unnumbered	503 Notice
470-0457	Absent Parent Questionnaire
CS-1206-5	Address Information Request
AA-1283-0	Adjustment to Overpayment Balance
AA-4165-0	Adjustment to Vendor Payment
FNS-135	Affidavit of Return or Exchange of Food Coupons
427-0415	Agreement for Telephone Hearing
PA-3164-0	Agreement to Repay
470-2909	Agreement to Sell Excess Property
470-3177	Application Addendum for FIP and FIP-Related Medicaid
470-2579	Application for Authorization to Make Presumptive Medicaid Eligibility Determinations
PA-5301-0	Application for Burial Benefits
FNS-447	Application for Disaster Food Stamp Assistance
FP-2101-0	Application for Food Stamps
FP-2101-1	Application for Food Stamps (Spanish) Solicitud Para Cupones Alimenticios
PA-1107-0	Application for Medical Assistance or State Supplementary Assistance
470-1065	Appointment Confirmation
470-2781	Approval for Vendor Payment
Sample	Assignment of Medicaid Claim
470-3144	Attribution of Resources Appeal Summary
PA-5113-0	Authorization for Examination and Claim for Payment
MA-3003-6	Authorization for Medical Assistance
470-2467	Authorization for Source to Release Information to the Department of Human Services
PA-3162-5	Authorization for Vendor Payment (FIP)
AA-4149-0	Burial Claim

470-2846	Cancellation of Premium Payment
MA-2125	Care for Kids
AA-4166-0	Case Activity Report
SSA-4681	Case Report on Claim of Good Cause for Refusing to Cooperate In Establishing Paternity and Securing Child Support
MA-2122-0	Certification by SSA District Office to County Department of Human Services Re Eligibility of SSI Applicant
MA-4077	Change of Primary Providers
FP-2232-0	Change Report Form
FP-2232-1	Change Report Form (Spanish) Formulario De Informe De Cambio
470-2960	Changes: How and When to Tell Us
470-1729	Civil Rights Review Exhibit D
IFAS #A-1	Claim Order/Claim Voucher
MA-4052-0	Client's Responsibility Letter
RC-0008	Codes for Overpayment Recovery Information Input
470-2636	Conciliation Agreement (Reg)
470-0474	Confidential Verification of Vital Statistics
470-2012	CSRU Request
470-1667	Debt Setoff Credit Letter
470-2616	Demand Letter for FIP Overissuance
FP-2322-0	Demand Letter for Food Stamp Overissuance
470-2891	Demand Letter for Medicaid or State Supplementary Assistance
470-2847	Denial of Health Insurance Premium Payment
470-2908	Description of Efforts to Sell Property
427-0500	DIA Overpayment Recovery Memo
470-3159	DIA Referral for Transfer of Assets
470-2465	Disability Report
470-2472	Disability Transmittal
470-1958	Disaster Application Worksheet
470-2804	Disposition of Application for Other Benefits
G-845S	Document Verification Request
FP-2208-0	Documentation of Claim Determination
RS-1238	Eligibility for Medicaid Waiver
470-2762	Emergency Assistance Application
470-2782	Emergency Assistance Application Narrative
470-2844	Employer's Statement of Earnings
470-0482	Error Resolution Request and Disposition
470-2980	Estate Recovery Notice for New Appeals
470-3209	Estate Recovery Six-Month Follow-Up
470-2463	Explanation of Disability Determination
MA-3024-0	Explanation of Medicaid Benefits
470-0394	Explanation of Medicaid Billing Policy
470-1636	Face Sheet
MA-2139-0	Facility Card
470-0100	Facility Questionnaire

470-0476	FIP Earned Income Record (Reg & WR)
470-3088	FIP-Related Medically Needy Spenddown Computation Worksheet
PA-2226-5	FIP-UP Employment History Work Sheet
MA-2126	Follow-Up Notice
FP-2238-0	Food Stamp Complaint
FP-2238-1	Food Stamp Complaint (Spanish)
470-0328	Food Stamp Complaint Summary
FP-2242-0	Food Stamp Computation
RC-0023	Food Stamp Intake Fact Sheet
470-2723	Food Stamp On-Site Facility Review
FP-2241-0	Food Stamp Worksheet
470-2914	Foster Care and Subsidized Adoption Medicaid Review
470-2779	Foster Care Medicaid Application
470-2708	Foster Care or Subsidized Adoption Exchange of Information
470-2013	Foster Parent Questionnaire
427-0560	Front End Investigation Document
470-1643	Grandparent Questionnaire
470-3285	HCBS AIDS/HIV Enrollment Checklist for Income Maintenance
470-3286	HCBS IH Enrollment Checklist for Income Maintenance
470-2875	Health Insurance Premium Payment Program Application
470-2927	Health Services Application
470-2927 (S)	Health Services Application (Spanish)
SS-1645	Home- and Community-Based Service Report
470-1449	Household Data Sheet
470-2660 (M)	How Earnings Affect Your FIP Grant (Reg)
470-2471 (W)	How Earnings Affect Your FIP Grant (WR)
MA-2152-0	ICF/MR Placement Statement
MA-2151-0	ICF/MR Resident Care Agreement
470-1120	Identification Card
470-2564	IM/Services Communication for Medicaid Case Management
470-0412	Inactive Recipient Memo
427-0540	Income Offset Credit Letter
470-2815	Income Worksheet
427-0292	Incomplete Input Document Data
470-2188	Individual Medical Assistance Eligibility Card
Comm. 84	Informacion Sobre Servicio Rapido
470-2255	Information for Food Stamp Work Registrants
470-2775	Information on Expedited Service
470-1950	Initial Interim Assistance Reimbursement Authorization
470-0391	Inquiry Regarding Bill for Medical Services
PA-2106-0	Insurance Report
Unnumbered	Intentional Program Violation Hearing Notice
PA-6110	Interim Assistance Reimbursement Agreement
PA-6111	Interim Assistance Reimbursement Certificate of Authority
PA-6108	Interim Assistance Reimbursement Notice of Appointment
Sample form	Interim Reimbursement Summary

470-2326	Interview Checklist for Farmer Food Stamp Applications/ Recertifications
427-0323	Investigator Appointment Letter
470-3035	IPV Referral Cover Sheet
60-0261	Job Service Report of Food Stamp Work Registration
60-0305	Job Service Request for Review of FSET Status
470-3067	Letter to Nonqualifying Parents on Referral to DES (WR)
470-3066	Letter to Potential UP Households (WR)
470-0411	Lump Sum Settlement Memo
470-2527	MAC Income Worksheet
470-2213	Managed Health Care Card
470-2168	Managed Health Care Choice
470-2169	Managed Health Care Provider Request for Recipient Disenrollment
FNS-252-2	Meal Service
470-0385	Medicaid Claim Denial Notice
470-0475	Medicaid Client Participation Worksheet
PA-2263-0	Medicaid Eligibility Face Sheet
X161C5A	Medicaid EPSDT Enrollees
X1612C34	Medicaid EPSDT Enrollees Due Screening by Periodicity
470-2010	Medicaid Notice to Cooperate
Unnumbered	Medicaid Quality Control Face Sheet
470-1633	Medicaid Questionnaire
DP-6002	Medical Assistance Eligibility Card
470-2104	Medical Assistance Reinstatement Notice
470-0409	Medical Assistance Termination Notice
MA-4069	Medical Expense Verification
470-2868	Medical History Questionnaire
MA-3022-1	Medical Transportation Claim
470-3118	Medically Needy Recertification/State Supplementary and Medicaid Review
470-2582	Memorandum of Understanding Between the Iowa Department of Human Services and a Qualified Provider
470-2724	Monthly Facility Food Stamp Report
470-3086	MR Waiver Enrollment Checklist for Income Maintenance Workers
470-0478	No Error Memorandum
470-0479	Noncooperation Notice
470-2220	Notarized Statement for Child Support Recovery Office
470-3063	Notice of Assigned Program (Reg & WR)
470-2588	Notice of Attribution of Resources
PA-4107-0	Notice of Cancellation
470-3152	Notice of Cancellation/Redetermination
PA-3102-0	Notice of Decision
470-2330	Notice of Decision for Medically Needy
PA-3159-0	Notice of Decision: Medical Assistance or State Supplementary Assistance
MA-3028-0	Notice of Decision on Denied Prior Authorization

470-0392	Notice of Decision on Medicaid Claim
470-0288	Notice of Disqualification
470-0820	Notice of Employment (Reg & WR)
FP-2310-0	Notice of Expiration
470-2601	Notice of Failure to Participate (Reg)
470-2845	Notice of Health Insurance Premium Payment
427-0539	Notice of Income (Payroll) Offset for Debts Owed the Department of Human Services
427-0538	Notice of Income Offset Against State Warrants for Debts Owed the Department of Human Services
SSA-L8125-EP	Notice of Interim Assistance Reimbursement
SSA-L8125-U3-DAA	Notice of Interim Assistance Reimbursement
470-1627	Notice of Interview
60-0212	Notice of Job Service Activity
FP-2315-0	Notice of Lost Benefits Entitlement
470-2666	Notice of Overpayment: PROMISE JOBS Expense Allowances
470-2631	Notice of Pending Medicaid Application
470-2600	Notice of Potential Sanction (Reg)
470-2667	Notice of Potential Sanction--Exempt Volunteers (Reg)
470-1507	Notice of Recipient Lock-In and Designation of Primary Medicaid Providers
470-1668	Notice of Setoff of an Iowa Income Tax Refund for Debts Owed the Department of Human Services
470-0498	Notice of TCC Overpayment
MA-3017-0	Notice Regarding Acceptance of Other Benefits
470-2824	Notice to TCC Recipients
PA-2369-8	Notification to the Bureau of Refugee Services
PA-2228-0	Overpayment Recovery Information Input
PA-2229-0	Overpayment Recovery Supplemental Information
ADM-4302-0	Overpayment Statement
470-2014	Parent Questionnaire for Foster Children
470-2890	Payment Application for Nonregistered Providers
470-2479	PMIC Exchange of Information
470-2551	Posteligibility Interim Assistance Reimbursement
470-2580	Presumptive Medicaid Eligibility Notice of Decision
470-2629	Presumptive Medicaid Income Calculation
470-2979	Proof of Application for Medicaid
PA-2205-0	Property Transfer Appendix
470-1641	Property Verification Request
SSA-1610-U2	Public Assistance Agency Information Request
PA-2207-0	Public Assistance Application
PA-2230-0	Public Assistance Application (Spanish)
PA-2140-0	Public Assistance Eligibility Report
470-0483	Q.C. Error Report Tracking Log
470-0471	Quality Control Weekly Status Report
470-2721	Quarterly Report Follow-Up
470-2716	Quarterly Report Reminder

AA-4148-0	Real Property Appendix
PA-2248-0	Real Property Exemption Agreement (Reg & WR)
MA-4047-0	Recipient Inquiry
FP-2225-0	Record of Lost Benefits Restored
MA-2119-0	Referral for Early and Periodic Screening, Diagnosis and Treatment
470-2998	Referral for Front-End Investigation
PA-2368-8	Refugee Referral to DES and to Refugee Services
470-2464	Report for Enhanced Services
SS-1603-0	Report of Change in Circumstances--SSI Related Programs
FNS-292	Report of Coupon Issuance and Community Distribution for Disaster Relief
PA-2126-5	Report on Incapacity
PA-2135-0	Report of Quality Control Review
470-2011	Request for Information
470-2923	Request for Medicaid Eligibility Data Changes and Verification
FP-2104-0	Request for Replacement of Food Coupons Lost in the Mail
470-2920	Request for Replacement of Food/Food Coupons Destroyed In a Household Misfortune
PS-3811-A	Request for Return Receipt (After Mailing)
MA-4046-1	Request for Special Update
470-2448	Request for Verification of Diagnosis
427-0305	Request to Not Accept Payment
470-2103	Requesting Additional Information Letter
CS-1106-5	Requirements of Claiming Good Cause
CS-1105-5	Requirements of Support Enforcement
MA-2138-0	Resident Care Agreement
427-0287	Resource Request
470-2577	Resources Upon Entering a Medical Facility
FP-2230-0	Restaurant Meals Agreement
470-2005	Return of Case Records
470-2102	Return of Incomplete Inquiry Letter
470-2881	Review/Recertification Eligibility Document
MA-4075	RHEP Documentation
RC-0002	Schedule of Needs
X1612X5	Screening Related Services Rendered to EPSDT Enrollees
PA-5905-6	Service Report
427-0493	Small Claims Information
470-2876	Special Information Report
470-2626	SSI-Related (Children in Household) Medically Needy Spenddown Computation Worksheet
470-2525	SSI-Related Income Worksheet
470-2341	SSI-Related (No Children) Medically Needy Spenddown Computation Worksheet
470-2835	State Supplementary Assistance Agreement to Repay Conditional Benefits
SS-1601-0	State Supplementary Assistance Certification or Termination

RC-0020	Statewide 75 th Percentile Cost of Child Care
470-2784	Student Income Worksheet
470-2826	Supplemental Insurance Questionnaire
RC-0018	Supplemental Security Income Payment Standards
MA-2124-0	Supplementary Information--Medicaid Application-- Retroactive Medicaid Eligibility
470-2511	Support Information Request
PA-4106-0	Ten-Day Report of Change
M730R420	Third Party Claims--Indicated Resources
470-2475	Transitional Child Care Voucher Agreement
470-2476	Transitional Child Care Voucher Payment
470-2663	Transitional Medicaid Notice of Decision/Quarterly Income Report
PA-2138-5	Unemployed Parent Referral to Employment Services (Reg & WR)
470-2224	Verification of Paid Medical Bills
470-2466	Vocational Report
Unnumbered	Voter Registration Information
FP-2209-0	Work Sheet - Determining Income of Farm Operators
FP-2210-0	Work Sheet - Determining Income of Self-Employed Business

Summary

This general letter introduces a new appendix for Income Maintenance forms. This appendix replaces the following appendices: IV-Appendix, V-Appendix, VI-C-Appendix, VI-F-Appendix, VI-G-Appendix, VI-H-Appendix, VI-I-Appendix, VII-A-Appendix, VII-L-Appendix, VII-M-Appendix, VII-N-Appendix, VIII-B-Appendix, VIII-D-Appendix, VIII-E-Appendix, VIII-F-Appendix, VIII-G-Appendix, VIII-H-Appendix, VIII-J-Appendix, VIII-K-Appendix, and VIII-M-Appendix.

All of the forms from the above chapters which have not been obsoleted are placed in this appendix in alphabetical order and the form instructions for those forms have been rewritten in the new format.

Effective Date

July 1, 1996

Material Superseded

None

Additional Information

Please contact your regional benefit payment administrator if there are questions.



September 24, 1996

GENERAL LETTER NO. 6-AP-2

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

SUBJECT: Employees' Manual, Title 6, *Income Maintenance Programs Appendix*, Contents (page 3), revised; pages 83 through 88, 145 through 147, and 217, revised; and the following revised forms:

- RS-1238 *Eligibility for Medicaid Home- and Community-Based Services*
- SS-1645 *Home- and Community-Based Service Report*

Summary

Form RS-1238, *Eligibility for Medicaid Home- and Community-Based Services*, is revised to include the brain injury waiver. Instructions for the form are also updated to reflect the correct form name and new entries.

Form SS-1645, *Home- and Community-Based Service Report*, is revised. The IM worker enters the date the consumer is referred to the service unit for HCBS services and no longer enters the date of the IM application.

Instructions for the *Medical Expense Verification* form are revised to reflect that the cost for personal care services has decreased. In Section III, Box F, Charges, enter the monthly standard of deduction of \$267.22 for personal care services received in an RCF. When the client resides in the RCF for less than the full month, prorate the amount allowed.

Effective Date

October 1, 1996

Material Superseded

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

<u>Page</u>	<u>Date</u>
Contents (page 3)	June 25, 1996
RS-1238	4/96
83-88, 145-147, 217	June 25, 1996
SS-1645	2/96

Additional Information

Because we are using up the supplies of form RS-1238, we do not expect to have the new form available at Anamosa until late fall. To use the current form for the brain injury waiver, enter code 5 in items 7 and 17.

An initial supply of revised form SS-1645 will be issued to county offices as soon as it is printed. Use the existing supplies of SS-1645 for the AIDS/HIV, elderly, and ill and handicapped waivers. Reorder the form from Anamosa in the usual manner.

Please contact your regional benefit payment administrator if you need additional information.



November 12, 1996

GENERAL LETTER NO. 6-AP-3

ISSUED BY: Bureau of Family Investment, Division of Economic Assistance
Bureau of Eligibility/HIPP, Division of Medical Services

SUBJECT: Employees' Manual, Title 6, *Income Maintenance Programs Appendix*, Contents (pages 1, 3, 8, 11 through 13), revised; pages 1, 6, 7, 9, 13, 64, 175, 176, 233, 253, 260, 276, 281 through 290, 292, 295, 313, 315, 334, 372, 382, and 416, revised; and pages 8a, 8b, 226a, and 350a, new; and the following forms:

AA-1283-0	Adjustment to Overpayment Balance, revised
427-0415	Agreement for Telephone Hearing, revised
RC-0008	Codes for Overpayment Recovery Information Input, revised
470-2616	Demand Letter for FIP Overissuance, revised
470-3035	IPV Referral Cover Sheet, revised
470-3323	Minor Parent Referral to Services, new
470-0288	Notice of Disqualification, revised
PA-2207-0	Public Assistance Application, revised
PA-2140-0	Public Assistance Eligibility Report, revised
PA-2368-8	Refugee Referral to IWD and to Refugee Services, revised
SS-1606-0	Request for Child Abuse Information, new
470-2881	Review/Recertification Eligibility Document, revised
PA-4106	Ten-Day Report of Change

Summary

This manual revision revises the forms listed above. We revised the application, review forms, and intentional program violation forms to reflect the changes in the FIP, Food Stamp, and Medicaid programs effective November 1, 1996. We revised the overpayment recovery forms to incorporate changes in policy and structure.

The change to the *Refugee Referral to IWD and to Refugee Services* reflects the name change from Department of Employment Services (DES) to Iowa Workforce Development (IWD) effective July 1, 1996. As we reprint forms with DES in the text, we will make the change to IWD. All references to DES mean IWD.

This revision also obsoletes the *10-Day Report of Change*, form 470-2051. We combined the information from that form with the *Ten-Day Report of Change*, form PA-4106 (470-0499). Now FIP, FIP-related and SSI-related Medicaid clients use the form.

This manual revision adds instructions for the completion of form AA-4165-0 (470-0041), *Adjustment to Vendor Payment*. These are not new instructions but rather are paragraphs that were inadvertently dropped during the reformatting of the Appendix.

This manual revision also deletes form MA-2138-0 (470-0370), *Resident Care Agreement*, for nursing facilities. Use of this form has been discontinued.

Effective Date

November 1, 1996

Material Superseded

The following shall be removed from Employees' Manual, Title 6, Appendix, and destroyed:

<u>Page</u>	<u>Date</u>
Contents, page 1	June 25, 1996
Contents, page 3	September 24, 1996
Contents, pages 8, 11-13	June 25, 1996
470-2051	10/89
1	June 25, 1996
6, 7	June 25, 1996
AA-1283-0	9/95
9, 13	June 25, 1996
427-0415	No Date
RC-0008 (following page 58)	7/93
64	June 25, 1996
470-2616	1/94
470-3035	2/96
175, 176, 233	June 25, 1996
470-0288	1/96
253, 260, 276, 281-290, 292, 295	June 25, 1996
PA-2207-0	11/95
313, 315	June 25, 1996
PA-2140-0	2/96
334	June 25, 1996
PA-2368-8	1/96
372	June 25, 1996
MA-2138-0	3/91

470-2881 (following page 378)	4/92
382	June 25, 1996
416	June 25, 1996
PA-4106	11/95

Additional Information

Use existing supplies of all revised forms. When ordering new versions of forms from Anamosa, please limit the amount ordered. Because of pending changes due to recent federal welfare reform legislation, we are printing minimum supplies of the revised forms.

Refer questions to the regional benefit payment administrator.



December 10, 1996

GENERAL LETTER NO. 6-AP-4

ISSUED BY: Bureau of Food Stamps, Division of Economic Assistance

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

- FP-2241-0 *Food Stamp Worksheet*, revised
- 470-2255 *Information for Food Stamp Work Registrants*, revised
- PA-4107-(M) *Notice of Cancellation*, revised

Summary

Form 470-2255 is revised to add new work requirements for people age 18 through 50 years old. New penalty periods have been added for work requirement violations. Information that explained the FSET program is deleted. Other minor changes have been made to simplify language.

The manual references on the manually issued *Notice of Cancellation* are revised.

Form FP-2241-0, *Food Stamp Worksheet*, was revised last summer to update the vehicle limit and add a blank for child support payment expense. Since then, the vehicle limit has changed again, to \$4,650 effective October 1. We do not plan to update this form again until current supplies are exhausted.

Effective Date

December 1, 1996

Material Superseded

The following shall be removed from Employees' Manual, Title 6, Appendix, and destroyed:

<u>Page</u>	<u>Date</u>
FP-2241-0	3/94
470-2255	7/94
PA-4107-(M)	4/96

Additional Information

Destroy existing supplies of form 470-2255 and photocopy the revised form until an initial supply is received. Additional supplies can be ordered from Anamosa.

Use up existing supplies of forms FP-2241-0 and PA-4107-(M) before reordering from Anamosa. (Change the vehicle limit on the *Food Stamp Worksheet* to \$4,650.)

Refer questions to the regional benefit payment administrator.



TERRY E. BRANSTAD, GOVERNOR

DEPARTMENT OF HUMAN SERVICES

CHARLES M. PALMER, DIRECTOR

December 17, 1996

GENERAL LETTER NO. 6-AP-5

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

SUBJECT: Employees' Manual, Title 6, *Income Maintenance Programs Appendix*, RC-0018, *Supplementary Security Income Payment Standards*, revised.

Summary

RC-0018, *Supplemental Security Income Payment Standards*, has been revised to:

- ◆ Add the community spouse resource allowance and the minimum monthly maintenance needs allowance to the chart.
- ◆ Reflect the 1997 Social Security cost-of-living allowance (COLA) increase of 2.9%, which affects all state supplementary assistance payment amounts.

Effective Date

Upon receipt.

Material Superseded

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

<u>Page</u>	<u>Date</u>
RC-0018	7/96

Additional Information

Please contact your regional benefit payment administrator if you need additional information.



January 28, 1997

GENERAL LETTER NO. 6-AP-6

ISSUED BY: Bureau of Program Services, Division of Medical Services
Bureau of Family Investment, Division of Economic Assistance

SUBJECT: Employees' Manual, Title 6, *Income Maintenance Programs Appendix*, Contents (pages 1 through 10), revised; pages 8a, 8b, 9, 29, 30, 83 through 88, 158, 159, 163, 167, 186, 187, 203, 204, 205, 227, 228, 262, 303, 426, and 427, revised; pages 88a, 138a, and 204a through 204f, new; and the following forms:

- FP-2101-0 *Application for Food Stamps*, revised
- FP-2232-0 *Change Report Form*, revised
- RS-1238 *Eligibility for Medicaid Home- and Community-Based Services*, revised
- 470-3285 *HCBS AIDS/HIV Enrollment Checklist for Income Maintenance*, revised
- 470-3286 *HCBS IH Enrollment Checklist for Income Maintenance*, revised
- 470-3086 *HCBS MR Enrollment Checklist for Income Maintenance*, revised
- 470-1911 *Medical Assistance Eligibility Card (Fee for Service)*, revised
- 470-2188 *Medical Assistance Eligibility Card (Limited Benefits)*, revised
- 470-3348 *Medical Assistance Eligibility Card (Lock-In)*, new
- 470-2213 *Medical Assistance Eligibility Card (Managed Care)*, revised
- 470-2588 *Notice of Attribution of Resources*, revised
- PA-2138-5 *Unemployed Parent Referral to Workforce Development*, revised

Summary

Forms FP-2101-0 (470-0306) and FP-2232-0 (470-0321) are revised to incorporate the language of RC-0036, *Addendum to Food Stamp Forms*. With these revisions it is now necessary to issue the Addendum only with the Spanish-language versions of the *Application for Food Stamps* (FP-2101-1), the *Public Assistance Application* (PA-2230-0), and the *Change Report Form* (FP-2232-1).

Instructions for form AA-4165-0, *Adjustment to Vendor Payment*, are revised to cross-reference instructions in 8-I.

Form RS-1238, *Eligibility for Medicaid Home- and Community-Based Services*, is revised to include transmittal and financial information. A box is provided to check whether a consumer is new or a reentry to a waiver program. An action type is included to show when an application is withdrawn or denied. A line is provided to enter the reason a case is closed, denied, or withdrawn.

Instructions for the form are updated to reflect the new entries and a new disposition. This form is used by the income maintenance worker to communicate information to service workers or case managers and to the Iowa Foundation for Medical Care, as well as to the Division of Medical Services. Copies of the *Notice of Decision* are no longer sent to IFMC, the Division of Medical Services, or the SW/CM.

Form 470-3285, *HCBS AIDS/HIV Enrollment Checklist for Income Maintenance*, is revised to follow steps listed in new Chapter 8-N.

Form 470-3286, *HCBS IH Enrollment Checklist for Income Maintenance*, is revised to follow steps listed in new Chapter 8-N.

Form 470-3086, *HCBS MR Enrollment Checklist for Income Maintenance*, is renamed and revised to show the procedures for placing a consumer on the waiting list and securing a payment slot and follows steps listed in new Chapter 8-N.

This Department is implementing a new format for *Medical Assistance Eligibility Cards*. By utilizing new technology the size of the card is reduced. Cards are printed on a heavier stock, and the need for envelopes is eliminated.

The new technology will make it easier to modify any of the medical cards in the future. A limitation of the previous system was there was no additional space to add new fields or to modify the language regarding rights and responsibilities.

The names “Managed Care Card” and “Individual Medical Assistance Eligibility Card” have been changed. All cards now have the same name in order to eliminate confusion for providers and recipients. All cards will be referred to as “Medical Assistance Eligibility Cards.”

In the past, a yellow card was used for QMBs and lock-in. They are now two separate cards. The limited benefit card color (for QMBs and aliens) will be violet and the lock-in card will be blue.

Form 470-2588, *Notice of Attribution of Resources*, has been revised to move the identifying information for the worker completing the form to the top of the form and the legal references to the bottom. Language is added to clarify the institutionalized spouses countable resources in relation to the Medicaid resource limits and to notify the couple of the need to transfer resources to the spouse at home to maintain the institutionalized spouse’s Medicaid eligibility.

Note: The legal reference printed on this form is wrong. Please change it to EM 8-D, **Attribution of Resources**. The form will be corrected at the next reprinting.

The name of the Department of Employment Services was changed to Iowa Workforce Development on form PA-2138-5, *Unemployed Parent Referral to Workforce Development*, and the corresponding instructional pages.

Forms relating to Interim Assistance Reimbursement are removed from this Appendix because they are used by county relief and veterans affairs agency staff rather than by income maintenance workers.

Effective Date

February 1, 1997

Material Superseded

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

<u>Page</u>	<u>Date</u>
Contents (p. 1)	November 12, 1996
Contents (p. 2)	June 25, 1996
Contents (p. 3)	November 12, 1996
Contents (pp. 4-7)	June 25, 1996
Contents (p. 8)	November 12, 1996
Contents (pp. 9, 10)	June 25, 1996
Contents (pp. 11-13)	November 12, 1996
Contents (p. 14)	June 25, 1996
8a, 8b, 9	November 12, 1996
FP-2101-0	10/95
29, 30	June 25, 1996
FP-2232-0	11/95
Assignment of Medicaid Claim	Undated
RS-1238	4/96
83-88	September 24, 1996
470-3285	4/96
470-3286	4/96
470-2188	10/86
158, 159, 163, 167-172	June 25, 1996
470-1950	11/93
PA-6110	3/89
PA-6111	3/89
PA-6103	3/89
Interim Reimbursement Summary	November 1984
186, 187	June 25, 1996
470-2213	1/90
DP-6002	Undated
203, 204, 205	June 26, 1996

226a	November 12, 1996
227, 228	June 25, 1996
470-3086	2/96
470-2588	4/91
262-266	June 25, 1996
SSA-L8125-EP	11/89
SSA-L8125-U3-DAA	1/95
470-2551	3/89
303, 426, 427	June 25, 1996
PA-2138-5	1/94

Additional Information

Initial supplies of forms FP-2101-0, FP-2232-0, and RS-1238 are being issued when the form is printed. Destroy supplies of the previous versions when you receive the revised forms. Reorder from Anamosa in the usual manner.

Make copies of forms 470-3086, 470-3285, and 470-3286, as needed, from the copy in this appendix. (The forms can be printed from the on-line manual.) Destroy any supplies of previous versions.

Destroy any supplies of the previous medical cards (forms DP-6002, 470-2188, and 470-2213).

All existing supplies of form 470-2588, dated 4/91, shall be destroyed. Additionally, destroy all supplies of form 470-2588, dated 4/94, not released in the manual.

Use existing supplies of form PA-2138-5 before ordering the revised form. Order supplies of the revised form from Anamosa in the usual manner.

Please contact your regional benefit payment administrator if you need additional information.



February 25, 1997

GENERAL LETTER NO. 6-AP-7

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

SUBJECT: Employees' Manual, Title 6, *Income Maintenance Programs Appendix*, Contents (pages 1 through 5 and 7), revised; pages 38, 59, 149, 154 through 158, 180, 181, 234, 258, and 273, revised; page 38a, new; and the following forms:

470-3349	Brain Injury Functional Assessment, new
470-1449	Household Data Sheet, unchanged
470-2471	How Earnings Affect Your FIP Grant, unchanged
MA-2152-0	ICF/MR Placement Statement, unchanged
427-0540	Income Offset Credit Letter, revised
427-0323	Investigation Appointment Letter, updated
470-3356	Inability to Find a Responsible Person, new
470-3063	Notice of Assigned Program, revised
427-0305	Request to Not Accept Payment, revised

Summary

This general letter identifies a new form for use with the HCBS brain injury waiver; *Brain Injury Functional Assessment*, form 470-3329. This form contains information regarding the medical needs of the applicant. From this information IFMC determines the level of care needed by the applicant.

The discharge planner at the facility where the waiver applicant was most recently in residence obtains from the IM worker who is processing the waiver application. The discharge planner sends the form directly to IFMC; the address is on the form.

New form 470-3356 is being issued for use when an individual or organization wants to become a "responsible person" for an incompetent, physically incapacitated or deceased person when the client needs someone to act on their behalf and there is otherwise no person to act as a responsible person.

Form 470-3063, *Notice of Assigned Program*, and the instructions for it have been revised to remove reference to the Family Investment Program. Effective March 1, 1997, only the food stamp program will have a regular program and a welfare reform program. Do not use this form for the Family Investment Program. Continue to use the form for the food stamp program as outlined in this manual.

Forms used for the “regular” FIP program are removed from the appendix, since this program is terminated. This includes the following forms:

460-2636	Conciliation Agreement
PA-2226-5	FIP-UP Employment History Worksheet
470-2660	How Earnings Affect Your FIP Grant
470-3066	Letter to Potential UP Households
470-3067	Letter to Nonqualifying Parents on Referral to DES
470-2601	Notice of Failure to Participate
470-2600	Notice of Potential Sanction
470-2667	Notice of Potential Sanction - Exempt Volunteers

In order to remove form 470-2660 and revise the instructions for the welfare reform version, it was necessary to reprint several forms which were paged incorrectly in the original printing.

Effective Date

March 1, 1997

Material Superseded

Remove from Employees’ Manual, Title 6, Appendix, and destroy the following:

<u>Page</u>	<u>Date</u>
Contents (pages 1-5 and 7)	January 28, 1997
38, 59	June 25, 1996
470-2636	1/94
470-1449	7/84
470-2660	10/93
470-2471	10/93
149, 150, 154-157	June 25, 1996
MA-2152-0	2/91
427-0540	11/91
158	January 28, 1997
427-0323	11/91
180, 181	June 25, 1996
470-3067	10/93

470-3066	10/93
470-3063	10/93
237, 258	June 25, 1997
470-2601	1/94
470-2600	1/94
273, 274	June 25, 1996
470-2667	1/94
427-0305	Undated

Move form 427-0292 to follow page 158, instead of preceding page 157.

Additional Information

Discard any supplies of forms 470-2636, PA-2226-5, 470-2660, 470-3066, 470-3067, 470-2601, 470-2600, and 470-2667. (Revisions of forms 470-3066 and 470-3067 were issued with Manual Letter No. 4-G-2, for use in converting control group cases.)

Obtain supplies of new forms 470-3349 and 470-3356 by photocopying the sample or printing from the on-line manual.

An initial supply of revised form 470-3063 is being mailed to each county office. Order additional supplies from Anamosa in the usual manner. (Use of this form is expected to be discontinued on July 1, so order accordingly.)

Forms 427-0540, 427-0323, and 427-0305 are issued by DIA, so county offices do not need to maintain supplies.

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



TERRY E. BRANSTAD, GOVERNOR

DEPARTMENT OF HUMAN SERVICES

CHARLES M. PALMER, DIRECTOR

March 18, 1997

GENERAL LETTER NO. 6-AP-8

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

SUBJECT: Employees' Manual, Title 6, *Income Maintenance Programs Appendix*, pages 236, 238, 239, 244, 245, 247, and 292, revised; and the following forms:

FP-2241-0, *Food Stamp Worksheet*, revised

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

Summary

The *Food Stamp Worksheet* is revised to update the excludable market value for vehicles.

Instructions for the *Notice of Cancellation*, *Notice of Cancellation/Redetermination*, *Notice of Decision*, *Notice of Decision for Medically Needy*, *Notice of Decision: Medical Assistance or State Supplementary Assistance*, and *Overpayment Recovery Supplemental Information* forms are revised to indicate that templates for producing these forms on personal computers are available on Microsoft Exchange.

These forms are available in a public folder called "State Approved Forms." Instructions for using the templates are also available in this folder.

RC-0018, *Supplemental Security Income Payment Standards*, has been revised to reflect a 7.98% increase in the in-home health-related care and residential care facility maximum reimbursement rates.

Effective Date

April 1, 1997

Material Superseded

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

<u>Page</u>	<u>Date</u>
FP-2241-0	7/96
236, 238, 239, 244, 245, 247	June 25, 1996
292	November 12, 1996
RC-0018	12/96

Additional Information

Use up existing supplies of form FP-2241-0 (470-0329) by correcting the vehicle values at the bottom of page 1. Reorder as needed from Anamosa. Discard the previous version of RC-0018. A card-stock copy if this reference card is being issued to those who are on the manual distribution for 6-B, *State Supplementary Assistance*.

Please contact your regional benefit payment administrator if you need additional information.



May 6, 1997

GENERAL LETTER NO. 6-AP-9

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

SUBJECT: Employees' Manual, Title 6, *Income Maintenance Programs Appendix*, Contents (pages 2, 5, and 10) revised; page 413, revised; pages 68a, 202a, and 202b, new; and the following forms:

RC-0033 *Desk Aid*, new

MA-2124-0 *Medicaid Information Questionnaire for SSI Persons*, revised

PA-3102-0 *Notice of Decision*, revised

Summary

MA-2124-0, *Supplementary Information--Medicaid Application--Retroactive Eligibility*, is renamed to more accurately reflect what happens with an SSI recipient who wants Medicaid. The new name is *Medicaid Information Questionnaire for SSI Persons*. The questions are revised and reformatted to fit with handling through X-Pert and in response to requests from the field. Information the client attests to is revised to make it more understandable.

The *Desk Aid*, RC-0033, has been included in the appendix for the first time. Poverty levels are effective April 1, 1997, for MAC and QDWP; and effective May 1, 1997, for QMB and SLMB. The income limits for SSI-related Medicaid are effective January 1, 1997.

The manual version of the *Notice of Decision* has been changed to remove the list of how to "cure" a failure to comply with work registration, employment and training, or job insurance requirements. The substituted language refers the client to the wording on the front of the notice to see what the client failed to do, and advises the client that this is what must be "cured" following the end of the minimum disqualification period.

Effective Date

The revised MA-2124-0 will be available for production through the ABC system on April 28, 1997. Workers may resume entries to generate the MA-2124 (by use of the "X" in the Retro Med field) as of that date.

The other changes are effective upon receipt.

Material Superseded

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

<u>Page</u>	<u>Date</u>
Contents (pages 2, 5)	February 25, 1997
Contents (page 10)	January 28, 1997
PA-3102-0 (preceding page 239)	2/96
412 and 413	June 25, 1996
MA-2124-0	10/93

Additional Information

Use up existing supplies of the manual version of form MA-2124-0 until the revised version is printed. An initial supply will be issued to each county office. When you receive it, destroy remaining stocks of the previous version. Reorder as needed from Anamosa.

Forms PA-3102-0 (470-0486) and RC-0033 are available as templates from the public folders of Exchange. If you are using preprinted copies of PA-3102-0, order the revised forms from Anamosa and destroy existing supplies of PA-3102-0 when you receive them. Discard the previous versions of RC-0033 (a card-stock version dated 5/96 and the previous Exchange version dated 4/97).

Please contact your regional benefit payment administrator if you need additional information.



July 1, 1997

GENERAL LETTER NO. 6-AP-10

ISSUED BY: Appeals Section, Division of Policy Coordination
Bureau of Eligibility/HIPP, Division of Medical Services
Bureau of Family Investment, Division of Economic Assistance
Bureau of Food Stamps, Division of Economic Assistance
Bureau of Program Services, Division of Medical Services

SUBJECT: Employees' Manual, Title 6, *Income Maintenance Programs Appendix*, Contents (pages 1, 5, 6, and 10) revised; pages 8, 8a, 9, 37, 42, 43, 202a, 234, and 405 through 408, revised; and pages 16a-16c, 36a, 36b, 198a, and 198b, new, and the following forms:

AA-4165 (470-0041)	<i>Adjustment to Facility Payment</i> , revised
PA-3138-0 (470-0487)	<i>Appeal and Request for Hearing</i> , new
470-3383	<i>Authorization To Exchange Information With Your Child's School</i> , new.
AA-4166 (470-0042)	<i>Case Activity Report</i> , revised
470-3286	<i>HCBS IH Enrollment Checklist for Income Maintenance</i> , revised
470-3392	<i>Medicaid State ID Numbers</i> , new
470-2580	<i>Presumptive Medicaid Eligibility Notice of Decision</i> , revised
470-2629	<i>Presumptive Medicaid Income Calculation</i> , revised
470-2549	<i>Statement of Citizenship Status</i> , reinstated

Summary

Form AA-4165 has been revised to reflect procedure changes resulting from the transition to the new fiscal agent. The primary change is that the IM worker does not need to enter the total amount of the adjustment, but only the current client participation amount and the new client participation amount.

The revised *Appeal and Request for Hearing*, form PA-3138-0, is added to the IM forms appendix. The form is revised to include more information needed by the Appeals Section.

Summary (Cont.)

To be eligible for FIP, parents in the home or other specified relatives whose needs are included in the grant must give DHS written authorization for releasing information to schools on a child's FIP status and for receiving information from schools on the child's school attendance. New form 470-3383, *Authorization To Exchange Information With Your Child's School*, is used for this purpose.

Issue form 470-3383 to parents and other needy specified relatives who apply for FIP on or after July 1, 1997. Also issue the form to parents and needy relatives who apply before July 1, 1997, but FIP is not approved until July 1, 1997, or later. Deny or cancel FIP assistance when the household does not return a signed form 470-3383 as required. See General Letter 4-C-16 for additional details.

The *Case Activity Report* has been revised to eliminate fields for the reporting of reserved bed days. Facilities are no longer required to fill out a *Case Activity Report* when a resident leaves the facility for visits or hospital care. Fields have been added to show Medicare coverage, when applicable, and discharge information. How the IM worker uses information on this form has not changed.

470-3286, *HCBS IH Enrollment Checklist for Income Maintenance*, is revised to provide for a waiting list on the ill and handicapped waiver. The IM worker must take two applications: The first application is denied based on 8-N, **Limit on Number of Recipients**.

The client shows new form 470-3392, *Medicaid State ID Numbers*, to the medical provider with the *Medically Needy Notice of Decision*. The provider uses the state ID number to submit a claim that may be used towards the clients spenddown.

Notice of Assigned Program, form 470-3063, is obsolete. The use of welfare reform policy has been eliminated from the food stamp program. Cases will no longer be assigned welfare reform or regular status. All cases are subject to regular food stamp policy.

The *Presumptive Medicaid Income Calculation* is revised to update the income limit using the 1997 federal poverty level.

The *Presumptive Medicaid Eligibility Notice of Decision*, form 470-2580, has been revised to update the REVS telephone number due to the change in fiscal agent effective July 1, 1997.

Record card RC-0020 *Statewide 75th Percentile Cost of Child Care*, has been revised and reissued by Circular Letter 27Z-220-EA, so it is accessible to both IM and PROMISE JOBS staff.

Form 470-2549 was erroneously deleted from the manual when 6-Appendix was created. Its use is still necessary when new members enter a FIP or FIP-related Medicaid household and are not required to file an application to be added to the eligible group.

Effective Date

July 1, 1997

Material Superseded

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

<u>Page</u>	<u>Date</u>
Contents (page 1)	February 25, 1997
Contents (page 5)	May 6, 1997
Contents (page 6)	January 28, 1997
Contents (page 10)	May 6, 1997
8	June 25, 1996
AA-4165-0	1/87
8a, 8b, 9	January 28, 1997
37, 42, 43	June 25, 1996
AA-4166	12/92
470-3286 (following p. 138)	1/97
202a, 202b, 234	February 25, 1997
470-3063	3/97
470-2580 (following p. 304)	7/91
470-2629 (following p. 306)	4/96
405-408	July 25, 1996
RC-0020	12/93

Move form MA-2124-0 to follow page 198 instead of page 202.

Move form 470-2835 to follow page 406 instead of page 404.

Additional Information

The revised form AA-4165-0, *Adjustment to Facility Payment* will be available at Anamosa by mid-July. Destroy supplies of the previous version. Until the printed form is available, use the template on Microsoft Exchange or photocopy supplies from the sample in the manual.

An initial supply of the revised appeal form will be mailed to each office. Upon receipt of the blanket supply, destroy all previous versions of this form. Then reorder from Anamosa in the usual manner.

Central office is issuing a limited supply of form 470-3383, *Authorization to Exchange Information With Your Child's School*, to county offices before July 1, 1997. Order additional supplies from Anamosa in the usual manner. A template for the form is also available in a public folder on Microsoft Exchange if needed.

Note: To prevent unnecessary FIP cancellations or denials, form 470-3383 was revised to add the following two clarifying sentences before the last paragraph: “You must sign this form no matter how old your children are or what grade they are in. If you don’t, your FIP assistance will be canceled or denied.”

The initial printing of form 470-3383 does not include these two sentences. Therefore, workers are asked to add the sentences when using the printed forms. The template does include the two sentences, as will future printings from Anamosa.

Facilities can order the revised *Case Activity Report* from Anamosa. An initial supply has been shipped to each facility.

Destroy any existing supplies of form 470-3063, *Notice of Assigned Program*.

No supplies of form 470-3392, *Medicaid State ID Numbers*, will be printed. Use the template on Microsoft Exchange or photocopy the form from the sample in the manual.

County offices should order supplies of revised forms 470-2629 and 470-2580 for all of the Medicaid providers in their county who are qualified to determine presumptive eligibility for pregnant women. Providers should destroy supplies of the previous versions of these forms.

Use any remaining supplies of form 470-2549, *Statement of Citizenship Status*. Photocopy additional supplies from the sample in the manual, or print supplies from the on-line manual as needed.

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



August 19, 1997

GENERAL LETTER NO. 6-AP-11

ISSUED BY: Bureau of Eligibility/HIPP, Division of Medical Services
Bureau of Family Investment, Division of Economic Assistance
Office of Program Evaluations, Division of Support Services

SUBJECT: Employees' Manual, Title 6, *Income Maintenance Programs Appendix*
Contents (page 10), revised; pages 8a, 135, 136, and 371, revised; pages 435 and
436, new; and the following forms:

470-1643	<i>Grandparent Questionnaire</i> , revised
MA-2124-0 (470-2304)	<i>Medicaid Information Questionnaire for SSI Persons</i> , revised
CS-1105-5 (470-0169)	<i>Requirements of Support Enforcement</i> , revised
470-3112	<i>X-PERT Application for Assistance Part 1</i> , new
470-3113	<i>X-PERT Summary Signature Page</i> , new

Summary

Form CS-1105-5 is revised to remove a statement that the first \$50 of support collected by the Department is refunded to FIP participants. Continue to issue form CS-1105-5 to FIP and FIP-related Medicaid applicants, and to FIP or FIP-related Medicaid participants upon request.

This general letter also transmits new forms for use with the X-PERT system. Use these forms whenever a household's application is selected to be processed by the X-PERT system. X-PERT's application has three parts. The application is complete when the applicant or the applicant's representative has:

- ◆ Submitted form 470-3112, *Application for Assistance Part 1*
- ◆ Been interviewed, and
- ◆ Reviewed form 470-3114, *Summary of Facts*, and
- ◆ Signed form 470-3113, *Summary Signature Page*.

Form 470-1643, *Grandparent Questionnaire*, is revised to expand questions about bank accounts and stocks to include the family.

Instructions for form AA-4165-0, *Adjustment to Facility Payment*, are revised to reflect the method for sending the form to Quality Assurance (Marilyn Capello or Linda Wong, for PMIC and skilled care) by e-mail. Complete instructions are included in the "Instructions for Form Use" folder on Exchange.

Form MA-2124-0 is revised to clarify the item about applying for dependent person assistance.

Effective Date

Upon receipt.

(Use of X-PERT forms is effective at the time of X-PERT implementation in each county.)

Material Superseded

Remove from Employees' Manual, Title 6-Appendix, and destroy:

<u>Page</u>	<u>Date</u>
Contents (page 10)	July 1, 1997
8a	July 1, 1997
470-1643	8/90
135, 136	June 25, 1996
MA-2124-0 (preceding page 198a)	5/97
CS-1105-5	8/95
371	June 25, 1996

Additional Information

Destroy existing supplies of the current version of form CS-1105-5. A blanket supply of the revised form is being sent to all county offices. It is expected to arrive in the county offices during the first week of August. Order additional supplies of the revised form from Anamosa in the usual manner.

Initial supplies of the preprinted forms *Application for Assistance Part I*, form 470-3112, and *Summary Signature Page*, form 470-3113, will be provided to each county as X-PERT is implemented in that county.

Use up existing supplies of forms 470-1643 and MA-2124-0.

Please contact your regional benefit payment administrator if you need additional information



October 14, 1997

GENERAL LETTER NO. 6-AP-12

ISSUED BY: Bureau of Family Investment, Division of Economic Assistance
Bureau of Food Stamps, Division of Economic Assistance
Bureau of Operations, Division of Medical Services
Bureau of Program Services, Division of Medical Services

SUBJECT: Employees' Manual, Title 6, *Income Maintenance Programs Appendix*, Contents (page 1), revised; pages 1 through 9, 80, 109, 138, 149, 183, 217, 364, and 400, revised; and the following revised forms:
470-0176 *Address Information Request*
RC-0033 *Desk Aid*
470-3286 *HCBS IH Enrollment Checklist for Income Maintenance*
470-2471 *How Earnings Affect Your FIP Grant*
470-2527 *MAC Income Worksheet*
PA-3159-0 *Notice of Decision: Medical Assistance or State Supplementary Assistance (470-0490)*
470-2479 *PMIC Exchange of Information*
470-2826 *Supplemental Insurance Questionnaire*

Summary

The *Address Information Request*, formerly numbered CS-1206-5, is revised to remove the name "Child Support Recovery Unit" from the return address box.

The *Desk Aid*, RC-0033, has been revised to reflect the October 1, 1997, food stamp COLA changes which are federally mandated and to remove "Welfare Reform" under Coverage Group and "\$5,000 per participant HH" under Resource Limit for food stamps and "regular" limits for FIP.

470-3286, *HCBS IH Enrollment Checklist for Income Maintenance*, is revised to correct the form date. Form 470-3286 provides procedures for placing an applicant's name on the waiting list for the ill and handicapped waiver. Also, the Child Health Specialty Clinics regional nurse provides a copy of the assessment form, SS-1644, to the IM worker. The IM worker forwards the completed SS-1644 along with the SS-1645 to IFMC. The word "client" was changed to "consumer" when applicable.

Form 470-2471, *How Earnings Affect Your FIP Grant*, is revised to remove reference to the work transition period (WTP) which was eliminated effective October 1, 1997. Because of the limited usage of the form when issued manually by the worker, future supplies of the form are printed with 25 forms on a pad.

The *MAC Income Worksheet* is revised to show calculations for both the current poverty guidelines and those for the previous year (before April 1). Some cases require both calculations.

Instructions for the *Medical Expense Verification* form are revised to reflect that the cost for personal care services has increased. In Section III, Box F, Charges, enter the monthly standard of deduction of \$384.26 for personal care services received in an RCF. When the client resides in the RCF for less than the full month, prorate the amount allowed.

Form PA-3159-0 is revised to update the appeal rights section and to insert blanks where you can name the "first" and "second" facilities for client participation payments.

Form 470-2479 is revised to change "ADC" to "FIP."

Using input from field staff, eligibility staff, TPL staff and Consultec, the *Supplemental Insurance Questionnaire* has been revised. There is now a question for the client to answer to indicate that health insurance has been ended. Other revisions have been made for simplification of the form. The workers should direct this form to Consultec for all insurance changes or additions of insurance other than Medicare.

Instructions have been revised to show the availability of form template for the following forms:

- ◆ FP-2208-0, *Documentation of Claim Determination*.
- ◆ 470-3088, *FIP Related Medically Needy Spendown Computation Worksheet*.
- ◆ 470-2527, *MAC Income Worksheet*.
- ◆ MA-4046-1, *Request for Special Update*.
- ◆ 470-2341, *SSI Related (No Children) Medically Needy Spendown Calculation Worksheet*.

Effective Date

Upon receipt.

Material Superseded

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

<u>Page</u>	<u>Date</u>
Contents (page 1)	July 1, 1997
1	November 12, 1996
2-5	June 25, 1996
CS-1206-5	12/94
6, 7	November 12, 1996

8, 8a, 9	July 1, 1997
RC-0033 (preceding page 68a)	5/97
80, 109, 138	June 25, 1996
470-3286	1/97
470-2471	10/93
149	February 25, 1997
470-2527	2/95
183	June 25, 1996
217	September 24, 1996
PA-3159-0 (following page 246)	9/94
470-2479 (following page 298)	5/90
364, 400	June 25, 1996
470-2826 (following page 410)	undated

Adjust the placement of form samples as follows:

- ◆ File the *503 Notice* (C4116603) before page 1.
- ◆ File the *Adjustment to Facility Payment*, AA-4165, before page 5.
- ◆ File the *Adjustment to Overpayment Balance*, AA-1283-0, after page 8

Additional Information

Use up existing supplies of forms CS-1206-5, 470-2527, PA 3159-0, and 470-2479. Discard existing copies of RC-0033 and replace with the template version. Discard existing supplies of form 470-3286 and photocopy new supplies from the sample in the manual or print supplies off the on-line manual.

Destroy existing supplies of the 10/93 version form 470-2471. Do not give the 1/93 version to FIP applicants or participants after September 20, 1997. A blanket supply of the revised form will be issued to each county office by mid-October. Other additional supplies of the form from Anamosa in the usual manner.

A blanket mailing will be distributed to counties when form 470-2826, *Supplemental Insurance Questionnaire*, is printed. Orders currently on back order at Anamosa have been canceled. You may order additional supplies of revised form upon receipt of blanket mailing.

Please contact your regional benefit payment administrator if you need additional information.



December 2, 1997

GENERAL LETTER NO. 6-AP-13

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

SUBJECT: Employees' Manual, Title 6, *Income Maintenance Programs Appendix*, pages 36b, 37, 235, and 236, revised; and the following revised forms:

470-3383 *Authorization to Exchange Information With Your Child's School*
PA-4107 *Notice of Cancellation (470-1968)*
PA-3102 *Notice of Decision (470-0486)*
PA-2140 *Public Assistance Eligibility Report (470-0455)*

Summary

In accordance with legislation passed in the 1997 session, the Department in July 1997 implemented school attendance requirements for children who have not completed sixth grade. As a condition for FIP eligibility, applicant and participant households were required to provide a signed form 470-3383, *Authorization to Exchange Information With Your Child's School*, regardless of the age of the FIP child.

In response to comments received from advocates, legislators, and other concerned parties, the Department has revised its rules to require a signed release only from FIP applicant and participant households with children aged 5 through 13. A new release is required for:

- ◆ A FIP child who turns age 5 after the date a release was signed.
- ◆ A child aged 5 through 13 who becomes a member of the FIP eligible group after the date a release was signed.

Signed authorizations provided by FIP applicants and participants via the original version of the form remain in effect for FIP children aged 5 through 13 who were in the home on the date the county DHS office received the form. However, a new release is required for:

- ◆ A FIP child who turned age 5 after the date the release was received in the county office.
- ◆ A child aged 5 through 13 who became a member of the FIP eligible group after the date the release was received in the county office.

Form 470-3383 and the instructional pages for the form are revised to reflect the revised usage of the form. Additional implementation instructions will be included in the general letter for Employees' Manual Chapter 4-C, to be issued in early December.

Form PA-4107-(M), *Notice of Cancellation*, is revised to update information on appeal rights and to remove obsolete legal references.

Form PA-3102, *Notice of Decision*, is revised to make the size and layout similar to the current automated *Notice of Decision*, which was changed so that it would not require the use of obsolete mailing equipment. In order to streamline the form to fit a smaller page, the appeal rights were simplified and the food stamp disqualification language was deleted.

Form PA-2140-0, *Public Assistance Eligibility Report*, is revised to remove the requirement to report medical expenses for elderly members of food stamp households.

Effective Date

Revised form 470-3383 is effective December 1, 1997.

The other revised forms are effective upon receipt.

Material Superseded

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

<u>Page</u>	<u>Date</u>
36b, 37	July 1, 1997
470-3383	7/97
235	June 25, 1996
236	March 18, 1997
PA-4107 (470-1968)	11/96
PA-3102 (470-0486)	2/97
PA-2140-0 (470-0455) (after page 316)	11/96

Additional Information

Destroy existing supplies of the 7/97 version of form 470-3383 and start using the revised version December 1, 1997. You can also print a copy of the form off the template located in a public folder on Microsoft Exchange. An initial supply of the revised form will be issued to all county offices before December 1, 1997. Order additional supplies from Anamosa in the usual manner.

Use existing supplies of the other forms before ordering the revised forms from Anamosa in the usual manner.

Please contact your regional benefit payment administrator if you need additional information.



December 30, 1997

GENERAL LETTER NO. 6-AP-14

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

SUBJECT: Employees' Manual, Title 6, *Income Maintenance Programs Appendix*, page 412, revised; and RC-0018, *Supplementary Security Income Payment Standards*, revised.

Summary

RC-0018, *Supplemental Security Income Payment Standards*, has been revised to reflect the 1998 Social Security cost-of-living allowance (COLA) increase of 2.1%, which affects all state supplementary assistance payment amounts.

Effective Date

January 1, 1998

Material Superseded

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

<u>Page</u>	<u>Date</u>
RC-0018	12/96
412	June 25, 1996

Additional Information

This chart is now also available in the State Approved Forms folder on Exchange. No card-stock copies of this form will be printed at this time.

Please contact your regional benefit payment administrator if you need additional information.



February 10, 1998

GENERAL LETTER NO. 6-AP-15

ISSUED BY: Bureau of Family Investment, Division of Economic Assistance
Bureau of Eligibility/HIPP, Division of Medical Services

SUBJECT: Employees' Manual, Title 6, *Income Maintenance Programs Appendix*,
Contents (page 9), revised; page 426, revised; pages 384a and 384b, new; and
the following forms:

- PA-1107-0 *Application for Medical Assistance or State Supplementary Assistance*, revised.
- 470-3391 *School Attendance Cooperation Agreement*, new.
- 470-0499 *Ten-Day Report of Change*, revised.

Summary

This general letter transmits new form 470-3391, *School Attendance Cooperation Agreement*, and instructions for use of the form. Form 470-3391 is used to document the terms agreed upon by participants in an attendance cooperation meeting for resolving a FIP child's school attendance problems. See General Letter 4-C-18, dated December 23, 1997, for more information.

The *Application for Medical Assistance or State Supplementary Assistance* has been revised to include a section for the applicant or client to record the Medicare claim number, any health insurance claim numbers, and to expand the signature line to allow a "responsible person" to sign the application.

The *Ten Day Report of Change* is revised to add a sentence that tells participants to report certain changes to PROMISE JOBS workers as well as to IM workers. There are no changes in the instructions or distribution of this form.

Form PA 2138-5, *Unemployed Parent Referral to Workforce Development*, is now available as a template in the Exchange public folder for state-approved forms.

Effective Date

Upon receipt

Material Superseded

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

<u>Page</u>	<u>Date</u>
Contents (page 9)	January 28, 1997
PA-1107-0 (after p. 24)	11/95
470-0499 (after p. 416)	11/96
426	January 28, 1997

Additional Information

Use up existing supplies of forms PA-1107-0 and 470-0499 before reordering from Anamosa as usual.

Form 470-3391 is available as a template through the public state-approved forms folder on Exchange. Print off the form as needed.

Please contact your regional benefit payment administrator if you need additional information.



March 17, 1998

GENERAL LETTER NO. 6-AP-16

ISSUED BY: Bureau of Family Investment, Division of Economic Assistance

SUBJECT: Employees' Manual, Title 6, *Income Maintenance Programs Appendix*, Contents (pages 3, 4, and 10), revised; pages 107 through 113, 123, 140, 141, 142, 156 through 159, 203, 204, 224, 236, 239, 240, 285, 286, 291, 313, 316, 317, 318, 332, 371, 378, 379, 380, and 384b, revised; page 404a, new; and the following forms:

- FP-2101-0 *Application for Food Stamps* (470-0306), revised
- 470-3383 *Authorization to Exchange Information With Your Child's School*, revised
- FP-2232-0 *Change Report Form* (470-0321), revised
- RC-0008 *Codes for Overpayment Recovery Information Input*, revised
- RC-0033 *Desk Aid*, revised
- 470-3105 *FIA Referral for Mandatory Participants (IWD)*, new
- 470-3106 *FIA Referral for Mandatory Participants (BRS)*, new
- 470-3088 *FMAP-Related Medically Needy Spenddown Computation Worksheet*, revised
- FP-2241-0 *Food Stamp Worksheet* (470-0329), revised
- 470-2471 *How Earnings Affect Your FIP Grant*, revised
- RC-0040 *Income Maintenance Discussion of PROMISE JOBS*, new
- 470-2527 *MAC Income Worksheet*, revised
- 470-2629 *Presumptive Medicaid Income Calculation*, revised
- CS-1106-5 *Requirements of Support Enforcement* (470-0169), revised
- 470-2577 *Resources Upon Entering a Medical Facility*, revised
- 470-3193 *SSI Medicaid Reminder*, new
- RC-0018 *Supplemental Security Income Payment Standards*, revised

Summary

Food Stamps

Form FP-2101-0, *Application for Food Stamps*, is revised to add the two-year disqualification to the section "Disqualifications and Court Cases" on page 9.

Form FP-2232-0, *Change Report Form* (470-0321), is revised to:

- ◆ Remove references to the resource limits for the welfare reform group on pages 1 and 3
- ◆ Clarify the instructions about child support on page 3.

FP-2241-0, *Food Stamp Worksheet*, is revised to update the market value limit for licensed vehicles from \$4,550 to \$4,650.

FIP

Form 470-3383, *Authorization to Exchange Information With Your Child's School*, is revised to make it into a two-part NCR with distribution instructions added.

In the May 1997 Limited Benefit Plan Study, the majority of the cases studied (97%) entered the LBP before signing an FIA. Of those who entered a pre-FIA LBP, 31% failed to arrange an appointment with PROMISE JOBS and 58% failed to keep their appointment with PROMISE JOBS. Most of the families (70%) that did not make the appointment with PROMISE JOBS said the reason for failing to do so was because they did not understand the program requirements.

As a result of these findings, staff in the Division of Economic Assistance decided that revisions to the initial PROMISE JOBS Program Letter were needed. The letter was too detailed, complicated, and lengthy. Staff from PROMISE JOBS and DHS assisted in the design of the attached revised PROMISE JOBS Program Letters, 470-3105 and 470-3106. They will be sent to participants who are referred on or after March 9, 1998.

The IM Steering Committee also recommended development of a tool to assist staff in explaining the need for participants to contact PROMISE JOBS. Review the attached desk aid RC-0040, titled *Income Maintenance Discussion of PROMISE JOBS*, with applicants during the face-to-face interview when it appears they will be eligible for FIP.

470-2471, *How Earnings Affect Your FIP Grant*, is revised to correct several typing errors and delete the reference to 12 months of Medicaid in the last box.

Form CS-1106-5, *Requirements of Support Enforcement*, is revised to add "Your FIP benefits will be cut by 25%" under the section "If You Do Not Cooperate and You Do Not Have Good Cause."

Form PA-2226-5 was inadvertently omitted from the material superseded by General Letter No. 6-AP-7, issued February 7, 1997.

Medicaid

This general letter transmits revisions required due to delinking of FMAP and FMAP-related Medicaid from the FIP program. Reference Card RC-0008, *Codes for Overpayment Recovery Information Input*, and form 470-3088, *FMAP-Related Medically Needy Spenddown Computation Worksheet*, are revised to change Medicaid references from “FIP-related” to “FMAP-related.”

Forms 470-2527, *MAC Income Worksheet*, and 470-2629, *Presumptive Medicaid Income Calculation*, and RC-0033, *Desk Aid*, are all revised due to the 1998 increase in poverty levels. Income and resource limits for the new SLMB coverage groups are also added to the *Desk Aid*.

Instructions for form PA-2228, *Overpayment Recovery Information Input*, are revised in relation to Medicaid overpayments. When establishing a claim for a QMB-eligible client who is concurrently eligible for Medically Needy with a spenddown, workers should indicate under comments the months the client continues to be QMB-eligible. This information is needed since services that are payable under the QMB coverage group should not be used towards meeting the spenddown and therefore should not be recouped.

Form 470-2577, *Resources Upon Entering a Medical Facility*, is revised to request resource information as of the first institutionalization that occurred on or after September 30, 1989, and lasted for 30 days or more.

The *SSI Medicaid Reminder*, form 470-3193, is a new form that will be used to notify new SSI recipients to return the form MA-2124, *Medicaid Information Questionnaire for SSI Persons*, in order to receive Medicaid. This form will be issued when an SSI recipient has been sent an MA-2124 and has not returned the form within a certain time frame. The system will generate this form when the system has sent the MA-2124 or the worker made entries for system issuance of an MA-2124.

RC-0018, *Supplemental Security Income Payment Standards*, is revised to correct the family-life home payment and personal needs allowance amounts.

Effective Date

Upon receipt.

Material Superseded

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

<u>Page</u>	<u>Date</u>
Contents (pages 3, 4)	February 25, 1997
Contents (page 10)	August 19, 1997
FP-2101-0 (following page 21)	11/96
470-3383 (following page 36b)	12/97
FP-2232-0 (following page 48)	1/97
RC-0008 (following page 58)	11/96
RC-0033 (preceding page 68a)	10/97
107, 108 (see note below)	June 25, 1996
470-3088	3/94
109	October 14, 1997
110-113	June 25, 1996
PA-2226-5	1/94
FP-2241-0 (following page 120)	3/97
123, 140-142	June 25, 1996
470-2471 (preceding page 149)	10/97
156, 157, 158 (see note below)	February 25, 1997
159	January 28, 1997
470-2527 (preceding page 183)	5/97
203, 204	January 28, 1997
224	June 25, 1996
236	December 2, 1997
239	March 18, 1997
240	June 25, 1996
285, 286	November 12, 1996
291	June 25, 1996
470-2629 (following page 306)	4/97
313	November 12, 1996
316-318,332	June 25, 1996
CS-1105-5 (following page 370)	8/97
371	August 19, 1997
470-2577 (following page 374)	11/90
378-380	June 25, 1996
384b	February 10, 1998
RC-0018 (following page 412)	1/98

Note: In order to insert new forms, some existing forms were moved slightly. Please refile these forms as follows:

- ◆ Move form 470-0476 to follow page 107/108 instead of preceding it.
- ◆ Move form 470-2815 to follow page 157/158 instead of preceding it.

Additional Information

Iowa Prison Industries will issue an initial supply of revised form CS-1106-5 to county offices as soon as the form is printed. Destroy supplies of the previous version when you receive the revised form. Reorder from Anamosa as usual.

The revised *MAC Income Worksheet* is available in the template version on Exchange. Use up the paper supplies of the previous version by changing the poverty-level references on page 2 from “1997” to “1998.”

An initial supply of the *Presumptive Medicaid Income Calculation* will be mailed to county offices in counties that have presumptive providers.

No supply of the PROMISE JOBS forms 470-3105 and 470-3106, RC-0008, RC-0018, RC-0033, or RC-0040 is being printed. Photocopy the samples in the manual or print them from the on-line manual for your own use. (RC-0018 and RC-0033 are also available as templates on Exchange.)

Forms 470-3105, 470-3106, and 470-3193 are issued from Central Office. County offices do not need to stock these forms.

Use up supplies of the previous versions of all of the other forms in this letter. Reorder from Anamosa as usual.

Please contact your regional benefit payment administrator if you need additional information.



June 23, 1998

GENERAL LETTER NO. 6-AP-17

ISSUED BY: Division of Economic Assistance
Division of Medical Services

SUBJECT: Employees' Manual, Title 6, *Income Maintenance Programs Appendix*, Contents (pages 1 through 5, 7, and 8), revised; pages 10, 11 through 14, 17, 30, 53 through 58, 165, 194, 281, 282, 283, 285 through 289, 291, 310, 313, 314, 336, 337, 339, and 386, revised; pages 10a, 194a, 280a, 280b, and 334a, new; and the following forms:

470-0005 *Affidavit and Agreement for Issuance of Duplicate Warrant*, new
470-0004 *Affidavit as to Forged Endorsement*, new
FCS-135 *Affidavit of Return or Exchange of Food Coupons*, revised
470-3177 *Application Addendum for 470-2927 (Spanish)*, revised
FP-2101-1 *Application for Food Stamps (Spanish) (470-0307)*, revised
427-0447 *Approval of Release of Information by Iowa Department of Human Services*, new
470-3383 *Authorization to Exchange Information With Your Child's School*, revised
FP-2232-1 *Change Report Form (Spanish)(470-0322)*, revised
470-0006 *Claimant's Supplemental Statement*, new
470-2616 *Demand Letter for FIP/RCA Overissuance*, revised
FP-2322-0 *Demand Letter for Food Stamp Overissuance (470-0338)*, revised
FP-2208-0 *Documentation of Claim Determination (470-0311)*, revised
PA-2106-0 *Insurance Report (470-0444)*, revised
470-3491 *Medicaid Certificate of Coverage*, new
337-0006 *Original Warrant Release Record*, new
RC-0008 *Overpayment Recovery Codes*, revised
PA-2230-0 *Public Assistance Application (Spanish) (470-0466)*
PA-3164-0 *Repayment Contract (470-0495)*, revised
SS-1603-0 *Report of Change in Circumstances--SSI Related Programs (470-0641)*, revised
PA-2126-5 *Report on Incapacity (470-0447)*, revised
PA-5905-6 *Service Report (470-0506)*, revised

Summary

Forms used for claims on lost or stolen state warrants are added to this appendix.

Form FNS-135 has been revised and renumbered as FCS-135, to reflect the change in name of the USDA Food and Nutrition Service to Food and Consumer Service.

Spanish translations of the *Application for Food Stamps*, the *Change Report Form*, and the *Public Assistance Application* are updated to match the current English version of these forms. As a result, RC-0036, *Addendum to Food Stamp Forms*, is now obsolete, and form 470-3177, *Application Addendum for 470-2977 (Spanish)*, is revised to remove references to FIP.

Form 470-3383, *Authorization to Exchange Information With Your Child's School*, is revised to update language and remove references to a "new" law.

Revisions to the Food Stamp and FIP demand letters that were put in place last fall are reflected in revised form samples. Further revisions are pending.

The instructions for form PA-2228, *Overpayment Recovery Information Input*, are revised to:

- ◆ Remove cause code 33 "Duplicate FS issuances because of agency error." It is no longer necessary for workers to code duplicate food stamp issuances separately from other errors. DIA will enter this code later, when necessary.
- ◆ Remove the phrase "(not duplicate issuances)" from the definition of cause code 15. Use this code for all agency or administrative errors.
- ◆ Clarify instructions on the use of this form to register a stolen warrant with DIA. (See also 23-E, **REPLACEMENT OF STOLEN WARRANTS**.)

Reference Card RC-0008, *Codes for Overpayment Recovery Information Input*, is revised to indicate these coding changes.

PA-2205-0, *Property Transfer Appendix*, is no longer used and is removed from the manual.

The title of form PA-3164-0 has been changed from *Agreement to Repay* to *Repayment Contract*. The repayment terms for FIP and Food Stamps have been updated.

SS-1603-0, *Report of Change in Circumstances--SSI-Related Programs*, is revised to delete a reference to "ICF" and add "Nursing Facility or SNF." This form was formerly printed with 25 sets to pad, but now will be available in individual fan-apart sets.

Item 3, Section B of form PA-2126-5, *Report on Incapacity*, is revised to elicit more detailed information about the client's employability and whether in-home care is required. The in-home care question is used in Refugee Cash Assistance to determine if a refugee should be exempt from work or training requirements to provide care for an incapacitated household member. The instructions for the form are revised to remove a reference to the former control PROMISE JOBS program.

PA-5905-6, *Service Report*, is revised to delete the Residential Care section.

Effective Date

Upon receipt.

Material Superseded

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

<u>Page</u>	<u>Date</u>
Manual Letter No. 6-AP-1	October 1, 1996
Contents (page 1)	October 14, 1997
Contents (page 2)	May 6, 1997
Contents (pages 3 and 4)	March 17, 1998
Contents (page 5)	July 1, 1997
Contents (page 7)	February 25, 1997
Contents (page 8)	January 28, 1997
10-12	June 25, 1996
FNS-135	8/85
13	November 12, 1996
14	June 25, 1996
PA-3164-0	7/93
470-3177	2/95
17	June 25, 1996
FP-2101-1 (before p. 23)	1/95
30	January 28, 1997
470-3383 (after p. 36b)	3/98
FP-2232-1 (before p. 49)	3/95
53-58	June 25, 1996
RC-0008	3/96
470-2616	11/96
FP-2322-0	7/95
FP-2208-0 (after p. 80)	1/83
PA-2106-0	5/95
165, 194	June 25, 1996

281-283	November 12, 1996
285, 286	March 17, 1998
287-289	November 12, 1996
291	March 17, 1998
310	June 25, 1996
PA-2205-0	6-18-68
PA-2230	6/91
313	March 17, 1998
314, 336, 337	June 25, 1996
SS-1603-0	3/77
PA-2126-5	1/94
339, 386	June 25, 1996
PA-5905-6	10/87

Move form 427-0415 to follow page 14 instead of page 12. Move form 625-5297 to follow page 54 instead of page 52. Move form MA-4052-0 to follow page 58 instead of page 56.

Additional Information

Anamosa will send an initial supply of form FP-2101-1, the Spanish *Application for Food Stamps*, and form PA-2230, *Public Assistance Application (Spanish)*. Destroy supplies of the previous versions when you receive the new forms. Also destroy remaining supplies of RC-0036, *Addendum to Food Stamp Forms*, and PA-2205-0, *Property Transfer Appendix*.

No supplies are being printed of the Spanish *Change Report Form*, FP-2232-1. Destroy remaining supplies of the previous version and print off supplies as needed from the public forms folder in Exchange.

Use up supplies of the previous versions of the following forms before ordering the revised versions from Anamosa in the usual manner:

- ◆ 470-3383, *Authorization to Exchange Information With Your Child's School*
- ◆ FP-2208, *Documentation of Claim Determination*
- ◆ 470-2013, *Facility/Foster Parent Questionnaire*
- ◆ SS-1603-0, *Report of Change in Circumstances--SSI-Related Programs*
- ◆ PA-2126-5, *Report on Incapacity*
- ◆ PA-5905-6, *Service Report*
- ◆ FNS-135, *Affidavit of Return or Exchange of Food Coupons*

Please contact your regional benefit payment administrator if you need additional information.



September 15, 1998

GENERAL LETTER NO. 6-AP-18

ISSUED BY: Bureau of Individual and Family Support Services,
Division of Adult, Children and Family Services
Bureau of Eligibility, Division of Medical Services

SUBJECT: Employees' Manual, Title 6, Appendix, *Income Maintenance Programs*,
Contents (pages 1, and 6), revised; and pages 217 and 350a, revised; pages
232a, 232b, and 350b, new and the following forms:

Intentional Program Violation Hearing Notice, revised
595-1489 *Non-Law Enforcement Record Check Request*, new
SS-1606-0 *Request for Child Abuse Information (470-0643)*, new

Summary

This general letter transmits two new forms for performing record checks on non-registered child care providers. Any person who receives public funds for providing child care and who is not a registered child care home or a licensed child care center must have both a criminal record check and a child abuse registry check completed.

This includes all relatives who provide care only to the relative's children. Also, anyone living in the provider's home and anyone who has access to a child when the child is alone must have a criminal record check and a child abuse registry check completed.

These forms are to be used for the purpose of these record checks.

The *Intentional Program Violation Hearing Notice* is revised to update the penalty statements.

Instructions for the *Medical Expense Verification* form are revised to reflect that the cost for personal care services has increased. In Section III, Box F, Charges, enter the monthly standard of deduction of \$560.58 for personal care services received in an RCF. When the client resides in the RCF for less than the full month, prorate the amount allowed.

Effective Date

Record check and IPV changes are effective upon receipt.

The RCF deduction is effective October 1, 1998.

Material Superseded

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

<u>Page</u>	<u>Date</u>
Contents (page 1)	June 23, 1998
Contents (page 6)	July 1, 1997
<i>Intentional Program Violation Hearing Notice</i>	November 3, 1994
217	October 14, 1997
350a	November 12, 1998

Additional Information

Please contact your regional benefit payment administrator if you need additional information.



October 27, 1998

GENERAL LETTER NO. 6-AP-19

ISSUED BY: Bureau of Family Investment, Division of Economic Assistance
Bureau of Food Stamps, Division of Economic Assistance
Bureau of Eligibility, Division of Medical Services
Bureau of Purchased Services, Division of Policy Coordination

SUBJECT: Employees' Manual, Title 6, *Income Maintenance Programs Appendix*, Contents (pages 1, 2, 8, and 9), revised; pages 26, 44, 72 through 75, and 351 through 354, revised; pages 26a, 44a, 44b, and 44c, new; and the following forms:

- RS-1109-0 *Application Tracking Register* (470-0554), new (unchanged)
- 470-2385 *Case Record Tracking Sheet*, new (revised)
- RC-0033 *Desk Aid*, revised
- 470-2472 *Disability Transmittal*, revised
- 470-2775 *Information on Expedited Service*, revised
- PA-2369-8 *Notification to the Bureau of Refugee Services* (470-0481), revised
- 470-0288 *Notice of Disqualification*, revised
- 470-2479 *PMIC Exchange of Information*, revised
- MA-4047-0 *Recipient Inquiry* (470-0387), revised
- 470-2920 *Request for Replacement of Food/Food Coupons Destroyed in a Household Misfortune*, revised

Summary

The *Application Register* and the *Case Record Tracking Sheet* are moved to this appendix from XXIV-A-Appendix. The *Case Record Tracking Sheet* is revised to include the calendar for 1999. Use both sides of the form for all cases that require tracking.

Desk Aid RC-0033 is revised to update the Food Stamp income and benefit limits for October 1998.

The *Disability Transmittal* is revised to add space in Part I for the worker to enter the county DHS office address and number. The status list is revised to clarify the reasons the Department may send a disability determination to Disability Determination Services for a disability decision. In Part II, a space has been added for the diary date (the date that a review of disability is required). The Remarks section has been expanded to include the regulation basis code for the disability decision.

Form 470-2775, *Information on Expedited Service* is revised to delete being homeless as a qualification for expedited service.

The *Notice of Disqualification* is revised to make the language in the section “Notice to the Rest of the Household” more general and refer to the possibility of later changes affecting the household’s eligibility.

The *Notification to the Bureau of Refugee Services* is revised to replace the reference to “Employment Services of Iowa” to “Iowa Workforce Development.”

The *PMIC Exchange of Information* is revised to change the name “Bureau of Finance” to “Bureau of Payments and Receipts.”

MA-4047-0 is updated to reflect the format used by the new Medicaid fiscal agent. This “trauma letter” is sent out to Medicaid recipients whenever billing data reflects treatment as a result of an accidental injury.

The *Request for Replacement of Food/Food Coupons Destroyed in a Household Misfortune* is revised to add “Restored Benefits” as a subheading under “B. Household Certification and Request” and to update the appeal rights section on the back of the form.

This revision obsoletes the following forms, which are no longer used:

- ◆ 470-1065, *Appointment Confirmation*.
- ◆ 470-2923, *Request for Medicaid Eligibility Data Changes and Verification*.

Effective Date

Upon receipt.

Material Superseded

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

<u>Page</u>	<u>Date</u>
Contents (page 1)	September 15, 1998
Contents (pages 2 and 8)	June 23, 1998
Contents (page 9)	February 10, 1998
26	June 25, 1996
470-1065	10/84
44	June 25, 1996
RC-0033 (before page 68a)	4/98
72-75	June 25, 1996
470-2472	6/91
470-2775 (after page 162)	7/90
470-0288 (before page 253)	11/96

PA-2369-8 (after page 280)	9/95
470-2479 (after page 298)	10/97
MA-4147-0 (after page 328)	12/94
350a, 350b	September 15, 1998
351-354	June 25, 1996
470-2923	2/92
470-2920 (after page 358)	7/94

Move form 470-2011 to follow page 350b instead of 3506.

Additional Information

The revised version of the *Case Record Tracking Sheet* should be available at Anamosa by November 1, 1998. The revised *Disability Transmittal* should be available by the end of November. Order supplies of these revised forms as needed and destroy remaining supplies of the previous versions when you receive them.

The revised *Desk Aid* is available in the public state-approved forms folder on Exchange. No supplies are printed. Form 470-0288 is issued by the Appeals section, and form MA-4047-0 is issued by the Medicaid fiscal agent.

Destroy any remaining supplies of forms 470-1065 and 470-2923.

Use up remaining supplies of all of the other forms before ordering the revised versions from Iowa State Industries at Anamosa.

Please contact your regional benefit payment administrator if you need additional information.



December 8, 1998

GENERAL LETTER NO. 6-AP-20

ISSUED BY: Bureau of Individual and Family Support Services,
Division of Adult, Children and Family Services

SUBJECT: Employees' Manual, Title 6, Appendix, *Income Maintenance Programs*,
Contents (page 6), revised; pages 206, 207, and 229 through 232, revised; and
the following forms:

- RC-0033 *Desk Aid*, revised
- 470-0409 *Medical Assistance Termination Notice*, revised
- 595-1494 *Non-Law Enforcement Record Check Billing Form*, new

Summary

This general letter adds new form 595-1494, *Non-Law Enforcement Record Check Billing Form*, along with instructions. This form is used for submitting criminal record checks for nonregistered providers who wish to participate in Transitional Child Care. The instructions for completing and processing form 595-1489, *Non-Law Enforcement Record Check Request Form A*, are also revised.

RC-0033, *Desk Aid*, has been revised to reflect the 1999 Social Security COLA increase 1.3%.

Form 470-2104, *Medical Assistance Reinstatement Notice*, is removed from this appendix, since it is no longer in use. The current version of the *Medical Assistance Termination Notice*, used by the HIPP Unit only, is added to the appendix.

Forms 470-0478, *No Error Memorandum*, and 470-0479, *Noncooperation Notice*, have been moved to new 5-D-Appendix, since they are used only by quality control reviewers.

Effective Date

December 22, 1998

Material Superseded

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

<u>Page</u>	<u>Date</u>
Contents (page 6)	September 15, 1998
RC-0033 (before p. 68a)	10/98
206	June 25, 1996
470-2104	10/86
470-0409	10/86
207, 229-232	June 25, 1996
PA-2366-0	4/91
470-0479	8/90
232a, 232b	September 15, 1998

Move form 595-1489 to be before page 231 instead of after page 232.

Additional Information

Form RC-0033 is available in the public state-approved forms folder on Exchange. No card stock copies of this form will be printed.

An initial supply of form 595-1494 is being issued to each county office. Order additional supplies from Anamosa in the usual manner.

Refer questions about this general letter to your regional administrator.



December 22, 1998

GENERAL LETTER NO. 6-AP-21

ISSUED BY: Division of Economic Assistance
Division of Medical Services
Division of Policy Coordination
Division of Support Services

SUBJECT: Employees' Manual, Title 6, *Income Maintenance Programs Appendix*, Contents (pages 2 through 5 and 7 through 10), revised; pages 58, 83, 104 through 107, 133 through 148, 155, 182, 195 through 202, 267, 268, 296, 311, 319 through 335, 342 through 353, 357, 361, 362, 363, 376 through 384, 390, 395, 397, 398, 399, 404, and 413 through 428, revised; pages 82a through 82c, new; and the following forms:

- PS-3811-A *Domestic Return Receipt (After Mailing)*, new
- MA-3024-0 *Explanation of Medicaid Benefits*, revised
- 470-0394 *Explanation of Medicaid Billing Policy*, revised
- 470-3105 *FIA Referral for Mandatory Participants*, corrected
- 470-1631 *Financial Institution Questionnaire*, new but unchanged
- 470-2875 *Health Insurance Premium Payment Program Application*, revised
- 470-3526 *Healthy And Well Kids in Iowa (HAWK-I) Application*, new
- 470-1630 *Household Member Questionnaire*, new but unchanged
- 470-1632 *Landlord Questionnaire*, new but unchanged
- 470-0385 *Medicaid Claim Denial Notice*, revised
- 470-3564 *Medicaid Supplement to the HAWK-I Application*, new
- 595-1489 *Non-Law Enforcement Record Check Request Form A*, revised
- 470-3565 *Referral to the Healthy And Well Kids in Iowa (HAWK-I) Program*, new
- 470-0451 *Report of Quality Control Review*, revised
- SS-1606-0 *Request for Child Abuse Information (470-0643)*, revised
- 470-1638 *Request for School Verification*, new but unchanged
- 470-2626 *SSI-Related (Children in the Household) Medically Needy Spenddown Computation Worksheet*, revised
- RC-0018 *Supplemental Security Income Payment Standards*, revised
- PA-4106 *Ten-Day Report of Change (470-0499)*, corrected
- 470-1640 *Verification of Educational Financial Aid*, new but unchanged

Summary

This General Letter transmits the following new forms for the HAWK-I program into the manual with instructions for their use:

- ◆ *Healthy And Well Kids in Iowa (HAWK-I) Application*, form 470-3526, is used to apply for the HAWK-I program. When eligibility for the HAWK-I program does not exist, these forms are considered as an application for Medicaid if referred to the county office by the third-party administrator of the HAWK-I program. The Spanish version of this form, 470-3591, will be released when it is available.
- ◆ *Medicaid Supplement to the HAWK-I Application*, form 470-3564, is used to gather additional information necessary to determine Medicaid eligibility and is used in conjunction with form 470-3526. The Spanish version of this form, 470-3592, will be released when it is available.
- ◆ *Referral to the Healthy And Well Kids in Iowa HAWK-I Program*, form 470-3565, is used to notify the HAWK-I program administrator when a child loses Medicaid eligibility or is eligible for Medicaid only if they meet a spenddown under the Medically Needy program. The referral form is considered an application for the HAWK-I program.

RC-0018, *Supplemental Security Income Payment Standards*, has been revised to reflect the 1999 Social Security cost of living allowance (COLA) increase of 1.3%, which affects all state supplementary payment amounts.

U. S. Postal Service form PS-3811-A, *Domestic Return Receipt (After Mailing)*, replaces the *Request for Return Receipt (After Mailing)* as the form that Department offices complete to determine why food stamps were not received. The postage required with this form is now \$6.60 and will go up to \$7.00 as of January 10, 1999.

Minor revisions were made to the *SSI-Related (Children in the Household) Medically Needy Spenddown Computation Worksheet* when the form was converted to a template. Instructions for this form are revised to reflect the 1999 Social Security cost of living allowance (COLA) increase of 1.3%.

Instructions for this form and for *SSI-Related Income Worksheet* and *SSI-Related (No Children) Medically Needy Spenddown Computation Worksheet* are revised to include instructions determining the poverty level for SLMB, E-SLMB, and HH-SLMB.

Form 595-1489, *Non-Law Enforcement Record Check Request Form A*, is revised to change the distribution instructions and add "DHS" to the account number field.

Form SS-1606-0, *Request for Child Abuse Information*, is revised to clarify the type of information being requested. This form is now available on Exchange as a template in the state approved forms folder or may be ordered. The county offices or the Central Abuse Registry continue to determine authorized access and necessary information to be released.

Samples of *Explanation of Medicaid Benefits*, *Explanation of Medicaid Billing Policy*, *Health Insurance Premium Payment Program Application*, and *Medicaid Claim Denial Notice* are updated to reflect the versions currently in use.

The following forms are moved into this appendix from I-C-Appendix, since they are always used by IM workers:

- ◆ 470-1631, *Financial Institution Questionnaire*
- ◆ 470-1630, *Household Member Questionnaire*
- ◆ 470-1632, *Landlord Questionnaire*
- ◆ 470-1638, *Request for School Verification*
- ◆ 470-1640, *Verification of Educational Financial Aid*

Samples of 470-3105, *FIA Referral for Mandatory Participants*, and PA-4106, *Ten-Day Report of Change*, are reissued to correct form numbers and dates. They do not represent revisions.

The following forms are removed from this appendix, since they are no longer in use:

- ◆ MA-4052-0, *Client's Responsibility Letter*
- ◆ 470-2012, *CSRU Request*
- ◆ 470-1643, *Grandparent Questionnaire*
- ◆ 470-0412, *Inactive Recipient Memo*
- ◆ 470-0411, *Lump-Sum Settlement Memo*
- ◆ 470-2102, *Return of Incomplete Inquiry Letter*
- ◆ M370R420, *Third-Part Claims--Indicated Resources*

The following forms are moved to new 5-D-Appendix, since they are used only by quality control reviewers:

- ◆ 470-0474, *Confidential Verification of Vital Statistics*
- ◆ 470-1636, *Face Sheet*
- ◆ 470-0100, *Facility Questionnaire*
- ◆ 470-2013, *Foster Parent Questionnaire*
- ◆ 470-1449, *Household Data Sheet*
- ◆ 470-0475, *Medicaid Client Participation Worksheet*
- ◆ 470-1635, *Medicaid Eligibility Face Sheet*
- ◆ 470-2010, *Medicaid Notice to Cooperate*
- ◆ (470-3371), *Medicaid Quality Control Face Sheet*
- ◆ 470-1633, *Medicaid Questionnaire*
- ◆ 470-1627, *Notice of Interview*
- ◆ 470-2014, *Parent Questionnaire for Foster Children*
- ◆ 470-1641, *Property Verification Request*
- ◆ 470-0483, *Q.C. Error Report Tracking Log*
- ◆ 470-0471, *Quality Control Weekly Status Report*
- ◆ 470-2011, *Request for Information*
- ◆ 470-2005, *Return of Case Records*

Effective Date

January 1, 1999

Material Superseded

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

<u>Page</u>	<u>Date</u>
Contents (page 2)	October 27, 1998
Contents (pages 3, 4 and 5)	June 23, 1998
Contents (page 7)	June 23, 1998
Contents (pages 8 and 9)	October 27, 1998
Contents (page 10)	March 17, 1998
58	June 23, 1998
59	February 25, 1997
MA-4052-0	2/85
60-62	June 25, 1996
470-0474	4/91
470-2012	11/90
83	January 28, 1997
MA-3024-0 (after p. 102)	7/82
470-0394	5/95
104-107*	June 25, 1996
470-1636	8/85
470-0100	3/85
470-3105	Undated
470-2013 (before p. 133)	2/85
133, 134*	June 25, 1996
470-1643	7/97
135, 136*	August 19, 1997
137	June 25, 1996
138*	October 14, 1997
138a*	January 28, 1997
470-2875	7/91
139	June 25, 1996
140-142	March 17, 1998
143, 144	June 25, 1996
145-147	September 24, 1996
148	June 25, 1996
470-1449	7/84
470-0412	10/86
155	February 25, 1997

182	June 25, 1996
470-0411	7/96
470-0385	3/94
194a	June 23, 1998
470-0475	4/90
195-198*	June 25, 1996
470-1635	7-1-75
198a, 198b	July 1, 1997
470-2010	2/85
199-202*	June 25, 1996
Medicaid Quality Control Face Sheet	4/1/78
470-1633	8/90
595-1489 (before p. 231)	8/97
470-1627	5/94
267, 268, 296	June 25, 1996
470-2014	2/85
470-1641	6/91
311, 319-331*	June 25, 1996
470-0483	2/86
470-0471	3/83
332	March 17, 1998
333*	June 25, 1996
334*	November 12, 1996
334a	June 23, 1998
335, 342-350	June 25, 1996
PA-2135-0	11/98
SS-1606-0	7/97
351, 352	October 27, 1998
470-2011	2/85
353, 354	October 27, 1998
357, 361-363	June 25, 1996
PS-3811	11/90
376, 377	June 25, 1996
470-2005	11/90
470-2102	10/86
378-380	March 17, 1998
381	June 25, 1996
382	November 12, 1998
383, 384*	June 25, 1998
384a, 384b	March 17, 1998
390, 395, 397-399, 404	June 25, 1996
470-2626	7/94

RC-0018	2/98
413	May 6, 1977
415	June 25, 1966
416	November 12, 1998
PA-4106	12/97
M730R420	1/1/86
417-425*	June 25, 1998
426*	February 10, 1998
427	January 28, 1997
428	June 25, 1996

*Because of page renumbering, several form samples need to be moved to remain adjacent to the text explaining the form. These are as follows:

Form:	Was:	Move to:
470-3106	before p. 107	before p. 105
427-0560	after p. 134	before p. 133
470-3285	after p. 136	after p. 134
470-3286	after p. 138	before p. 135
470-3086	before p. 138a	after p. 136
S1612C34	after p. 198	before p. 197
470-3392	after p. 202	after p. 200
470-2721	after p. 322	after p. 320
470-2716	before p. 323	before p. 321
AA-4148-0	after p. 324	after p. 322
PA-2248-0	after p. 326	after p. 324
MA-4047-0	after p. 328	after p. 326
FP-2225-0	after p. 330	after p. 328
MA-2119-0	before p. 331	before p. 329
470-2998	before p. 333	after p. 330
PA-2368-8	after p. 334	before p. 333
MA-4075	before p. 383	before p. 379
470-2663	after p. 424	after p. 422
PA-2138	after p. 426	after p. 424

Additional Information

Forms 470-3526, 470-3591, 470-3564, and 470-3592 are available through Eligibility Services, Inc., the third party administrator of the HAWK-I program.

Forms 470-3565, 470-2626, SS-1606-0 and RC-0018 are available as templates through the public state-approved forms folder on Exchange. No card stock copies of RC-0018 will be printed.

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

February 9, 1999

GENERAL LETTER NO. 6-AP-22

ISSUED BY: Bureau of Eligibility Services, Division of Medical Services
Bureau of Food Stamps, Division of Economic Assistance

SUBJECT: Employees' Manual, Title 6, *Income Maintenance Programs Appendix*, pages 183, 184, and 187, revised; and the following form:

- 470-2255 *Information for Food Stamp Work Registrants*, revised
- 470-2527 *MAC Income Worksheet*, revised
- 470-1507 *Notice of Recipient Lock-in and Designation of Primary Providers*, revised

Summary

This general letter transmits a revised form 470-2527, *MAC Income Worksheet*, and instructions for it. Since MAC eligibility was automated effective July 1, 1998, this form is used only for recoupment purposes. Therefore, this form will no longer be stocked at Anamosa.

Form 470-2255, *Information for Food Stamp Work Registrants*, is revised to clarify information regarding which age group is subject to special work requirements. The special work requirements are for people ages 18 through 49.

Form 470-1507 is revised to update organizational names and references.

Effective Date

Upon receipt.

Material Superseded

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

<u>Page</u>	<u>Date</u>
470-2255	12/96
470-2527	4/98
183	October 14, 1997
184, 185	June 25, 1996
186, 187	January 28, 1997
470-1507	7/94

Additional Information

Use up existing supplies of form 470-2255 before ordering the revised version from Iowa State Industries at Anamosa.

Destroy remaining supplies of the *MAC Income Worksheet*. Use the template or print the form from the on-line manual as needed.

Form 470-1507 is issued by IFMC and is not stocked in field offices.

Please contact your regional benefit payment administrator if you need additional information.



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

DEPARTMENT OF HUMAN SERVICES
CHARLES M. PALMER, DIRECTOR

March 30, 1999

GENERAL LETTER NO. 6-AP-23

ISSUED BY: Division of Medical Services
Division of Economic Assistance

SUBJECT: Employees' Manual, Title 6, *Income Maintenance Programs Appendix*, Contents (pages 8 and 10), revised; pages 82c, 83 through 88, 326, 327, 413, 414, and 415, revised; page 434a, new; and the following forms:

RC-0033 *Desk Aid*, revised
470-3088 *FMAP-Related Medically Needy Spenddown Computation Worksheet*, revised
470-2927 *Health Services Application*, revised
470-3591 *Healthy and Well Kids in Iowa (HAWK-I) Application (Spanish)*, new
470-3592 *Medicaid Supplement to the HAWK-I Application (Spanish)*, new
470-3118 *Medically Needy Recertification State Supplementary and Medicaid Review*, revised
PA-3102 *Notice of Decision (470-0486)*, revised
470-0398 *Recipient Inquiry*, revised
470-2341 *SSI-Related (No Children) Medically Needy Spenddown Computation Worksheet*, revised
470-0403 *Third-Party Liability Leads Letter*, new
470-3553 *X-PERT Application Addendum*, new

Summary

RC-0033, *Desk Aid*, is revised to include the income figures for 100% of the federal poverty level.

The template for form 470-3088, *FMAP-Related Medically Needy Spenddown Computation Worksheet*, has been revised to add separate poverty calculations for each month for which income is reported.

Form 470-2927, *Health Services Application*, is revised to update the nondiscrimination statement on page 2 and a federal code number on page 4.

Form 470-3118, *Medically Needy Recertification State Supplementary and Medicaid Review*, is revised to add more room for the name in the Resources and Property section on page 5 and to update the appeal rights and nondiscrimination statement.

Form PA-3102-0, *Notice of Decision* is revised to add a field for gross earned income ,which had been omitted last revision and to update the nondiscrimination clause.

SSI-Related (No Children) Medically Needy Spenddown Computation Worksheet, 470-2341, has been revised to add month two and month three for the poverty level percentage.

Form 470-3553 is an addendum to the X-PERT application form, *Application for Assistance, Part 1*, 470-3112. This form is being piloted for use with the X-PERT application form. Include the addendum with all X-PERT applications forms distributed.

Instructions on the form request the applicant complete the addendum and return it with the *Application for Assistance Part 1*. Applicants are not required to return the addendum with the application. If a valid *Application for Assistance* is returned without the *Application Addendum*, proceed with acting on the application and collect the information along with any other information needed to process the application.

Effective Date

Use of form 470-3553 is effective on the date the X-PERT Release 2 upgrade is released to production.

All other changes are effective upon receipt.

Material Superseded

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

<u>Page</u>	<u>Date</u>
Contents (8, 10)	December 22, 1998
RC-0033 (before p. 68a)	1/99
82c, 83	December 22, 1998
84-88, 88a	January 28, 1997
470-3088 (after p. 110)	2/99
470-2927 (after p. 138)	2/96
470-3118 (after p. 224)	1/96
PA-3102 (before p. 239)	10/97
326, 327	10/97
MA-4047-0	9/97
470-2341 (after p. 400)	2/99
413-415	December 22, 1998

Move the sample of form 470-2511 to precede page 413 instead of following page 414.

Additional Information

Forms RC-0033, 470-3088, PA-3102, and 470-2341 are available as templates in the state-approved forms folder on Exchange.

Order the revised version of printed form PA-3102 from Anamosa in the usual manner. Destroy old supply when you receive the revised forms.

Use up existing supplies of forms 470-3088, 470-2927, and 470-3118 before reordering from Anamosa in the usual manner.

County offices that need the Spanish HAWK-I application or supplement should photocopy them from the samples in the manual.

One copy of forms 470-3502 has been sent to each county and regional office. When a copy of the form is needed, make it at that office.

Forms 470-0398 and 470-0403 are issued by the Medicaid fiscal agent and are not stocked in county offices.

Order supplies of form 470-3553 from Anamosa in the usual manner. Photocopy the form from the sample in the manual if you need it before printed forms are available.

Refer questions about this general letter to your benefit administrator.



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

DEPARTMENT OF HUMAN SERVICES
JESSIE K. RASMUSSEN, DIRECTOR

April 20, 1999

GENERAL LETTER NO. 6-AP-24

ISSUED BY: Division of Medical Services, Division of Economic Assistance

SUBJECT: Employees' Manual, Title 6, *Income Maintenance Programs Appendix*, Contents (pages 4 and 7), revised; pages 83, 85, 86, 87, 142 through 146, 150 through 155, 183, 184, 296, and 297, revised; and the following forms:

RC-0033 *Desk Aid*, revised
RS-1238 *Eligibility for Medicaid Home- and Community-Based Services* (470-0563), revised
SS-1645 *Home- and Community-Based Services Report* (470-0660), revised
470-3625 *ICER Cover Letter*, new
470-2564 *IM/Services Communication for Case Management Waivers*, revised
470-2527 *MAC Income Worksheet*, revised
PA-3102 *Notice of Decision* (470-0486), corrected
470-2330 *Notice of Decision for Medically Needy*, revised
470-3502 *Physical Disability Waiver Assessment Tool*, new

Summary

The *Desk Aid* is updated to reflect the poverty levels for QMB, SLMB, E-SLMB, HH-SLMB, and QDWP which are effective May 1, 1999.

Forms RS-1238, SS-1645, and 470-2564 are revised to allow their use with the physical disability waiver.

Form 470-3502, *Physical Disability Waiver Assessment Tool*, describes the medical needs of an applicant for the physical disability waiver. The IM worker sends this form to the discharge planner at the facility where the applicant was last treated for the initial assessment. If the applicant is residing in the community, the form is initially completed by the applicant, with the assistance of the service worker, if necessary. The service worker completes the form for the annual review.

The person completing the assessment sends the form to the Iowa Foundation for Medical Care. IFMC uses the form to determine the level of institutional care which the applicant would need if the person were served in an institution instead of in the community through the physical disability waiver.

This general letter also transmits:

- ◆ A new form 470-3625, *ICER Cover Letter*, and instructions for it. This is an optional letter which workers may use to send congratulations to the person getting a new job and to transmit the request for additional information.
- ◆ A corrected sample of PA-3102, *Notice of Decision*. Page 2 of this form was inadvertently omitted from the sample issued March 30.
- ◆ The updated form 470-2330, *Notice of Decision for Medically Needy*, which has been revised to change the Iowa Administrative Code references and the nondiscrimination section.
- ◆ Revised form 470-2527, *MAC Income Worksheet*, and instructions for use of the form due to the poverty level changes.

Effective Date

April 1, 1999, for waiver forms.

May 1, 1999, for the *Desk Aid*.

Upon receipt for other forms.

Material Superseded

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

<u>Page</u>	<u>Date</u>
Contents (pages 4 and 7)	December 22, 1998
RC-0033	4/99
RS-1238	1/97
83, 85-87	March 30, 1999
SS-1645	8/96
142-146	December 22, 1998
150-153	June 25, 1996
SS-2564	4/89
154	February 25, 1997
155	December 22, 1998
470-2527	January, 1999
183, 184	February 9, 1999
PA-3102 (before page 239)	2/99
470-2330 (after page 244)	11/93
296	December 22, 1998
297	June 23, 1996

Move form MA-2151-0 to follow page 152 instead of preceding page 151.

Additional Information

Forms RC-0033, RS-1238, 470-3625, 470-2527, PA-3102, 470-2330, and 470-2564 are available as templates in the State Approved forms folder on Exchange. Print the forms as needed.

An initial printed supply of form 470-2330 will also be issued to each office. Destroy any remaining supplies of the previous version of this form when you receive the revised forms.

Existing supplies of forms RS-1238, SS-1645, and 470-2564 can be used up for cases on waivers other than the physical disability waiver. If you need revised form SS-1645 before the printed supply is available, make a pen-and-ink change to indicate the PD waiver in the upper left corner, or print the form from the on-line manual.

One copy of forms 470-3502 has been sent to each county and regional office. When a copy of the form is needed, make it at that office. Photocopy the sample and print from the on line manual.

Refer questions about this general letter to your benefit administrator.



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

DEPARTMENT OF HUMAN SERVICES
JESSIE K. RASMUSSEN, DIRECTOR

June 29, 1999

GENERAL LETTER NO. 6-AP-25

ISSUED BY: Bureau of Eligibility, Division of Medical Services

SUBJECT: Employees' Manual, Title 6, *Income Maintenance Programs Appendix*, Contents (pages 1, 2, 3, 6, 9, and 10), revised; pages 12, 13, 34, 35, 36, 36a, 102, 217 through 225, 246, 296, 320, and 399, revised; page 404b, new; and the following forms:

FNS-135	<i>Affidavit of Return or Exchange of Food Coupons</i> , revised
470-0493	<i>Authorization for FIP Vendor Payment</i> , revised
470-2908	<i>Description of Efforts to Sell Property</i> , revised
470-0387	<i>Explanation of Medicaid Benefits</i> , revised
470-0394	<i>Explanation of Medicaid Billing Policy</i> , revised
470-3526	<i>Healthy And Well Kids in Iowa (HAWK-I) Application</i> , revised
470-2471	<i>How Earnings Affect Your FIP Grant</i> , revised
RC-0040	<i>Income Maintenance Discussion of PROMISE JOBS</i> , revised
470-3630	<i>Medically Needy Transmittal</i> , new
470-2330	<i>Notice of Decision for Medically Needy</i> , revised
470-0392	<i>Notice of Decision on Medicaid Claim</i> , revised
470-2890	<i>Payment Application for Nonregistered Providers</i> , revised
470-2721	<i>Quarterly Report Follow-Up</i> , revised
470-2448	<i>Request for Verification of Diagnosis</i> , updated
470-3604	<i>Standardized Income Maintenance Business Card</i> , new

Family Investment Program

House File 761, 1999 Iowa Acts, implements a new state Child Care Assistance program and eliminates the FIP child care deduction and the Transitional Child Care program effective July 1999. FIP applicants and participants who are working may receive assistance with child care provided on or after July 1, 1999, through the Child Care Assistance program.

Form 470-2471, *How Earnings Affect Your FIP Grant*, is revised to remove obsolete references to Transitional Child Care and the FIP child care deduction. There are no changes in the instructions or usage of the form.

Form 470-2890, *Payment Application for Nonregistered Providers*, is revised for use in the new Child Care Assistance program and for changes in cases that continue in Transitional Child Care until the end of their period of eligibility.

Desk aid RC-0040 is updated to reflect policy changes that apply to any limited benefit plan imposed effective June 1, 1999, or later.

Form 470-0493, *Authorization for FIP Vendor Payment*, is revised to update language and instructions. The revised form is available as an electronic template only.

Medicaid

With the conversion from the MNSC system to the MMIS Medically Needy subsystem, the *Medical Expense Verification*, form MA-4069, is obsolete. The MEV is replaced by the *Medically Needy Transmittal*, form 470-3630.

The *Notice of Decision for Medically Needy* is revised to reflect the elimination of the MEV form and to change the Iowa Administrative Code references.

Form 470-2721, *Quarterly Report Follow-Up*, has been changed so that the lack of a signature or date also constitutes an incomplete report. More emphasis has been placed on returning all requested information by the 21st of the month. The revised form will be available as an electronic template only.

Instructions for form MA-3003-6, *Authorization for Medical Assistance*, are revised to reflect that the only current use for this form is to authorize ambulance transportation of recipients to a new facility when a long-term care facility loses its Medicaid certification.

Skilled nursing facilities are informed of client participation amounts through form MA-2139, *Facility Card*, as other facilities are. Workers can arrange for payment of claims on retroactive SSI approvals over a year old through a memo to the Bureau of Contract Management and Reimbursement in central office.

Form 470-3526, *Healthy And Well Kids in Iowa (HAWK-I) Application*, has been revised to include additional instructions and clarification on some of the questions. (This form is issued as part of brochure Comm. 156. See Circular Letter No. 56Z-277-MS, issued May 4, 1999.)

Form 470-0392, *Notice of Decision on Medicaid Claim*, has been revised to update the appeal rights and nondiscrimination statements. The *Explanation of Medicaid Billing Policy* is revised to update the letterhead.

The current sample of the *Explanation of Medicaid Benefits* is included in the manual, and the instructions are updated to reflect the current organizational structure of the Department. The sample of the *Request for Verification of Diagnosis* has been updated to improve the format.

Other Changes

Form FNS-135 has been revised to change the form number and update the design.

Form 470-2908, *Description of Efforts to Sell Property*, is revised to update the manual reference to the current State Supplementary Assistance chapter.

This general letter transmits new form 470-3604, *Standardized Income Maintenance Business Card*. This business card is designed to be customized for each IM worker. The template has been transmitted electronically to each office. County offices can print the business cards in the office or have them printed by another vendor. If an additional template is needed, contact the Department forms manager.

Effective Date

Forms 470-2471, 470-3630, and 470-2330 are effective July 1, 1999

The elimination of the FIP child care disregard affects child care provided on or after July 1, 1999. Thus, use of the revised form 470-2471 is effective with the July budget month.

All other revisions are effective upon receipt.

Material Superseded

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

<u>Page</u>	<u>Date</u>
Contents (page 1)	October 27, 1998
Contents (pages 2 and 3)	December 22, 1998
Contents (page 6)	December 8, 1998
Contents (page 9)	December 22, 1998
Contents (page 10)	March 30, 1999
12, 13	June 23, 1998
FCS-135	4/96
34-36	June 25, 1996
PA-3162-5	7/70
36a	July 1, 1997
36b	December 2, 1997
470-2908 (after p. 68)	5/92
102	June 25, 1999
MA 3024-0	7/97
470-0394	7/97
470-3526 (between pp. 140 and 141)	12/98
470-2471 (after p. 148)	3/98
RC-0040 (after p. 156)	2/98
MA-4069	7/95
209-216	June 25, 1996
217	October 14, 1997
218-223	June 25, 1996
224	March 17, 1998
225	June 25, 1996
470-2330 (after p. 244)	3/99

246	June 25, 1996
470-0392 (after p. 252)	5/95
296	April 20, 1998
470-2890	7/94
320	December 22, 1998
470-2721	7/90
470-2448 (after p. 366)	6/88
399	December 22, 1998

Please move forms 470-2868 and MA-3022-1 to follow page 218 instead of page 222. Please move form 470-2118 to follow page 220 instead of page 224.

Additional Information

System and worker issuance of revised form 470-2471, *How Earnings Affect Your FIP Grant*, begins with earnings reported or entered into the system for the July budget month. Destroy existing supplies of the current manually-issued version of the form. Iowa State Industries is issuing an initial supply of the revised version by July 1. Order additional supplies from Anamosa in the usual manner.

Use the revised RC-0040 with applicants during the interview when it appears they will be eligible for FIP, or when the applicant household is in a limited benefit plan effective June 1, 1999, or later. No supply of the revised desk aid is being printed. Photocopy it from the manual or print it from Outlook or from the on-line manual for use. Keep a copy of the previous version to use when the applicant household is in a limited benefit plan effective before June 1, 1999.

Destroy existing supplies of form 470-2330, *Notice of Decision for Medically Needy*. Iowa State Industries is issuing an initial supply of the revised version by July 1. Order additional supplies from Anamosa in the usual manner.

Discard existing copies of *Medical Expense Verification* (MEV) form. Refer questions about this general letter to your regional benefit payment administrator.

Iowa State Industries is issuing an initial supply of the revised version form 470-3630, *Medicaid Transmittal*, to each county office. Order additional supplies from Anamosa in the usual manner.

Use up existing supplies of forms FNS-135, 470-0493, 470-3526, and 470-2890.

Electronic templates of forms 470-0493, 470-2330, RC-0040, 470-3630, and 470-2721 are available in the state-approved forms folder on Outlook.

Refer questions about this material to your regional benefits payments administrator.



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

DEPARTMENT OF HUMAN SERVICES
JESSIE K. RASMUSSEN, DIRECTOR

August 10, 1999

GENERAL LETTER NO. 6-AP-26

ISSUED BY: Division of Economic Assistance

SUBJECT: Employees' Manual, Title 6, *Income Maintenance Programs Appendix*, Contents (pages 2, 3, 4, and 8), revised; pages 58 through 65, 200, 201, 324, 325, and 332, revised; and the following forms:

- 470-2616 *Demand Letter FIP/RCA Agency Error Overissuance*, revised
- 470-3490 *Demand Letter FIP/RCA Client Error Overissuance*, new
- 470-3489 *Demand Letter FIP/RCA Intentional Program Violation Overissuance*, new
- 470-3487 *Demand Letter for Food Stamp Inadvertent Household Error Overissuance*, new
- 470-3486 *Demand Letter for Food Stamp Intentional Program Violation Overissuance*, new
- 470-3392 *Medicaid State ID Numbers*
- 470-3564 *Medicaid Supplement to the HAWK-I Application*, revised
- PA-4107-0 *Notice of Cancellation* (470-1968), revised
- 470-3565 *Referral to the Healthy And Well Kids in Iowa (HAWK-I) Program*, revised

Summary

Forms 470-2616 and FP-2322 have been revised and separated into three demand letters. There is now one form letter for each type of FIP claim and Food Stamp claim established. The *Demand Letter for Food Stamp Agency Errors* is not being released at this time. It will be released when settlement of the Blik lawsuit has been reached.

The instructions for the use of the original two *Demand Letters* have been revised to reflect the expansion of each to three separate letters by individual claim types.

Form 470-3392, *Medicaid State ID Numbers*, has been revised. The paragraph indicating that the provider should complete medical expense verification forms has been deleted.

Medicaid Supplement to the HAWK-I Application, form 470-3565, is revised to remove questions about family resources and to add a question about retroactive Medicaid eligibility.

The FIP and Medicaid sanction for persons who fail to timely report earnings on their monthly report is eliminated. Therefore, language regarding the sanction is removed from the *Notice of Cancellation* (NOC).

Form PA-2248-0, *Real Property Exemption Agreement*, is obsolete because of the FIP nonhomestead property exemption effective September 1, 1999.

Referral to the Healthy And Well Kids in Iowa (HAWK-I) Program, form 470-3565, is revised to incorporate additional information into the form that will assist ESI in making the HAWK-I eligibility determination.

Effective Date

HAWK-I form changes are effective July 1, 1999.

NOC and property exemption changes are effective September 1, 1999.

All other changes are effective upon receipt.

Material Superseded

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

<u>Page</u>	<u>Date</u>
Contents (pages 2 and 3)	June 29, 1999
Contents (page 4)	April 20, 1999
Contents (page 8)	March 30, 1999
58	December 22, 1998
63	June 25, 1996
64	November 12, 1996
470-2616	5/97
FP-2322-0	4/97
65	June 25, 1996
200	December 22, 1998
470-3392	7/97
201	December 22, 1998
470-3564	12/98
PA-4107-0	10/97
324, 325	December 22, 1998
PA-2248-0	11/93
332	December 22, 1998
470-3565	12/98

Additional Information

These *Demand Letters* are currently in use, with the exception of the *Demand Letter for FIP/RCA Intentional Program Violation*, form 470-3489. Use of this form is delayed until FIP/RCA intentional program violation policies and procedures are implemented.

Templates for forms 470-3392, 470-3565, and 470-1968 have been updated on Outlook and are available for use.

System issuance of the revised NOC begins with the August 12, 1999, NOC mailing to households whose MRTL entries reflect failure to return a complete monthly report for the July budget month.

Iowa State Industries is issuing an initial supply of the revised NOC by September 1. You may use the current NOC (dated 10/97) until the initial supply is received. Start using the revised NOC upon receipt of the initial supply. Destroy unused supplies of the NOC dated 10/97. Order additional supplies of the revised NOC from Anamosa in the usual manner.

Destroy remaining supplies of the *Real Property Exemption Agreement* as of September 1, 1999.

Refer questions about this material to your regional benefits payments administrator.



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

DEPARTMENT OF HUMAN SERVICES
JESSIE K. RASMUSSEN, DIRECTOR

September 28, 1999

GENERAL LETTER NO. 6-AP-27

ISSUED BY: Bureau of Eligibility Services, Bureau of Contract Management and Reimbursement, and Bureau of Health Care Purchasing and Quality Management, Division of Medical Services
Bureau of Food Stamps, Division of Economic Assistance

SUBJECT: Employees' Manual, Title 6, *Income Maintenance Programs Appendix*, Contents (page 10), revised; pages 164, 222, 224, 225, 335, and 423, revised; page 422a, new; and the following forms:

RC-0033	<i>Desk Aid</i> , revised
470-2914	<i>Foster Care and Subsidized Adoption Medicaid Review</i> , revised
470-2927	<i>Health Services Application</i> , revised
470-0391	<i>Inquiry Regarding Bill for Medicaid Services</i> , revised
470-3630	<i>Medically Needy Transmittal</i> , revised
PA-4107-(M)	<i>Notice of Cancellation (470-1968)</i> , corrected
470-0392	<i>Notice of Decision on Medicaid Claim</i> , corrected
470-3502	<i>Physical Disability Waiver Assessment Tool</i> , revised
470-2464	<i>Report for Enhanced Services</i> , updated
MA-4046-1	<i>Request for Special Update (470-0397)</i> , updated
470-2448	<i>Request for Verification of Diagnosis</i> , updated
470-3488	<i>Treasury Offset Program (TOP) 60 Day Notice</i> , new

Summary

The *Desk Aid* is revised to include the October 1, 1999, changes in food stamp income and allotment limits.

The *Foster Care and Subsidized Adoption Medicaid Review*, is revised to update organizational names, addresses and references.

The *Health Services Application* is revised to add lines for reporting savings accounts and mutual funds to the list of resources. These lines were inadvertently omitted in the previous revision.

Form 470-0391, *Inquiry Regarding Bill for Medicaid Services*, is revised to update the letterhead, appeal rights, and addresses.

The *Medically Needy Transmittal* form has been revised. Section III, at the bottom of the form, now includes a selection for submitting non-Medicaid payable nursing facility charges to apply to spenddown. Instructions for completing this form have been revised to reflect this change.

The *Notice of Cancellation* is revised to correct manual references.

The sample of the *Notice of Decision on Medicaid Claim* is reprinted to include the second page.

Form 470-3502, *Physical Disability Waiver Assessment Tool*, is used to describe the medical needs of the applicant for the HCBS Physical Disability Waiver. It has been revised to include an additional item that was inadvertently left out of the previous version.

The sample of form 470-2448, *Request for Verification of Diagnosis*, is updated to reflect its current format.

This revision also adds form 470-3488 (9/98), *Treasury Offset Program (TOP) 60 Day Notice*. This letter is computer-generated to advise the debtor that the Department plan to refer the debtors food stamp claim to TOP for collection action. The letter further advises that the debtor can avoid this action by contacting DIA within 60 days and negotiating a repayment agreement.

Effective Date

Immediately.

Material Superseded

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

<u>Page</u>	<u>Date</u>
Contents (p. 10)	June 29, 1999
RC-0033 (before p. 68a)	5/99
470-2914 (after p. 122)	5/94
470-2927 (after p. 138)	2/99
164	June 25, 1996
470-0391	5/95
222, 224, 225	June 29, 1999
470-3630	7/99
PA-4107-(M) (after p. 236)	9/99
470-0392	3/99
470-3502 (before p. 297)	4/99
470-2464	4/90
335	December 22, 1998
MA-4046-1 (after p. 364)	3/92
470-2448 (after p. 366)	6/88
423	December 22, 1998

Additional Information

Discard supplies of previous version of RC-0033, 470-2927, and 470-3502.

Use up supplies of the previous versions of 470-2914, 470-3630, 470-2462, MA4046-1, and 470-2448. Use up existing supplies of form 470-3630, adding information manually regarding nursing facility charges.

Updated electronic versions of forms RC-0033, 470-3630, 470-1968 (PA-4107-0), 470-2464, and 470-0397 (MA-4046-1) are available in the public state approved forms folder on Outlook.

Several copies of the revised version of form 470-3502 have been sent to each county and regional office. When a copy of this form is needed, make it from one of those samples.

Refer questions about this material to your regional benefit payment administrator.



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

DEPARTMENT OF HUMAN SERVICES
JESSIE K. RASMUSSEN, DIRECTOR

October 12, 1999

GENERAL LETTER NO. 6-AP-28

ISSUED BY: Division of Economic Assistance, Division of Medical Services

SUBJECT: Employees' Manual, Title 6, *Income Maintenance Programs Appendix*, Content (pages 2 and 8), revised; pages 48, 54, 55, 118, 160, and 319, revised; pages 318a through 318c, new; and the following forms:

470-0321 *Change Report*, revised
470-1667 *Debt Setoff Credit*, revised.
RC-0023 *Food Stamp Intake Fact Sheet*, revised
470-2255 *Information for Food Stamp Work Registrants*, revised.
07-350 *Purchase Order/Payment Voucher*, new.

Summary

Form 470-0321, *Change Report*, is revised to reflect the change in the requirement to report earned income. Effective November 1, 1999, change-reporting households have to report changes in earned income only when the household's total gross earned income changes by more than \$100 per month.

RC-0023, *Food Stamp Intake Fact Sheet*, is revised to simplify the language and remove references to choosing a head of household. Effective November 1, 1999, households will no longer choose a head of household for work requirement purposes.

Form 470-2255, *Information for Food Stamp Work Registrants*, is revised to remove language for canceling an entire household when a work requirement violation is committed.

Form 470-1667, *Debt Setoff Credit*, is updated to add a statement that this form serves as the receipt for the payment and to remove a reference to the clerk of court.

The *Claim Order/Claim Voucher* is removed from the manual and replaced with the *Purchase Order/Payment Voucher*. Instructions for claiming payments for state-only or direct vendor medical transportation payments and FIP benefits over two years old awarded through appeal are revised to fit the new form.

Instructions for Comm. 84 which were inadvertently deleted in a previous revision are restored to the manual.

Effective Date

November 1, 1999 for food stamp forms.

Upon receipt for other forms.

Material Superseded

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

<u>Page</u>	<u>Date</u>
Contents (pages 2 and 8)	August 10, 1999
48	June 25, 1996
470-0321	3/98
54-57	June 23, 1998
625-5297	10/87
58	August 10, 1999
470-1667	11.94
118	June 25, 1996
RC-0023	July 1994
160	January 28, 1997
470-2255	1/99
319	December 22, 1998

Additional Information

You may use the remaining supply of the current *Change Report Form*, FP-2232-0, and begin using the revised form 470-0321 when reordering your office supply.

Iowa State Industries is issuing an initial supply of the revised RC-0023. You may use the current RC-0023 (dated July 1994) until the initial supply is received. Upon receipt of the initial supply, start using the revised form and destroy unused supplies of the previous version of the form.

You may use the remaining supply of the current *Information For Food Stamp Work Registrants*, form 470-2255, and begin using the revised form when reordering your office supply.

Destroy any remaining supplies of form 625-5297, *Claim Order/Claim Voucher*. The *Purchase Order/Payment Voucher* can be completed on-line from the template in Outlook or ordered from Anamosa.

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



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

DEPARTMENT OF HUMAN SERVICES
JESSIE K. RASMUSSEN, DIRECTOR

December 7, 1999

GENERAL LETTER NO. 6-AP-29

ISSUED BY: Bureau of Eligibility Services and Bureau of Health Care Purchasing and Quality Management, Division of Medical Services
Bureau of Family Investment, Division of Economic Assistance

SUBJECT: Employees' Manual, Title 6, *Income Maintenance Programs Appendix*, Contents (pages 3, 7, and 9), revised; pages 105, 141, 201, 279, 369, and 396 through 399, revised; page 104a, new; and the following forms:

- 470-2579 *Application for Authorization to Make Presumptive Medicaid Eligibility Determinations*, updated
- PA-1107-0 *Application for Medical Assistance or State Supplementary Assistance (470-0442)*, revised
- AA-4149-0 *Burial Claim (470-0036)*, revised
- 470-2385 *Case Record Tracking Sheet*, revised
- RC-0033 *Desk Aid*, revised
- 470-3610 *FIA Referral for Reconsideration of LBP (IWD)*, new
- 470-3611 *FIA Referral for Reconsideration of LBP (BRS)*, new
- MA-2124-0 *Medicaid Information Questionnaire for SSI Persons*, revised
- 470-0288 *Notice of Disqualification*, updated
- 470-0820 *Notice of Employment*, revised
- 470-2580 *Presumptive Medicaid Eligibility Notice of Decision*, revised
- 470-2629 *Presumptive Medicaid Income Calculation*, revised
- 470-3565 *Referral to the Healthy and Well Kids in Iowa (HAWK-I) Program*, revised
- RC-0018 *Supplemental Security Income Payment Standards*, revised

Summary

The following are revised to reflect the 2000 Social Security cost of living allowance (COLA) increase of 2.4%:

- ◆ RC-0033, *Desk Aid*.
- ◆ Instructions for the *SSI-Related Income Worksheet*.
- ◆ RC-0018, *Supplemental Security Income Payment Standards*. (The COLA allowance affects all State Supplementary Assistance payment amounts.)

The bottom section of the *Burial Claim* is revised to conform to the layout of the *Purchase Order/Payment Voucher*.

Form MA-2124-0, *Medicaid Information Questionnaire for SSI Persons*, is revised to update the income limits in the notice to property owners and renters about eligibility for tax suspension.

The *Case Record Tracking Sheet* is revised to update the calendar.

The *Application for Medical Assistance or State Supplementary Assistance* is revised to:

- ◆ Include qualified aliens to the citizenship certification statement.
- ◆ Change “unlawful alien” to “non-qualified alien” in the certification statement for emergency services.
- ◆ Change the name of the Office of Equal Opportunity to Diversity Program Unit.
- ◆ Update the address of the Iowa Civil Rights.
- ◆ Label the Office of Health and Human Services properly.

The manual is updated to reflect the new process for referring applications between the HAWK-I and Medicaid programs and to clarify that supplies of HAWK-I forms should be ordered from Iowa Prison Industries at Anamosa.

Additionally, form 470-3565, *Referral to the Healthy And Well Kids in Iowa (HAWK-I) Program*, has been revised to reflect information about new HAWK-I income policies and to add a birth date field to the form.

The following forms have updated letterhead or logos:

- ◆ *Address Information Request* (also had minor language changes in 1998).
- ◆ *FIA Referral for Mandatory Participants* (IWD and BRS).
- ◆ *Notice of Disqualification*.
- ◆ *Notice of Employment*.
- ◆ *Presumptive Medicaid Eligibility Notice of Decision*.

The 1999 version of the *Presumptive Medicaid Income Calculation* was inadvertently not updated in this manual.

The *Application for Authorization to Make Presumptive Medicaid Eligibility Determinations* is updated to allow for electronic viewing.

Form 470-2824, *Notice to TCC Recipients*, and 470-2103, *Requesting Additional Information Letter*, are removed from the manual, since they are no longer in use.

Effective Date

January 1, 2000

Material Superseded

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

<u>Page</u>	<u>Date</u>
Contents (page 3)	August 10, 1999
Contents (page 7)	April 20, 1999
Contents (page 9)	June 29, 1999
470-2579 (after p. 18)	12/90
PA-1107-0 (after p. 24)	12/97
AA-4149-0 (before p. 38a)	3/87
470-2385 (after p. 44)	11/98
RC-0033 (before p. 68a)	9/99
105, 141	December 22, 1998
MA-2124-0 (after p. 198)	8/97
201	August 10, 1999
470-0288 (before p. 253)	8/98
470-0820	7/95
470-2824	10/93
279	June 26, 1996
470-2580 (after p. 304)	7/97
470-2629	4/98
470-3565 (after p. 332)	7/99
470-2103	9/88
369, 396	June 25, 1996
397, 398	December 22, 1998
399	June 29, 1999
RC-0018 (after p. 412)	1/99

Additional Information

An initial supply of the *Burial Claim* and the *Medicaid Information Questionnaire for SSI Persons* is being mailed to each county office. Destroy any remaining supplies of the previous versions as soon as you receive the revised forms. Order additional supplies as needed from Iowa State Industries at Anamosa.

Record cards RC-0018 and RC-0033 are available in the public state-approved forms folder on Outlook. No card stock copies of these forms will be printed.

Destroy any remaining supplies of form 470-2824. Forms 470-3610, 470-3611, and 470-0288 are issued from central office. Forms 470-0820, 470-2580, and 470-2629 are issued by PROMISE JOBS and Medicaid providers.

Remaining supplies of all of the rest of these forms can be used up before reordering in the usual manner. Please contact your regional benefit payment administrator if you need additional information.



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

DEPARTMENT OF HUMAN SERVICES
JESSIE K. RASMUSSEN, DIRECTOR

March 28, 2000

GENERAL LETTER NO. 6-AP-30

ISSUED BY: Division of Medical Services
Division of Economic Assistance
Division of Fiscal Management

SUBJECT: Employees' Manual, Title 6, *Income Maintenance Programs Appendix*, Contents (pages 1 through 10), revised; Contents (page 11), new; pages 5, 6, 7, 10, 11, 35, 36, 138, 139, 140, 165, 180, 181, 182, 187, 236, 237, 278, 279, 280, 280a, 312, 317, 318, 365, 377, 407, 408, 435, and 436, revised; pages 140a, 226a, 226b, 226c, and 437, new; and the following forms:

- 470-0041 *Adjustment to Facility Payment*, revised
- 470-0005 *Affidavit and Agreement for Issuance of Duplicate Warrant*, revised
- 470-0004 *Affidavit as to Forged Endorsement*, revised
- 470-2385 *Case Record Tracking Sheet*, revised
- 470-0321 *Change Report*, revised
- RC-0033 *Desk Aid*, revised
- 470-2844 *Employer's Statement of Earnings*, revised
- 470-2779 *Foster Care Medicaid Application*, revised
- 427-0560 *Front End Investigation Document*, revised
- 470-2927 *Health Services Application*, revised
- 470-2927(sp) *Health Services Application (Spanish)*, revised
- 470-2255 *Information for Food Stamp Work Registrants*, revised
- 470-0444 *Insurance Report*, revised
- 470-1632 *Landlord Questionnaire*, revised
- 470-2527 *MAC Income Worksheet*, revised
- MA-3022-1 *Medical Transportation Claim (470-0386)*, revised
- 470-3686 *MEPD Income Worksheet*, new
- 470-1968 *Notice of Cancellation*, revised
- 427-0538 *Notice of Income Offset Against State Warrants for Debts Owed the Department of Human Services*, revised
- 470-0383 *Notice Regarding Acceptance of Other Benefits*, revised
- 470-2580 *Presumptive Medicaid Eligibility Notice of Decision*, revised
- 470-2629 *Presumptive Medicaid Income Calculation*, revised
- PA-2140 *Public Assistance Eligibility Report (470-0455)*, revised
- 470-0398 *Recipient Inquiry*, revised

470-1638	<i>Request for School Verification</i> , revised
470-0170	<i>Requirements of Claiming Good Cause</i> , revised
470-2881	<i>Review/Recertification Eligibility Document</i> , revised
470-0640	<i>State Supplementary Assistance Certification or Termination</i> , revised
470-3717	<i>Workfare Job Search</i> , new
RC-0061	<i>Workfare Orientation</i> , new
470-3718	<i>Workfare Referral to Workforce Development</i> , new

Medicaid

The *Adjustment to Facility Payment* is revised to add fields for worker number and phone extension, to add a level of care code for nursing facilities for the mentally ill (facilities with a vendor number beginning in 085, ICF aid type, and service code 6), and to update the address.

The *Desk Aid*, *MAC Income Worksheet*, and *Presumptive Medicaid Income Calculation* are revised to update the federal poverty levels.

The *Employer's Statement of Earnings* is revised to add fields for worker phone number and the presence and amount of earned income credit in the person's gross pay, and to update the letterhead.

The *Foster Care Medicaid Application* is revised to update the addresses in the nondiscrimination statement.

The *Health Services Application* (both English and Spanish versions) is revised to:

- ◆ Clarify that it applies only to FMAP-related Medicaid.
- ◆ Correct addresses and add "gender" to the nondiscrimination statement.
- ◆ Add tip and dividends to the income section and IRAs to the resource section.
- ◆ Clarify that changes in income must be reported.
- ◆ Clarify that information on the immigration status of qualified aliens applying only for emergency service under Medicaid is not shared with INS.

The *Insurance Report* is revised to make the language clearer and more consistent and to remove the old form number (PA-2106-0).

New form 470-3686, *MEPD Worksheet*, is added for use in calculating income eligibility and premiums for the new SSI-related coverage group Medicaid for employed people with disabilities

The *Medical Transportation Claim* is revised to clarify that the recipient named in the top line must be Medicaid-eligible, that the recipient's guardian can fill out the trip information, that charges should be itemized by miles and charge, and that a therapist can be a provider.

The *Notice Regarding Acceptance of Other Benefits* is revised to update the form number and the manual references.

The *Presumptive Medicaid Eligibility Notice of Decision* is revised to correct the letterhead and dates.

The *Recipient Inquiry* is revised to add a sentence about federal requirements.

Food Stamps

The *Change Report* (formerly numbered FP-2232-0) is revised to:

- ◆ Obtain information on sharing shelter or utility expenses.
- ◆ Obtain information about additional utility fees charged by a landlord.
- ◆ Add language to the signature section informing households:
 - That they will not receive a deduction for unreported or unverified expenses.
 - How to obtain deductions for expenses in the future.

The *Information for Food Stamp Work Registrants* is revised to remove the section on ABAWD work requirements.

The *Landlord Questionnaire* is revised to:

- ◆ Reflect field requests for changes.
- ◆ Obtain information about additional utility fees charged by a landlord.

The *Public Assistance Eligibility Report* is revised to:

- ◆ Obtain information on sharing shelter or utility expenses.
- ◆ Obtain information on additional utility fees charged by a landlord.
- ◆ Add language to the signature section informing households:
 - They will not receive a deduction for unreported or unverified expenses.
 - How to obtain deductions for expenses in the future.

The *Review/Recertification Eligibility Document* is revised to:

- ◆ Reflect current program policies.
- ◆ Obtain information on sharing shelter or utility expenses.
- ◆ Obtain information on additional utility fees charged by a landlord.
- ◆ Add language to the signature section informing households:
 - They will not receive a deduction for unreported or unverified expenses.
 - How to obtain deductions for expenses in the future.

Instructions for completing the *Public Assistance Application*, *Public Assistance Eligibility Report* and *Review/Recertification Eligibility Document* are revised to reflect current policy.

New forms *Workfare Orientation*, *Workfare Referral to Workforce Development*, and *Workfare Job Search* are added for use in the new workfare program for ABAWDs.

Other Changes

The *Affidavit and Agreement for Issuance of Duplicate Warrant* is revised to update the address and add a provision for warrants that are lost or destroyed.

The *Affidavit as to Forged Endorsement* must be notarized to be accepted by banks crediting the funds. A notary statement is added back to the form.

The *Case Record Tracking Sheet* is revised to correct a typographical error in the calendar.

DIA's *Front End Investigation Document* is revised to reflect that front-end investigations are now contracted out to O'Brien and Associates.

The *Notice of Cancellation* is revised to remove the statement on continuation of benefits and the old form number.

The *Notice of Income Offset Against State Warrants for Debts Owed the Department of Human Services* is revised to remove old letterhead, to remove some identifying information, and to update addresses in the nondiscrimination section.

The *Request for School Verification* is revised to update language and format.

Language on the *Requirements of Claiming Good Cause* is updated to reflect current FIP and Medicaid policies for when a client does not provide sufficient information to determine good cause. The form number is updated.

The *State Supplementary Assistance Certification or Termination* is revised to update the format and the number.

X-PERT application forms are removed from the manual.

Effective Date

The *MEPD Income Worksheet* was effective March 1, 2000.

Workfare forms are effective April 1, 2000.

The elimination of the food stamp actual utility expense affects the utility costs used in the calculation of May 1, 2000, food stamp benefits.

The *Public Assistance Eligibility Report* is effective with the form given or mailed for the budget month of March 2000.

The *Review/Recertification Eligibility Document* is effective with the form mailed in March 2000 for recertifications done in April 2000 for certification periods beginning May 2000.

The *Change Report* is effective with forms given or mailed in April 2000.

Other changes are effective upon receipt.

Material Superseded

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

<u>Page</u>	<u>Date</u>
Contents (page 1)	June 29, 1999
Contents (page 2)	October 12, 1999
Contents (page 3)	December 7, 1999
Contents (page 4)	August 10, 1999
Contents (page 5)	December 22, 1998
Contents (page 6)	June 29, 1999
Contents (page 7)	December 7, 1999
Contents (page 8)	October 12, 1999
Contents (page 9)	December 7, 1999
Contents (page 10)	September 28, 1999
5-7	October 14, 1997
AA-4165	7/97
10, 10a, 11	June 23, 1998
470-0005	5/98
470-0004	5/98
MA-3003-6	8-16-1968
35, 36, 36a *	June 29, 1999
470-2385 (after p. 44)	11/99
470-0321 (after p. 48)	11/99
RC-0033 (before p. 68a)	1/00
470-2844 (before p. 93)	7/94
470-2779 (after p. 126)	7/94
427-0560 (after p. 132)	11/92
138-140	December 22, 1998
470-2927	9/99
470-2927-S	1/93
470-2255 (before p. 161)	10/99
PA-2106-0 (before p. 165)	7/98
165	June 23, 1998
180, 181	February 25, 1997
182	December 22, 1998
470-1632	4/96
470-2527	4/99
183, 184	April 20, 1999
187	February 9, 1999
MA-3022-1 (before p. 219)	12/95
236	March 17, 1998
PA-4107-(M) (after p. 236)	9/99
237	June 25, 1996
427-0538 (before p. 261)	7/93
278	June 25, 1996
MA-3017-0	10/91

279 *	December 7, 1999
280	June 25, 1996
280a, 280b	June 23, 1998
470-2580 (after p. 304)	11/99
470-2629 (after p. 306)	4/99
312	June 25, 1996
PA-2140-0	10/97
317, 318	March 17, 1998
470-0398 (after p. 326)	9/97
470-1638 9after p. 360)	11/86
365	June 25, 1996
CS-1106-5 (after p. 370)	4/95
470-2881	11/96
377	December 22, 1998
SS-1601-0 (before p. 407)	5/87
407, 408	July 1, 1997
470-3553	4/99
434a	March 30, 1999
470-3112	5/97
435, 436	August 19, 1997
470-3113	5/97

* Move form 470-2467 to file it before page 35 instead of after page 36.
Move form PA-2369-8 to file it before page 279 instead of after page 280.

Additional Information

The *Desk Aid* is also available in the state approved forms folder on Outlook. No card-stock copies of this form will be printed.

Other forms available on Outlook include 470-0041, 470-0004, 470-1632, 470-2527, 470-3686, 470-1968, 470-3717, and 470-3718. No supplies will be printed for forms 470-0004, 470-2527, 470-3686, 470-3717, or 470-3718, due to the low usage.

Forms 427-0560, 427-0528, and 470-0398 are generated outside the Department and do not need to be ordered by county offices.

An initial supply of the *Change Report* will be issued to each office before April 1. Start using the revised version by April 1 and destroy any remaining supplies of the previous version. Order additional supplies from Anamosa as needed.

Destroy any existing supply of forms 470-0004, *Affidavit as to Forged Endorsement*, and 470-2629, *Presumptive Medicaid Income Calculation*.

Use up supplies of the existing versions of other forms before ordering the revised versions from Anamosa in the usual manner.

Please 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

April 18, 2000

GENERAL LETTER NO. 6-AP-31

ISSUED BY: Division of Economic Assistance,
Division of Medical Services

SUBJECT: Employees' Manual, Title 6, *Income Maintenance Programs Appendix*,
Contents (pages 1 and 6 through 11), revised; pages 17, 22, 198 through 202,
205 through 226, 229, 231, 232, 279, 281, 285, 286, 288, 313, 314, 315, 350,
351, 352, 371, and 414, revised; and the following forms:

470-0306 *Application for Food Stamps* (FP-2101-0), revised
470-3144 *Attribution of Resources Appeal Summary*, revised
FP-2241-0 *Food Stamp Worksheet* (470-0329), revised
470-2304 *Medicaid Information Questionnaire for SSI Persons*
(MA-2124-0), revised
470-0409 *Medicaid Notice of Sanction*, revised
470-2868 *Medical History Questionnaire*, unchanged
MA-3022-1 *Medical Transportation Claim* (470-0386), unchanged
470-3118 *Medically Needy Recertification/State Supplementary and*
Medicaid Review, unchanged
470-3739 *Medically Needy Recoupment Memo*, new
470-3630 *Medically Needy Transmittal*, unchanged
470-3736 *MEPD Beginning Billing Statement*, new
470-3686 *MEPD Income Worksheet*, unchanged
470-3694 *MEPD Initial Billing Statement*, new
470-3737 *MEPD Ongoing Billing Statement*, new
470-3735 *MEPD Reminder of Initial Nonpayment*, new
470-3695 *MEPD Reminder of Ongoing Nonpayment*, new
470-3734 *MEPD Reminder of Retroactive Nonpayment*, new
470-3738 *MEPD Retroactive Billing Statement*, new
470-0479 *Noncooperation Notice*, reinstated
595-1489(S) *Non-Law Enforcement Record Check Request Form A* (Spanish),
new
470-0481 *Notification to the Bureau of Refugee Services* (PA-2369-8),
revised
RC-0008 *Overpayment Recovery Codes*, revised
470-0462 *Public Assistance Application* (PA-2207-0), revised

470-0643 *Request for Child Abuse Information* (SS-1606-0), revised
470-0169 *Requirements of Support Enforcement* (CS-1105-5), revised
470-0499 *Ten-Day Report of Change* (PA-4106-0), revised

Summary

Form 470-3177, *Application Addendum for 470-2927 (Spanish)*, is no longer needed, since the Spanish version of the *Health Services Application* has been revised to include this information.

Form 470-0306, *Application for Food Stamps* (formerly numbered FP-2101-0), is revised to:

- ◆ Obtain information on sharing shelter or utility expenses.
- ◆ Obtain information about additional utility fees charged by a landlord.
- ◆ Add language to the signature section informing households:
 - That they will not receive a deduction for unreported or unverified expenses.
 - How to obtain deductions for expenses in the future.

The *Attribution of Resources Appeal Summary* is revised to add more income categories.

Form FP-2241-0, *Food Stamp Worksheet* (470-0329), is revised to:

- ◆ Remove documentation of verification of actual utility expenses.
- ◆ Add documentation of verification for the utility standards, excess fees, and sharing.
- ◆ Remove head of household choice.

Form 470-2304, *Medicaid Information Questionnaire for SSI Persons* (MA-2124-0), is revised to update the income levels for tax suspension and the form number.

Form 470-0409 has been revised and renamed *Medicaid Notice of Sanction*. The HIPP worker uses this form to notify field workers that a recipient has failed to cooperate in establishing eligibility for or obtaining health benefits that the HIPP Unit has determined would be cost-effective.

Consultec's Medically Needy Unit will send the *Medically Needy Recoupment Memo* to the income maintenance worker when a recoupment needs to be completed. For example, this form would be sent when:

- ◆ The client requests a prescription from a pharmacy.
- ◆ The pharmacy prepares the prescription for pick up and generates a claim to Consultec.
- ◆ The client does not pick up the prescription.
- ◆ The pharmacy notifies Consultec to delete the expense from spenddown, but the information is received after spenddown is met. Because the client did not incur the expense that was used to meet spenddown, a recoupment needs to be completed.

The *Memorandum of Understanding Between the Iowa Department of Human Services and a Qualified Provider* is removed from this appendix, since it does not involve the IM worker. A sample of this form is still included in 8-Appendix, *Medicaid All Providers Manual*, Chapter C.

Billing forms for the new Medicaid coverage group for employed people with disabilities are added to the manual. These forms are generated from central office and are included for information only.

Form 470-0479, *Noncooperation Notice*, is reinstated to 6-Appendix, since Quality Control workers send it to IM workers. The form is unchanged.

There is now a Spanish translation of the criminal records check request for use with nonregistered child-care home providers who can understand the form better in Spanish.

The *Notification to the Bureau of Refugee Services*, the *Request for Child Abuse Information*, and the *Requirements of Support Enforcement* are revised to update the form numbers.

Form RC-0008, *Overpayment Recovery Codes*, and the corresponding instruction pages are revised to:

- ◆ Delete the program codes for FIP and RCA intentional program violation (codes 02 and 03, respectively) for now.
- ◆ Specify program code 66 for PROMISE JOBS child-care overpayments that occurred before July 1, 1999.
- ◆ Specify code 67 for overpayments of other PROMISE JOBS expense allowances.

Intentional program violation policies for FIP and RCA have not been implemented. Deleting the codes will prevent IM staff from inadvertently using them. The codes will be restored to the chart when FIP and RCA intentional program violation policies are implemented.

For specific instructions on PROMISE JOBS child care overpayments, refer to 4-Appendix, ***PROMISE JOBS Provider Manual, Recovery of PROMISE JOBS Expense Allowance Overpayments***. Use the revised PROMISE JOBS program codes upon receipt of this letter. No corrective coding is required for PROMISE JOBS overpayments already referred to the Department of Inspections and Appeals.

Form 470-0462, *Public Assistance Application* (PA-2207), is revised to:

- ◆ Reflect current program policies.
- ◆ Indicate what type of assistance is requested for each household member listed.
- ◆ Obtain information on sharing shelter or utility expenses.
- ◆ Obtain information on additional utility fees charged by a landlord.
- ◆ Add language to the signature section informing households:
 - That only one signature is required for a valid food stamp application
 - That they will not receive a deduction for unreported or unverified expenses.
 - How they can obtain deductions for expenses in the future.

Language on the *Ten-Day Report of Change* and the instructions for the form is revised to emphasize that clients must report certain changes to both the IM worker and the PROMISE JOBS worker.

Forms 470-2868, MA-3022-1, 470-3118, 470-3630, and 470-3686 are reprinted only for ease of filing. There are no changes in these forms.

Effective Date

The elimination of the food stamp actual utility expense affects the utility costs used in the calculation of food stamp benefits for May 2000. Revisions to the *Application for Food Stamps*, the *Public Assistance Application*, and the *Food Stamp Worksheet* are effective May 1, 2000.

All other changes are effective upon receipt.

Material Superseded

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

<u>Page</u>	<u>Date</u>
Contents (pages 1 and 6-11)	March 28, 2000
16c	July 1, 1997
470-3177	3/98
17	June 23, 1998
22	June 25, 1996
FP-2101-0	10/97
470-3144 (before p. 31)	5/94
FP 2241-0 (after p. 120)	2/98
198, 199	December 22, 1998
MA-2124-0	11/99
200	August 10, 1999
201 *	December 7, 1999
202	December 22, 1998
204e, 204f, 205 *	January 28, 1997
206, 207	December 8, 1998
470-0409	7/91
208	June 25, 1996
217-221	June 29, 1999
470-2868	7/91
MA-3022-1	1/00
470-3118	2/99
222	September 28, 1999
470-3630	8/99
223	June 29, 1999
224, 225	September 28, 1999
226	June 25, 1996
470-2582	1/90

470-3686	3/00
226a-226c	March 28, 2000
229, 231, 232	December 8, 1998
PA-2369-8	10/98
279	March 28, 2000
RC-0008	6/98
281, 285, 286, 288	June 23, 1998
PA-2207-0	11/96
313, 314	June 23, 1998
315	November 12, 1996
350-352	December 22, 1998
SS-1606-0	10/98
CS-1105-5	3/98
371	March 17, 1998
414	March 30, 1999
PA-4106-0	1/98

* Move the English and Spanish samples of the *Medicaid Supplement to the HAWK-I Application* (forms 470-3564 and 470-3592) to follow page 201/202, instead of preceding it.

Move the sample of *Medical Assistance Eligibility Card (Managed Care)*, form 470-2213, to follow page 205/206, instead of preceding it.

Additional Information

Initial supplies of the *Application for Food Stamps* will be issued to each office before May 1. Start using the revised versions by May 1 and destroy any remaining supply of the previous version of the form. Order additional supplies from Anamosa in the usual manner.

Initial supplies of the revised *Public Assistance Application* will be issued to each office by April 2000. Start using the revised versions by May 1 and destroy any remaining supply of the previous version of the form. Order additional supplies from Anamosa in the usual manner.

Discard any copies of RC-0008, *Overpayment Recovery Codes*. Print additional copies of the record card from the sample in the manual, as needed.

Use up existing supplies of the other revised forms. Order supplies from Anamosa in the usual manner.

All of the new forms are issued from outside the county office except 595-1489(S). An initial supply of this form has been issued to county offices. Order additional supplies from Anamosa and needed.

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 13, 2000

GENERAL LETTER NO. 6-AP-32

ISSUED BY: Division of Economic Assistance
Division of Medical Services

SUBJECT: Employees' Manual, Title 6, ***INCOME MAINTENANCE PROGRAMS APPENDIX***, Contents (pages 1, 5, 8, and 9), revised; pages 10, 24, 25, 126, 138, 162, 182, 188, 189, 190, 233, 300, 302, 316, 322, 332, 355, 356, 357, and 404a, revised; pages 34a and 34b, new; and the following forms:

- 470-0442 *Application for Medical Assistance or State Supplementary Assistance (PA-1107-0)*, revised
- 470-0461 *Authorization for Release of Information (PA-2206-0)*, revised
- RC-0033 *Desk Aid*, revised
- 470-2914 *Foster Care and Subsidized Adoption Medicaid Review*, revised
- 470-2527 *MAC Income Worksheet*, revised
- 470-2168 *Managed Health Care Enrollment Form*, revised
- 470-2169 *Managed Health Care Provider Request for Disenrollment*, revised
- 470-2220 *Notarized Statement for Child Support Recovery Office*, revised
- 470-2629 *Presumptive Medicaid Income Calculation*, revised
- 470-3719(S) *Reporte de Elegibilidad de Asistencia Publica (Spanish PAER)*, new
- 470-3565 *Referral to the Healthy and Well Kids in Iowa (HAWK-I) Program*, revised
- 470-0308 *Request for Replacement of Food Coupons Lost in the Mail (FP-2104-0)*, revised

Summary

The *Desk Aid*, RC-0033, is revised to reflect the increase in the MAC income limit to 200 percent of the federal poverty level for pregnant women and infants.

Form 470-2527, *MAC Income Worksheet*, is revised to reflect the increase in the MAC income limit to 200 percent of the poverty level for pregnant women and infants.

Form 470-2629, *Presumptive Medicaid Income Calculation*, is revised to reflect the increase in the MAC income limit to 200 percent of the federal poverty level for pregnant women and reflect the change in child care expenses.

Form 470-3565, *Referral to the Healthy and Well Kids in Iowa (HAWK-I) Program*, is revised to reflect the change in the income limit for the HAWK-I program and information regarding the new third-party administrator.

This general letter also transmits information to include the Spanish PAER, form 470-3719(S), *Reporte de Elegibilidad de Asistencia Publica*, on page 316.

Current copies of forms used for enrollment and disenrollment in managed health care are added to the Appendix.

The remaining forms have been revised to update form numbers and dates.

Effective Date

July 1, 2000

The change in the HAWK-I program income limits applies to all applications filed on or after June 1, 2000, for coverage on or after July 1, 2000. All referrals to the HAWK-I program shall be sent to MAXIMUS beginning May 25, 2000.

Material Superseded

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

<u>Page</u>	<u>Date</u>
Contents (p. 1)	April 18, 2000
Contents (p. 5)	March 28, 2000
Contents (pp. 8 and 9)	April 18, 2000
10	March 28, 2000
24, 25	June 25, 1996
PA-1107-0	9/99
RC-0033 (before p. 68a)	4/00
470-2914 (after p. 122)	7/99
126	June 25, 1996
138	March 28, 2000
162	June 25, 1996
470-2527 (before p. 181)	4/00
182	March 28, 2000
188-190	June 25, 1996
MA-2168	10/94
MA-2169	11/95
470-2220 (after p. 232)	11/86
233	November 12, 1996
300, 302	June 25, 1996
470-2629 (after p. 306)	4/00
316	March 17, 1998
322	December 22, 1998

332	August 10, 1999
470-3565	11/99
FP-2104-0	1/94
355, 356	June 25, 1996
357	December 22, 1998
404a	March 17, 1998

Additional Information

Forms 470-0461, RC-0033, 470-2527, and 470-3565 are updated on Outlook.

Use up remaining supplies of forms PA-1107-0, PA-2206-0, FP-2104-0, and 470-2914 before ordering revised forms from Anamosa.

Discard any supplies of the previous versions of RC-0033 and 470-2220. Copy the sample in this manual as needed.

Destroy remaining supplies of the previous version of form 470-2629. Order supplies of the revised form from Anamosa as needed for presumptive providers in your county. The Division of Medical Services has mailed a copy of the revised form to each presumptive provider to photocopy until printed forms are available.

The Spanish PAER will not be system-issued and is not available as a template. You hand-issue and manually track this form. Make copies as needed until supplies are available from Anamosa.

Please contact your regional benefit payment administrator if you need additional information.



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

DEPARTMENT OF HUMAN SERVICES
JESSIE K. RASMUSSEN, DIRECTOR

June 27, 2000

GENERAL LETTER NO. 6-AP-33

ISSUED BY: Division of Economic Assistance,
Division of Medical Services

SUBJECT: Employees' Manual, Title 6, *Income Maintenance Programs Appendix*,
Contents (pages 1, 2, and 3), revised; pages 16a, 16b, 42, 43, and 302, revised;
page 82d, new; and the following forms:

- 470-0487 *Appeal and Request for Hearing* (PA-3138-0), revised
- 470-0042 *Case Activity Report* (AA-4166-0), revised
- 470-3693 *Earned Income Statement for Premium*, new

Summary

The Medicaid for employed people with disabilities (MEPD) coverage group provides that premiums be assessed for certain recipients. A new monthly premium amount is established for each six-month premium period. This general letter releases form 460-3693, *Earned Income Statement for Premium*, which is to be used to gather new income information when new premium needs to be established.

The form numbers for the *Appeal and Request for Hearing* and the *Case Activity Report* are updated.

Effective Date

Upon receipt.

Material Superseded

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

<u>Page</u>	<u>Date</u>
Contents (p. 1)	June 13, 2000
Contents (pp. 2 and 3)	March 28, 2000
PA-3138-0	6/97
16a, 16b, 42, 43	July 1, 1997
302	June 13, 2000

Additional Information

Use up supplies of the previous versions of forms 470-0487 and 470-0042.

Complete form 470-3693 on line using the template in the state-approved forms folder on Outlook. For MEPD clients whose coverage began in March 2000, income information must be gathered in June and put on the system by July timely notice day to ensure correct premiums are collected for September.

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

July 18, 2000

GENERAL LETTER NO. 6-AP-34

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

SUBJECT: Employees' Manual, Title 6, ***INCOME MAINTENANCE PROGRAMS APPENDIX***, RC-0033, *Desk Aid*, revised, and RC-0018, *Supplementary Security Income Payment Standards*, revised.

Summary

Medicare refers to the expanded SLMB coverage group as “qualifying individual 1” (QI-1) and refers to home health SLMB as “qualifying individual 2” (QI-2). Medicare beneficiaries may call in requesting information about QI-1 or QI-2. To clarify this for workers, the label “QI-1” has been added on the *Desk Aid* in parentheses after expanded SLMB and “QI-2” has been added in parentheses after home health SLMB.

RC-0018, *Supplementary Security Income Payment Standards*, has been revised to reflect the residential care facility and in-home health-related care rate increases effective August 1, 2000, which affect the income limits for those programs.

Effective Date

August 1, 2000

Material Superseded

Remove the *Desk Aid*, RC-0033, dated 7/00, and the *Supplementary Security Income Payment Standards*, RC-0018, dated 1/00, from Employees' Manual, Title 6, Appendix, and destroy them.

Additional Information

Print supplies of these reference cards from the state approved forms folder on Outlook or from the on-line manual. No card stock copies will be printed.

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

October 3, 2000

GENERAL LETTER NO. 6-AP-35

ISSUED BY: Bureau of Eligibility Services, Division of Medical Services
Bureau of Family Investment, Division of Economic Assistance

SUBJECT: Employees' Manual, Title 6, ***INCOME MAINTENANCE PROGRAMS APPENDIX***, Contents (pages 1, 2, 3, 6, 7, 8, and 10), revised; pages 8, 9, 12, 27, 28, 37, 73, 74, 80, 81, 82, 89, 90, 110, 111, 112, 159, 209, 269, 270, 280a, 281 through 294, 386, 387, and 388, revised; pages 36a, 112a, and 112b, new; and the following forms:

470-0010 *Adjustment to Overpayment Balance* (AA-1283-0), revised
470-0442 *Application for Medical Assistance or State Supplementary Assistance*, revised.
427-0578 *AWARE Hotline Complaint*, new
RC-0033 *Desk Aid*, revised
470-2472 *Disability Transmittal*, revised
470-0311 *Documentation of Claim Determination* (FP-2208-0), revised
470-3088 *FMAP-Related Medically Needy Spenddown Computation Worksheet*, revised
470-0386 *Medical Transportation Claim* (MA-3022-1), revised
470-0334 *Notice of Lost Benefits Entitlement* (FP-2315-0), revised
470-0464 *Overpayment Recovery Information Input* (PA-2228-0), revised
470-2890 *Payment Application for Nonregistered Providers*, revised
470-0506 *Service Report* (PA-5905-6), revised

Summary

Form 470-0442, *Application for Medical Assistance or State Supplementary Assistance*, is revised to clarify under "Your Rights" that a decision on an application may take longer than 30 to 45 days if a disability determination has to be made. Page 7 is revised to:

- ◆ Specify for whom a social security number is required.
- ◆ Change the term unlawful alien to qualified or nonqualified alien.

Form 470-2781, *Approval for Vendor Payment*, is revised so that the client (pink) copy does not show the vendor's tax identification number. Page 27 is revised to clarify that form 470-2781 is used to inform vendors when Emergency Assistance is denied, as well as when payment is approved. If payment is denied, enter zeroes in the approved amount fields on the form.

Form 427-0578, *AWARE Hotline Complaint*, is new. It is a template that is used to exchange information electronically between the Department of Inspections and Appeals (DIA) and DHS specific to hotline tip referrals received by DIA.

The *Desk Aid* is revised to update the October 1, 2000, food stamp income limits.

The *Disability Transmittal*, form 470-2472, was revised to include MEPD as a status choice (reason for requesting a disability determination). It has since been determined that some items were deleted in error, and corrections are in progress. Of significance is the county address was removed, some status choices were deleted, and the disability review date or “diary date” was deleted. DDS has been alerted to the problem.

When you are sending a disability determination to Disability Determination Services and the correct status choice is not evident, use the comments section to identify why a disability determination is needed.

Page 90 is revised to clarify that when both parents are in the household, only one parent is required to sign the *Emergency Assistance Application*, form 470-2762. When a parent and stepparent are in the household, the parent must sign the application.

Form 470-3088, *FMAP-Related Medically Needy Spenddown Computation Worksheet*, is revised to change the instructions for what earned and unearned income to use to determine the spenddown for FMAP-related Medically Needy cases when the person receives a third or fifth check.

Form 470-2890, *Payment Application for Nonregistered Providers*, is revised to add PROMISE JOBS references in the appeal instructions. The other forms are revised to remove old form numbers and references.

Effective Date

Changes to the *FMAP-Related Medically Needy Spenddown Computation Worksheet* are effective October 1, 2000. All other changes are effective upon receipt.

Material Superseded

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

<u>Page</u>	<u>Date</u>
Contents (pp. 1-3)	June 27, 2000
Contents (pp. 6, 7)	April 18, 2000
Contents (p. 8)	June 13, 1000
Contents (p. 10)	April 18, 2000
8, 9	October 14, 1997
AA-1283-0	11/96
12	June 29, 1999
470-0442 (after p. 24)	5/00

27, 28	June 25, 1996
37	December 2, 1997
RC-0033 (before p. 68a)	8/00
470-2472	11/98
73, 74	October 27, 1998
80	October 14, 1997
FP-2208-0	5/98
81, 82, 89, 90	June 25, 1996
470-3088	2/99
110-112, 159	March 17, 1998
MA-3022-1	1/00
209	April 18, 2000
269, 270	June 25, 1996
FP-2315-0	3/91
280a	March 28, 2000
PA-2228-0	11/91
281	April 18, 2000
282, 283	June 23, 1998
284	November 12, 1996
285, 286	April 18, 2000
287	June 23, 1998
288	April 18, 2000
289	June 23, 1998
290	November 12, 1996
291	June 23, 1998
292	March 18, 1997
293, 294	June 25, 1996
470-2890 (after p. 296)	5/99
386	June 23, 1998
PA-5905-6	4/98
387, 388	June 26, 1996

Additional Information

Use up existing supplies of all revised forms except form 470-3088, *FMAP-Related Medically Needy Spenddown Computation Worksheet*, and RC-0033, *Desk Aid*, before reordering from Anamosa in the usual manner.

Destroy existing supplies of 470-3088. It will not be reprinted at Anamosa. Workers should use the template version on Outlook. (Templates are also available for forms 470-3011 and 470-0386.)

No printed supplies are available of the *Desk Aid*. Destroy existing copies and print the revised chart from Outlook or the on-line manual as needed. Form 427-0578 is issued by DIA.

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

October 31, 2000

GENERAL LETTER NO. 6-AP-36

ISSUED BY: Bureau of Eligibility Services, Division of Medical Services
Bureau of Family Investment, Division of Economic Assistance

SUBJECT: Employees' Manual, Title 6, ***INCOME MAINTENANCE PROGRAMS***
APPENDIX, Contents (pages 1, 2, and 9), revised; pages 26, 26a, 44, 44a, 44b,
45, 46, 137, 202, 272, 333, 371, and 372, revised; and the following forms:

- 470-0306 *Application for Food Stamps*, revised
- 470-0554 *Application Register (RS-1109-0)*, revised
- 470-2385 *Case Record Tracking Sheet*, revised
- 470-0363 *Certification of Eligibility of SSI Applicant (MA-2122-0)*, revised
- 470-1631 *Financial Institution Questionnaire*, revised
- 470-2875 *Health Insurance Premium Payment Program Application*, revised
- 470-1632 *Landlord Questionnaire*, revised
- 470-3118 *Medically Needy Recertification/State Supplementary and Medicaid Review*, revised
- 470-2631 *Notice of Pending Medicaid Application*, revised
- 470-0465 *Overpayment Recovery Supplemental Information (PA-2229-0)*, revised
- 470-0480 *Refugee Referral to IWD and BRS (PA-2368-8)*, revised
- 470-0169 *Requirements of Support Enforcement*, revised
- RC-0018 *Supplementary Security Income Payment Standards*, revised

Summary

The *Application for Food Stamps* is revised to update the federal discrimination language and the address of the U. S. Department of Agriculture.

The *Application Register* is revised to remove the old form number and update the program names.

The *Case Record Tracking Sheet* is revised to update the calendar section and to add a larger version of the calendar section on a third page that can be printed from the on-line manual for those who wish to use it.

Form 470-0363, *Certification of Eligibility of SSI Applicant*, has been revised to update the format and make the form available on-line instead of at Anamosa, due to limited usage.

The *Financial Institution Questionnaire* is revised to change the instructions for reporting interest on checking and savings accounts and to add fields for reporting interest earned on time certificates, CDs, and other interest-bearing accounts.

The *Health Insurance Premium Payment Program Application* has been revised to add a question about COBRA coverage. A full-page version is included in the appendix as an alternative to the half-page version included in the Comm. 91 booklet.

The *Landlord Questionnaire* is revised to make the language uniform with other forms produced by the Change Reporting system.

Instructions for the Medicaid Supplement to the HAWK-I Application are revised to clarify that this form is printed in central office and issued by the income maintenance unit that is outstationed with Maximus, the third-party administrator for the HAWK-I program. It is not stocked at Anamosa or used by field offices.

The *Medically Needy Recertification/State Supplementary and Medicaid Review* is revised to correct typographical errors and clarify who is required to furnish a Social Security number.

The *Notice of Pending Medicaid Application* is revised to add a reference to the Social Security Administration in Section II.

The *Overpayment Recovery Supplemental Information* is updated and made available as a template on Outlook so that workers can complete it on line.

The *Refugee Referral to IWD and BRS* is revised to remove the old form number.

Form 470-0169, *Requirements of Support Enforcement*, is revised to delete the reference to support that is due for a period before the family received FIP. Instructions for the form are revised to clarify that the form serves to inform clients about their right to claim good cause. Eligibility is not affected when a client chooses not to sign the form.

RC-0018, *Supplementary Security Income Payment Standards*, is revised to reflect the one-month residential care facility rate increase effective November 1, 2000, which affects the income limit for that program.

Effective Date

Upon receipt.

Material Superseded

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

<u>Page</u>	<u>Date</u>
Contents (page 1)	June 27, 2000
Contents (page 2)	October 3, 2000
Contents (page 9)	June 13, 2000
470-0306 (after p. 22)	5/00
26, 26a	October 27, 1998
RS-1109-0	10/87
44, 44a, 44b	October 27, 1998
470-2385	2/00
MA-2122-0	September 16, 1975
45, 46	June 25, 1996
470-1631 (after p. 106)	11/86
470-2875	4/96
137	December 22, 1998
470-1632 (after p. 180)	2/00
202	April 18, 2000
470-3118 (after p. 210)	2/99
272	June 25, 1996
470-2631	5/94
PA-2229-0 (after p. 292)	6/92
PA-2368-8	11/96
333	December 22, 1998
470-0169	3/00
371	April 18, 2000
372	November 12, 1996
RC-0018 (after p. 412)	8/00

Additional Information

Print supplies of 470-0363, 470-2875, and RC-0018 from the on-line manual as needed. No supplies will be printed (except for the 470-2875 inside Comm. 91).

Use up existing supplies of all other forms before ordering a new supply form Anamosa in the usual manner. (Discard remaining supplies on the 2000 version of the *Case Record Tracking Sheet* at the end of the year.)

The *Case Record Tracking Sheet* calendar, the *Landlord Questionnaire*, the *Overpayment Recovery Supplemental Information*, and the *Supplementary Security Income Payment Standards* are also available in the public state-approved forms folder on Outlook.

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 19, 2000

GENERAL LETTER NO. 6-AP-37

ISSUED BY: Bureau of Eligibility Services, Division of Medical Services
Bureau of Family Investment, Division of Economic Assistance
Bureau of Food Stamps, Division of Economic Assistance
Bureau of Operations Services, Division of Support Services

SUBJECT: Employees' Manual, Title 6, ***INCOME MAINTENANCE PROGRAMS APPENDIX***, Contents (pages 1, 2, 3, 5, and 7 through 11), revised; pages 31 through 34, 34a, 36a, 73, 74, 82a, 193, 194, 262, 269, 270, 295, 339, 340, 341, 353, 354, 375, 397, 398, 423, 424, and 425, revised; and the following revised forms:

470-0502	<i>Authorization for Examination and Claim for Payment</i>
RC-0033	<i>Desk Aid</i>
470-2465	<i>Disability Report</i>
470-2472	<i>Disability Transmittal</i>
470-2844	<i>Employer's Statement of Earnings</i>
470-3491	<i>Medicaid Certificate of Coverage</i>
470-0130	<i>Overpayment Statement</i>
470-0462	<i>Public Assistance Application</i>
PS-3811-A	<i>Request for Delivery Information/Return Receipt After Mailing</i>
RC-0018	<i>Supplemental Security Income Payment Standards</i>

Summary

Language in the instructions for form 470-0502, *Authorization for Examination and Claim for Payment*, is revised to remove an obsolete reference to PROMISE JOBS and update instructions for use of the form for FIP and FMAP-related Medicaid.

The following are revised to reflect the 2001 Social Security cost of living allowance (COLA) increase of 3.5% for the SSI income limit:

- ◆ RC-0033, *Desk Aid*
- ◆ Instructions for the *SSI-Related Income Worksheet*
- ◆ RC-0018, *Supplemental Security Income Payment Standards*. (The COLA allowance affects all State Supplementary Assistance payment amounts.)

The 2001 Medicare Part B premium has increased to \$50.00.

Medicare refers to qualified disabled working persons (QDWP), qualified Medicare beneficiaries (QMB), specified low income Medicare beneficiaries (SLMB), expanded specified low income Medicare beneficiaries (E-SLMB) and home health specified low income Medicare beneficiaries (HH-SLMB) as the Medicare Savings Program.

Medicare beneficiaries may call in requesting information about the Medicare Savings Program. To help workers identify the coverage groups that Medicare beneficiary is referring to, “Medicare Savings Program” has been added in parentheses after QMB, SLMB, E-SLMB, HH-SLMB, and QDWP.

Form SSA-4681-U4, *Case Report on Claim of Good Cause for Refusing to Cooperate in Establishing Paternity and Securing Child Support*, is eliminated, since completion of this form is no longer required.

Form 470-2465, *Disability Report*, is revised to remove the word “mongolism” from item 9. The *Disability Transmittal* is revised to update the status list and restore the diary date in the DDS section.

Form 470-2844, *Employer’s Statement of Earnings*, is revised to add the fax number, in conformity with the version on the Change Reporting system.

Forms FNS-252-2, *Meal Service*, and FP-2230-0, *Restaurant Meals Agreement*, are removed from the Appendix as the Restaurant Meals provisions of the Food Stamp program are discontinued. No restaurants have participated in the program for some years, and the Department is preparing the program for electronic benefit transfer issuance system.

Effective January 1, 2001, deprivation is eliminated as a FIP and FMAP-related eligibility requirement. This eliminates all of the specific FIP Unemployed Parent program requirements. As a result, the following forms will no longer be used and are removed from the appendix:

- ◆ Form 60-0212, *Notice of Job Service Activity*
- ◆ Form 470-0452, *Unemployed Parent Referral to Workforce Development*

Form 470-0130, *Overpayment Statement*, is revised to clarify the instructions to the recipient and remove the old form number.

Form 470-0462, *Public Assistance Application*, is revised to:

- ◆ Remove information related to determination of deprivation for FIP.
- ◆ Add and revise fields to collect information required for federal Temporary Assistance for Needy Families (TANF) data reporting, including information on education and race/ethnicity for each person listed on the application.
- ◆ Remove references to FIP intentional program violation.

Language in the instructions for form 470-0447, *Report on Incapacity*, is revised to update instructions for use of the form for FIP and FMAP-related Medicaid.

This chapter is revised to update the revision of form PS-3811-A, and change the name to *Request for Delivery Information/Return Receipt After Mailing*.

Effective Date

January 1, 2001

Material Superseded

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

<u>Page</u>	<u>Date</u>
Contents (pp. 1 and 2)	October 31, 2000
Contents (p. 3)	October 3, 2000
Contents (p. 5)	June 13, 2000
Contents (p. 7)	October 3, 2000
Contents (p. 8)	June 13, 2000
Contents (p. 9)	October 31, 2000
Contents (p. 10)	October 3, 2000
Contents (p. 11)	April 18, 2000
31-33	June 25, 1996
PA-5113-0	7/87
34	June 29, 1999
34a, 34b	June 13, 2000
36a	October 3, 2000
SSA-4681-U4	9-83
44c	October 27, 1998
RC-0033 (before p. 68a)	10/00
470-2465	1/89
470-2472	7/00
73, 74	October 3, 2000
PS-3811-A	December 1994
82a, 82b	December 22, 1998
82c	March 30, 1999
82d	June 27, 2000
470-2844 (before p. 93)	12/99
FNS-252-2	6-77
193, 194	June 25, 1996
470-3491	Undated
262	January 28, 1997
267, 268	December 22, 1998,
60-0212	10-86
269	June 25, 1996
270	October 3, 2000
ADM-4302-0	10/88
295	November 12, 1996

470-0462 (before p. 313)	5/00
339	June 23, 1998
340, 341	June 25, 1996
353	December 22, 1998
FP-2230-0	5/80
375	June 25, 1996
397, 398	December 7, 1999
RC-0018 (after p. 412)	11/00
422a, 423	September 28, 1999
424, 425	December 22, 1998
PA-2138	12/96

Additional Information

Initial supplies of the revised form 470-0462, *Public Assistance Application*, will be issued to each office when it is printed. Begin using the revised version when you receive your initial supply, and destroy any remaining supply of the previous version of the form. Order additional supplies from Anamosa in the usual manner.

Print supplies of form 470-0502, *Authorization for Examination and Claim for Payment*, from the on-line manual. No printed supplies of this form will be available. Discard any remaining supplies of the previous version (PA-5113-0), because the claim section is not adequate.

Record cards RC-0018 and RC-0033 are available in the public state-approved forms folder on Outlook. No card stock copies of these forms will be printed.

Destroy remaining supplies of forms SSA-4681-U2, *Case Report on Claim of Good Cause for Refusing to Cooperate in Establishing Paternity and Securing Child Support*; FP-2230-0, *Restaurant Meals Agreement*; and 470-0452, *Unemployed Parent Referral to Workforce Development*.

Use up remaining supplies of forms 470-2465, *Disability Report*; 470-2472, *Disability Transmittal*; and 470-2844, *Employer's Statement of Earnings*. Reorder from Anamosa in the usual manner.

Obtain supplies of PS-3811-A, *Request for Delivery Information/Return Receipt After Mailing*, from you local post office, or photocopy the sample in the manual. You may use up supplies of the previous version of the form only until February 1, 2001.

Forms 470-0130, *Overpayment Statement*, and 470-3491, *Medicaid Certificate of Coverage*, are system generated, and are not stocked by field offices. Form 60-0212, *Notice of Job Service Activity*, originates with Iowa Workforce Development. IWD will no longer issue this form to the Department.

Refer questions to your regional benefit payment administrator.



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

DEPARTMENT OF HUMAN SERVICES
JESSIE K. RASMUSSEN, DIRECTOR

March 20, 2001

GENERAL LETTER NO. 6-AP-38

ISSUED BY: Division of Policy and Rule Integration
Division of Medical Services
Division of Economic Assistance

SUBJECT: Employees' Manual, Title 6, **INCOME MAINTENANCE PROGRAMS APPENDIX**, Contents (pages 2, 3, 5, and 7 through 11), revised; pages 14, 61, 65, 66, 104a, 175, 176, 181, 182, 183, 187, 235 through 244, 253 through 256, 259, 309, 319, 320, 361, 375 through 378, 421, 422, and 423, revised; pages 104b through 104e, 320a, and 320b, new; and the following forms:

470-2891	<i>Demand Letter for Medicaid or State Supplementary Assistance Overpayment</i> , revised
RC-0033	<i>Desk Aid</i> , revised
470-0275	<i>Family Composition</i> , new (and updated)
470-0330	<i>Food Stamp Computation</i> , revised
470-3035	<i>IPV Referral Cover Sheet</i> , revised
470-0272	<i>Lost Form Request</i> , new (unchanged)
470-2527	<i>MAC Income Worksheet</i> , revised
470-2304	<i>Medicaid Information Questionnaire for SSI Persons</i> , revised
470-0500	<i>Notice of Cancellation (PA-4107-0, system)</i> , new (and revised)
470-1968	<i>Notice of Cancellation (manual)</i> , revised
470-0485	<i>Notice of Decision (PA-3102-0(C))</i> , new (and revised)
470-0288	<i>Notice of Disqualification</i> , revised
470-2845	<i>Notice of Health Insurance Premium Payment</i> , revised
470-0334	<i>Notice of Lost Benefits Entitlement</i> , revised
470-2629	<i>Presumptive Medicaid Income Calculation</i> , revised
470-0271	<i>Quality Assurance Transmittal</i> , new (unchanged)
470-0169	<i>Requirements of Support Enforcement</i> , revised
470-2881	<i>Review/Recertification Eligibility Document</i> , new (and revised)
470-2663	<i>Transitional Medicaid Notice of Decision/Quarterly Income Report</i> , new (and revised)

Summary

The *Desk Aid*, RC-0033, form 470-2527, *MAC Income Worksheet*, and form 470-2629, *Presumptive Medicaid Income Calculation*, have been revised to reflect the increase in the federal poverty levels for 2001.

Revisions to the appendix eliminate references to FIP intentional program violation policies, which were deleted by General Letter 4-M-3. Form 470-3489, *Demand Letter for FIP/RCA Intentional Program Violation Overissuance*, is deleted. The *IPV Referral Cover Sheet* has been changed to remove language about FIP IPVs.

Form 470-2891, *Demand Letter for Medicaid or State Supplementary Assistance Overpayment*, has been revised to:

- ◆ Add mailing instructions and a phone number for questions about repayment.
- ◆ Clarify what questions can be handled by the IM worker.
- ◆ Remove the list of actions that may be taken on overpayments.
- ◆ Update the nondiscrimination policy.

The Automated Benefit Calculation system's computer-generated forms (*Family Composition*, *Notice of Cancellation*, and *Notice of Decision*) and forms used to communicate with Quality Assurance (*Lost Form Request* and *Quality Assurance Transmittal*) are added to the appendix, with revised instructions.

Worksheet 470-0330, *Food Stamp Computation*, has been revised to remove reference to the homeless shelter standard and update the form number.

Form 470-2304, *Medicaid Information Questionnaire for SSI Persons*, is revised to update the form number and the dates and amounts on the tax credit page.

Form 470-1968, the manual *Notice of Cancellation*, has been revised to update the legal reference for Medicaid.

Form 470-0288, *Notice of Disqualification*, has been revised to update addresses, completion instructions, and sanction information. The form is now a Word template that is e-mailed to the IM worker for completion and printing.

Form 470-2845, *Notice of Health Insurance Premium Payment*, has been revised to be system-generated and to add a copy for the employer.

Form 470-0334, *Notice of Lost Benefits Entitlement*, has been revised to update the form number and change "local office" to "county office."

Form 470-2979, *Proof of Application for Medicaid*, is now available on Outlook under Public Folders, All Public Folders, State Approved Forms, Income Maintenance.

Form 470-0169, *Requirements of Support Enforcement*, is revised to clarify that cooperation with child support recovery is not required for people who are applying for Medicaid for a child only.

The current system-generated versions of the *Review/Recertification Eligibility Document* and the *Transitional Medicaid Notice of Decision/Quarterly Income Report* are also added to this appendix (in addition to the samples of the manually generated forms previously published).

Form 470-2881, *Review/Recertification Eligibility Document*, is revised to conform to the changes made to the manual RRED in March 2000, to:

- ◆ Obtain information on sharing shelter or utility expenses.
- ◆ Obtain information on additional utility fees charged by a landlord.
- ◆ Add language to the signature section informing households they will not receive a deduction for unreported or unverified expenses.

Form 470-2663, *Transitional Medicaid Notice of Decision/Quarterly Income Report*, is revised to update information in the “Policy on Nondiscrimination.”

Effective Date

April 1, 2001

Material Superseded

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

<u>Page</u>	<u>Date</u>
Contents (page 2, 3, 5, and 7-11)	December 19, 2000
14	June 23, 1998
470-3489	7/99
61, 62, 65	August 10, 1999
66	June 25, 1996
470-2891	4/92
RC-0033 (before p. 68a)	01/01
104a * (see note below)	December 7, 1989
FP-2242-0 (470-0330, before p. 117)	11/95
470-3035	11/96
175, 176	November 12, 1996
470-2527	7/00
181	March 28, 2000
182	June 13, 2000
187	March 28, 2000
470-2304 (after p. 198)	4/00
235	December 2, 1997
236, 237	March 28, 2000
470-1968	3/00
238	March 18, 1997
239, 240	March 17, 1998
241-243	June 26, 1996
244	March 18, 1997
470-0288	8/98
253	November 12, 1996
254-256, 259	June 25, 1996
470-2845	3/92

FP-2315-0 (470-0334, after p. 270)	3/91
470-2629 (after p. 306)	7/00
309	June 25, 1996
319	October 12, 1999
320 * (see note below)	June 29, 1999
361	December 22, 1998
470-0169 (before p. 371)	10/00
375	December 19, 2000
376 * (see note below)	December 22, 1998
377	March 28, 2000
378, 421, 422 * (see note below)	December 22, 1998
423	December 19, 2000

* Filing notes:

File forms 470-3105 and 470-3106 between new pages 104d and 104e.

File form 470-2721 after new page 320b.

File the revised form 470-2881 in addition to form 470-2881M, already in the manual.

File the revised form 470-2662 in addition to form 470-2663(M), already in the manual.

Additional Information

See General Letter 4-M-3 for more information on the elimination of FIP intentional program violation policies.

Begin using the revised form 470-3035, *IPV Referral Cover Sheet*, upon receipt. (This form is not available at Anamosa. Print supplies from the on-line manual, or photocopy the sample.)

Destroy any remaining supplies of form 470-2304, *Medicaid Information Questionnaire for SSI Persons*. A template for the revised form is available on Outlook. In initial supply of the printed form will be distributed to county offices as soon as it becomes available.

Supplies of form 470-0271, *Lost Form Request*, are not available from Anamosa. A template for the form is available on Outlook.

Supplies of from 470-0271, *Quality Assurance Transmittal*, and previous versions of the remaining printed forms may be used up before re-ordering from Anamosa in the usual manner.

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 3, 2001

GENERAL LETTER NO. 6-AP-39

ISSUED BY: Division of Medical Services
Division of Economic Assistance

SUBJECT: Employees' Manual, Title 6, *INCOME MAINTENANCE PROGRAMS*
APPENDIX, forms:

- 470-2304 *Medicaid Information Questionnaire for SSI Persons*, revised
- 470-2330 *Notice of Decision for Medically Needy*, revised
- 470-2666 *Notice of Overpayment of PROMISE JOBS Expense Allowance*,
revised
- 470-3565 *Referral to the Healthy and Well Kids in Iowa (HAWK-I) Program*,
revised

Summary

The previous version for form 470-2304, *Medicaid Information Questionnaire for SSI Persons*, was inadvertently published with General Letter 6-AP-38.

The *Notice of Decision for Medically Needy* is revised to update the manual reference for submitting medical expenses.

The *Notice of Overpayment of PROMISE JOBS Expense Allowance* is also revised to update the manual reference.

The *Referral to the Healthy and Well Kids in Iowa (HAWK-I) Program*, form 470-3565, is revised to incorporate three additional fields necessary for application processing and to meet new federal reporting requirements.

Effective Date

Upon receipt.

Material Superseded

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

<u>Page</u>	<u>Date</u>
470-2304 (after p. 198)	4/00
470-2330 (after p. 244)	7/99
470-2666 (before p. 271)	10/93
470-3565 (after p. 332)	6/00

Additional Information

Electronic templates that workers can complete on line are available for each of these forms except 470-2666, which is issued by PROMISE JOBS workers.

Printed supplies are also available at Anamosa for all of the forms except 470-3565. However, the printed supply of form 470-2330 will not be updated until the current supply is exhausted. Offices that issue a printed form for submitting medical expenses (the fourth option) may correct the legal reference manually.

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. 6-AP-40

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

SUBJECT: Employees' Manual, Title 6, **INCOME MAINTENANCE PROGRAMS APPENDIX**, form RC-0018, *Supplemental Security Income Payment Standards*, revised.

Summary

Reference card RC-0018, *Supplemental Security Income Payment Standards*, is revised to reflect the residential care facility rate and in-home health-related care rate increases effective May 1, 2001, which affect the income limits for those programs.

Effective Date

May 1, 2001

Material Superseded

Remove from Employees' Manual, Title 6, **INCOME MAINTENANCE PROGRAMS APPENDIX**, form RC-0018, dated 01/01, and destroy it.

Additional Information

Print additional supplies of RC-0018 from the on-line manual as needed. 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. 6-AP-41

ISSUED BY: Division of Economic Assistance, Division of Medical Services

SUBJECT: Employees' Manual, Title 6, **INCOME MAINTENANCE PROGRAMS APPENDIX**, Table of Contents (pages 1, 4, 5, 7, 8, and 11), revised; pages 21, 22, 121, 122, 154, 173, 190, 258, 259, 260, 269, 303, 316, 317, 318, 371, 372, 433, and 434, revised; pages 154a and 154b, new; and the following forms:

- 470-0309 *Application for Disaster Food Stamp Assistance*, restored
- 470-0306 *Application for Food Stamps*, revised
- 470-0329 *Food Stamp Worksheet*, revised
- 470-3851 *Important Information About Your FIP Case*, new
- 470-2326 *Interview Checklist for Farmer Food Stamp Applications and Recertifications*, revised
- 470-2304 *Medicaid Information Questionnaire for SSI Persons*, revised
- 470-2845 *Notice of Health Insurance Premium Payment*, revised
- 427-0538 *Notice of Income Offset Against State Warrants for Debts Owed the Department of Human Services*, revised
- 427-0539 *Notice of Income (Payroll) Offset for Debts Owed the Department of Human Services*, revised
- 470-3743 *Premium Payment Refund Notice*, new
- 470-0462 *Public Assistance Application*, revised
- 470-0455 *Public Assistance Eligibility Report*, revised
- 470-0169 *Requirements of Support Enforcement*, revised
- 470-0312 *Worksheet Determining Income of Farm Operators*, revised

Summary

The correct *Application for Disaster Food Stamp Assistance* is added to the Appendix.

The *Application for Food Stamps* (470-0306) is revised for the person signing the application to certify under penalty of perjury that the citizenship or alien status of each person applying for food stamps is correct and complete.

The *Food Stamp Worksheet* (470-0329) is revised to reflect the food stamp policy changes for calculating the value of licensed vehicles.

New form 470-3851, *Important Information About Your FIP Case*, is periodically issued to FIP participants whose FIP assistance is counted toward the 60-month FIP limit. The form notifies participants of the number of FIP months they have used. Prepare the form as directed in the instructional pages.

The Eligibility Tracking System will track and report each family's 60-month FIP period. Until programming enhancements are completed, monthly printouts will be made available to county and regional offices listing families that have received FIP for at least 32 months.

Interview Checklist for Farmer Food Stamp Applications/Recertifications (470-2326) is revised to allow for the principal payment of capital assets as an expense.

Medicaid Information Questionnaire for SSI Persons (470-2304) is revised to correct errors on the Resource page.

The *Notice of Health Insurance Premium Payment* was revised to update legal references and add appeal rights.

The *Notice of Income (Payroll) Offset* and the *Notice of Offset Against State Warrants*, both issued by the Department of Inspections and Appeals, have been revised to update addresses and nondiscrimination policies.

Public Assistance Application (470-0462) is revised for the person signing the application to certify under penalty of perjury that the citizenship or alien status of each person applying for food stamps is correct and complete.

Public Assistance Eligibility Report (470-0455) is revised to:

- ◆ Change Section 6, Other Changes, to request that food stamp households report if they start paying court-ordered child support or if the amount that is court-ordered changes.
- ◆ Remove language about FIP intentional program violation policies, which were rescinded by General Letter 4-M-3.

Instructions for the PAER are revised to remove references to Medicaid.

Form 470-0169, *Requirements of Support Enforcement*, has been revised to make it clearer that if Medicaid is requested for a child only, parents are not required to cooperate with the Child Support Recovery Unit.

Worksheet Determining Income of Farm Operators (470-0312) is revised to allow for the principal payment of capital assets as an expense for food stamps.

Effective Date

June 1, 2001

Special instructions will be provided during the May Bureau CIDS for the initial issuance of form 470-3851. Delay issuing the form until after the May CIDS.

Material Superseded

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

<u>Page</u>	<u>Date</u>
Contents (p. 1)	December 19, 2000
Contents (p. 4)	March 28, 2000
Contents (pp. 5, 7, 8, 11)	March 20, 2001
FNS-447	7/92
21	June 29, 1996
22	April 18, 2000
470-0306	10/00
FP-2241-0 (470-0329)	1/00
121, 122	June 25, 1996
154	April 20, 1999
470-2326	2/88
173	June 25, 1996
190	June 13, 2000
470-2304 (after p. 198)	1/01
258	February 25, 1977
470-2845	4/98
259	March 20, 2001
260	November 12, 1996
427-0539	11/95
427-0538	12/99
261	June 25, 1996
262, 269	December 19, 2000
303	January 28, 1997
470-0462 (before p. 313)	1/01
316	June 13, 2000
470-0455	3/00
317, 318	March 28, 2000
470-0169	10/00
371, 372	October 31, 2000
470-0312 (before p. 433)	11/74
433, 434	June 25, 1996

Additional Information

Initial supplies of the revised *Food Stamp Worksheet* (470-0329) will be issued to each office by June 2001. Start using the revised versions upon receipt of the initial supply and destroy any remaining supply of the previous version of this form. Order additional supplies from Anamosa in the usual manner.

Form 470-3851, *Important Information About Your FIP Case*, is available as a template in a public folder in Outlook.

Use up remaining supplies of the *Application for Food Stamps* (470-0306) and the *Public Assistance Application* (470-0462). Order additional supplies from Anamosa in the usual manner. Revised forms will be printed when the current supply is exhausted. (The Spanish versions of these applications are still in the process of being revised.)

No printed supplies are available for the *Application for Disaster Food Stamp Assistance* (470-0309), *Interview Checklist for Farmer Food Stamp Applications and Recertifications* (470-2326), or *Worksheet Determining Income of Farm Operators* (470-0312). Print supplies of these forms from the on-line manual (or photocopy the samples) as needed.

The system-generated version and the Outlook template version of *Medicaid Information Questionnaire for SSI Persons* (470-2304) have been revised. The printed version will be revised when current supplies are used up. Order supplies from Anamosa in the usual manner.

The system-generated version of the *Public Assistance Eligibility Report* (470-0455) will go into production for the PAERs issued at the end of May. The printed version will not be revised until existing supplies are exhausted. When using up remaining supplies of the hand-issued forms, change Sections 6, Other Changes, by crossing out the words “by \$50 or more a month” from the second sentence. (The Spanish version of this form is still in the process of being revised.)

Form 470-2845, *Notice of Health Insurance Premium Payment*, is issued by the HIPP Unit and is not stocked in field offices. Forms 427-0538 and 427-0539, the *Notices of Income Offset*, are issued by the Department of Inspection and Appeals and are not stocked in DHS offices.

Use up remaining supplies of *Requirements of Support Enforcement* before ordering revised forms from Anamosa. The Change Reporting System will continue to generate the obsolete version of form 470-0169 until system changes can be made.

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

June 26, 2001

GENERAL LETTER NO. 6-AP-42

ISSUED BY: Bureau of Family Investment, Division of Economic Assistance
Bureau of Eligibility Services, Division of Medical Services

SUBJECT: Employees' Manual, Title 6, **INCOME MAINTENANCE PROGRAMS APPENDIX**, Table of Contents (pages 1, 2, 6, 8, and 9), revised; pages 4, 18, 19, 20, 23, 24, 31, 40, 49, 50, 67, 68, 104d, 154, 154a, 303, 304, 305, 306, 316, 317, 318, 322, 323, 324, 329, 364, and 365, revised; page 216a, new, and the following forms:

- 427-0415 *Agreement for Telephone Hearing*, revised
- 470-0504 *Application for Burial Benefits*, revised
- 470-0307 *Application for Food Stamps (Spanish)*, revised
- 427-0447 *Approval of Release of Information by Iowa Department of Human Services*, revised
- 470-2846 *Cancellation of Premium Payment*, revised
- 470-0322 *Change Report (Spanish)*, revised
- 470-2847 *Denial of Health Insurance Premium Payment*, revised
- 470-3851 *Important Information About Your FIP Case*, revised
- 470-3869 *MEPD Appeal Summary*, new
- 470-2580 *Presumptive Medicaid Eligibility Notice of Decision*, revised
- 470-3716 *Race/Ethnic Report*, new
- 470-0362 *Referral for Early and Periodic Screening, Diagnosis, and Treatment*, revised
- 470-0397 *Request for Special Update*, revised

Summary

Form 427-0415, *Agreement for Telephone Hearing*, has been revised to update who should be contacted if there are questions about the form.

Form 470-0504, *Application for Burial Benefits*, has been revised to remove the old form number.

The Spanish *Application for Food Stamps*, form 470-0307, is revised to request the person signing the application to certify under penalty of perjury that the citizenship or alien status of each person applying for food stamps is correct and complete.

Form 427-0447, *Approval of Release of Information by Iowa Department of Human Services*, has been revised to update the name of the director of the Department of Inspections and Appeals, which issues the form.

Instructions for the *Attribution of Resources Appeal Summary* are revised to reflect the form's use for home- and community-based waiver recipients.

Forms 470-2846, *Cancellation of Premium Payment*, and 470-2847, *Denial of Health Insurance Premium Payment*, have been revised to update the appeal rights and add the policy on nondiscrimination.

The Spanish *Change Report*, form 470-0322, has been revised to:

- ◆ Obtain information on sharing shelter or utility expenses.
- ◆ Obtain information about additional utility fees charged by a landlord.
- ◆ Add language to the signature section informing households:
 - That they will not receive a deduction for unreported or unverified expenses.
 - How to obtain deductions for expenses in the future.

Instructions for the use of form 470-3851, *Important Information About Your FIP Case*, require that a copy of Comm. 137, *5-Year Limit on FIP Assistance*, be included any time a FIP family is issued form 470-3851. For more efficient and expedient use, Comm. 137 has added as page 2 of the template on Outlook for form 470-3851. Also, an enclosure line has been added at the bottom of the form to indicate inclusion of Comm. 137.

Note that Comm. 137 also remains available printed as a separate document for use when issuance of form 470-3851 is not required. Refer to Circular Letter 56Z-346-EA, dated November 14, 2000, for instructions for using Comm. 137 without form 470-3851.

The Quality Assurance Unit will use form 470-3869, *MEPD Appeal Summary*, to provide information about premium payments under Medicaid for employed people with disabilities when an appeal has been filed and the information is needed to support the actions taken on the case.

Form 470-2580, *Presumptive Medicaid Eligibility Notice of Decision*, has been revised to include women with breast and cervical cancer.

Instructions for the *Public Assistance Eligibility Report* are revised to clarify the form number for the system-generated version of the form.

Federal law requires states to report Temporary Assistance for Needy Families (TANF) data. Use *Race/Ethnicity Report*, 470-3716, to request information about race and ethnicity of all adults and children associated with the FIP assistance unit, even if they are not on the grant. This includes stepparents, excluded parents, etc.

Start using form 470-3716 upon receipt. If you do not have race/ethnicity information, ask clients to supply the information:

- ◆ When they apply for an additional FIP household member,
- ◆ At review, or
- ◆ Whenever you realize that you do not have race or ethnicity information for someone associated with the FIP assistance unit.

Form 470-0362, *Referral for Early and Periodic Screening, Diagnosis, and Treatment*, has been revised to remove the old form number.

Form 470-0397, *Request for Special Update*, revised to add data about newborns. When adding medical eligibility for a newborn, Quality Assurance staff need the mother's name and state ID number to identify the mother's Medicaid coverage at the time of birth.

Form 470-0176, *Address Information Request*, is removed from this appendix because only the Office of Program Evaluation uses it, and an updated version has been published in 5-D-Appendix.

Form 470-2579, *Application for Authorization to Made Presumptive Medicaid Eligibility Determinations*, is removed from this appendix because it is issued to the provider by the Division of Medical Services, and IM workers are not normally involved. A sample of the form is included in the *Medicaid All Providers Manual*, Chapter C, Item VIII.B (Title 8-Appendix), and is available in the on-line manual, if you receive any inquiries about it.

Effective Date

July 1, 2001

Material Superseded

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

<u>Page</u>	<u>Date</u>
Contents (p. 1)	May 15, 2001
Contents (p. 2)	March 20, 2001
Contents (p. 6)	October 3, 2000
Contents (p. 8)	May 15, 2001
Contents (p. 9)	March 20, 2001
4	October 14, 1997
470-0176	9/97
427-0415 (after p. 14)	11/96
18	June 25, 1996
470-2579	12/90
PA-5301-0	9/94
19, 20, 23	June 25, 1996
FP-2101-0	3/98
24	June 13, 2000
427-0447 (after p. 30)	undated
31	December 19, 2000
40	June 25, 1996
470-2846	3/92
FP-2232-1	3/98
49, 50, 67, 68	June 25, 1996
470-2847	3/92

104d	March 20, 2001
154, 154a	May 15, 2001
470-3851	5/01
303	May 15, 2001
304-306	June 25, 1996
470-2580	12/99
316-318	May 15, 2001
322	June 13, 2000
323	December 22, 1998
324	August 10, 1999
MA-2119-0	10/92
329	December 22, 1998
364	October 14, 1997
MA-4046-1	3/92
365	March 28, 2000

Additional Information

An initial supply of new form *Race/Ethnic Report*, 470-3716, has been issued to each DHS county office. Order additional supplies from Anamosa in the usual manner. Clients are not required to answer the questions. If the client does not supply the information, document that in the case record. However, do ask for the information periodically in situations as described above.

An initial supply of the revised form 470-2580, *Presumptive Medicaid Eligibility Notice of Decision*, will be issued to providers who are authorized to make presumptive eligibility determinations for women with breast or cervical cancer. The printed supply will be revised at the next reprinting. Qualified providers determining presumptive eligibility for pregnant women can use up this supply.

Start using the revised version of the Spanish *Change Report*, form 470-0322, and the revised templates for forms 470-3851 and 470-0397 upon receipt. Destroy any remaining supply of the previous version of the Spanish *Change Report*, form FP-2232-1.

Order supplies of the revised Spanish *Application for Food Stamps*, form 470-0307, from Anamosa. Destroy remaining supplies of the previous version when you receive the revised version.

Use up remaining supplies of forms 470-0504 (PA-5301-0), *Application for Burial Benefits*; 470-0362 (MA-2119-0), *Referral for Early and Periodic Screening, Diagnosis, and Treatment*; and 470-0397 (MA-4046-1), *Request for Special Update*. Reorder from Anamosa in the usual manner.

New form 470-3809, *MEPD Appeals Summary*, is issued by Quality Assurance. Revised forms 427-0415, 427-0447, 470-2846, and 470-2847 also originate outside the county office and do not need to be ordered.

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



July 31, 2001

GENERAL LETTER NO. 6-AP-43

ISSUED BY: Bureau of Food Stamps, Division of Economic Assistance
Bureaus of Eligibility Services and Health Care Purchasing and Quality
Management, Division of Medical Services

SUBJECT: Employees' Manual, Title 6, **INCOME MAINTENANCE PROGRAMS
APPENDIX**, Contents (pages 1, 2, 3, 4, 5, 10, and 11), revised; pages 1, 38a,
39, 69, 96, 97, 98, 108, 157, 281, 282, 286, 287, 291, 292, 385 through 388,
416, and 421, revised; pages 67 and 68, reprinted; pages 108a, 108b, and 282a,
new; and the following forms:

470-0036	<i>Burial Claim</i> , revised
470-3487	<i>Demand Letter for Food Stamp Inadvertent Household Error Overissuance</i> , revised
470-3486	<i>Demand Letter for Food Stamp Intentional Program Violation Overissuance</i> , revised
RC-0033	<i>Desk Aid</i> , revised
470-3741	<i>Employer's Verification of Earnings</i> , new
470-3742	<i>Financial Institution Verification</i> , new
470-0391	<i>Inquiry Regarding Bill for Medical Services</i> , revised
470-0386	<i>Medical Transportation Claim</i> , revised
470-0464	<i>Overpayment Recovery Information Input</i> , revised
S470A110-A	<i>Section 503 Alert Notice</i> , revised
RC-0018	<i>Supplemental Security Income Payment Standards</i> , revised

Summary

The previous *503 Notice* has been revised and renamed *Section 503 Alert Notice*, so it is moved to remain in alphabetical order by title. The ABC system generates this form as part of COLA processing.

The *Burial Claim* is revised to remove the old form number.

The following forms are revised to add language required in recent changes to federal regulations at 7 CFR 273.18:

- ◆ 470-3486, *Demand Letter for Food Stamp Intentional Program Violation Overissuance*
- ◆ 470-3487, *Demand Letter for Food Stamp Inadvertent Household Error Overissuance*
- ◆ 470-0464, *Overpayment Recovery Information Input*

Reference card RC-0033, *Desk Aid*, is revised to reflect the Consumer Price Index correction cost-of-living adjustment to the SSI income limit.

The safeguard procedures found in Employees' Manual 14-G require that any information or verification request that contains information taken from an IRS IEVS report must be safeguarded just as the information on the IRS IEVS report.

In order to comply with these requirements, two new forms have been created with a tear-off portion at the top that allow workers to seek verification of IRS IEVS information and safeguard the information which is taken from the IRS IEVS report.

- ◆ Use form 470-3741, *Employer's Verification of Earnings*, in lieu of form 470-2844, *Employer's Statement of Earnings*, when seeking verification from an employer based on information found on an IRS IEVS report.
- ◆ Use form 470-3742, *Financial Institution Verification*, in lieu of form 470-1631, *Financial Institution Questionnaire*, when seeking verification from a financial institution based on information found on an IRS IEVS report.

Only the top tear-off portion of the forms contains IEVS information. Follow the directions for gathering the information. When the financial institution or the employer returns the completed form, **dispose** of the tear-off portion of the form as described in 14-G. File the bottom portion of the form in the case record.

Form 470-0391, *Inquiry Regarding Bill for Medical Services*, revised to remove the direction to contact the income maintenance worker about questions and to update the addresses in the policy on nondiscrimination.

Form 470-0386, *Medical Transportation Claim*, is revised to:

- ◆ Include a section for time of departure and time of return.
- ◆ Include a section listing the dollar amount of mileage, meals, and lodging.
- ◆ Emphasize the instructions to send the form to the county office (not central office).
- ◆ Emphasize the need to list meals and lodging for each trip along with the costs incurred.

Reference card RC-0018, *Supplemental Security Income Payment Standards*, is revised to reflect the residential care facility rate and in-home health-related care rate increases effective August 1, 2001, which affect the income limits for those programs.

The following forms are removed from the manual:

- ◆ Quality Control forms 470-0457, *Absent Parent Questionnaire*, which is being moved to 5-D-Appendix, and 470-0482, *Error Resolution Request and Disposition*, which is no longer used.
- ◆ DIA forms 427-0500, *DIA Overpayment Recovery Memo*; 427-0540, *Income Offset Credit Letter*, and 427-0493, *Small Claims Information*. These forms are no longer used.
- ◆ Transitional Child Care forms 470-2475, *Transitional Child Care Voucher Agreement*, and 470-2476, *Transitional Child Care Voucher Payment*. These forms are no longer used.

Effective Date

August 1, 2001

Material Superseded

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

<u>Page</u>	<u>Date</u>
Contents (pp. 1, 2)	June 26, 2001
Contents (p. 3)	March 20, 2001
Contents (pp. 4, 5)	May 15, 2001
Contents (p. 10)	March 20, 2001
Contents (p. 11)	May 15, 2001
(C411GG03)	Undated
1-3	October 14, 1997
470-0457	8/90
4	June 26, 2000
AA-4149-0 (470-0036)	11/99
38a	February 25, 1997
39	June 25, 1996
470-3487 (after p. 61)	11/98
470-3486	7/99
RC-0033	4/01
(67, 68 – not printed with G.L. 6-AP-42)	June 25, 1996
68a	May 6, 1997
427-0500	5/90
69, 96-98	June 25, 1996
470-0482	6/91
108 *	March 17, 1998
427-0540	2/97
157	March 17, 1998
470-0391 (after p. 164)	7/99
470-0386 (before p. 209)	9/00
470-0464	10/00
281, 282, 286, 287, 291, 292	October 3, 2000
385	June 25, 1996
386-388	October 3, 2000
427-0493	Undated
RC-0018 (after p. 412)	5/01
416-420	December 22, 1998
470-2475	12/93
470-2476	12/93
421	March 20, 2001

* File form 470-0476 after new page 108b.

Additional Information

Use up existing supplies of the following forms and reorder from Anamosa in the usual manner:

- ◆ 470-0036, *Burial Claim*
- ◆ 470-0464, *Overpayment Recovery Information Input*

The revised form 470-0386, *Medical Transportation Claim*, is available on Outlook, but the printed supply of the previous version is being used up to conserve funds.

A small quantity of the new safeguard forms 470-3741 and 470-3742 will be printed at Anamosa because of their limited usage. One copy will be sent to each office as an initial supply.

No supplies of reference cards RC-0018 and RC-0033 are printed. People who want additional copies should print them from the on-line manual or photocopy them. The other revised forms originate in Central Office and are not stocked in the field.

Destroy any remaining supplies of the following forms:

- ◆ 470-0482, *Error Resolution Request and Disposition*
- ◆ 470-2475, *Transitional Child Care Voucher Agreement*
- ◆ 470-2476, *Transitional Child Care Voucher Payment*

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 11, 2001

GENERAL LETTER NO. 6-AP-44

ISSUED BY: Bureau of Food Stamps, Division of Economic Assistance

SUBJECT: Employees' Manual, Title 6, **INCOME MAINTENANCE PROGRAMS**
APPENDIX, Contents (page 7), revised, pages 239, 240, 397, and 398, revised;
and the following forms:

RC-0033 *Desk Aid*, revised
470-0486(S) *Notice of Decision* (Spanish), new
RC-0008 *Overpayment Recovery Codes*, revised

Summary

The *Desk Aid*, RC-0033, is revised to show the increases to the gross and net income limits and maximum allotments for the food stamp program.

The manual *Notice of Decision*, form 470-0486, has been translated into Spanish and is available as a template in the state-approved forms folder on Outlook. Translation of the ABC notice table into Spanish is in process but is not yet completed.

The *Overpayment Recovery Codes*, form RC-0008, is revised to correct codes and descriptions to match the current Overpayment Recovery System.

The instructions for the *SSI-Related Income Worksheet* on pages 397 and 398 are updated to reflect the COLA increase received August 1, 2001.

Effective Date

Upon receipt.

Material Superseded

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

<u>Page</u>	<u>Date</u>
Contents (p. 7)	May 15, 2001
RC-0033 (before p. 69)	08/01
239, 240	March 20, 2001
RC-0008 (before p. 280a)	04/00
397, 398	December 19, 2000

Additional Information

Please contact your regional benefit payment administrator if you need additional information.



STATE OF IOWA

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

DEPARTMENT OF HUMAN SERVICES
JESSIE K. RASMUSSEN, DIRECTOR

November 13, 2001

GENERAL LETTER NO. 6-AP-45

ISSUED BY: Division of Economic Assistance, Division of Medical Services

SUBJECT: Employees' Manual, Title 6, **INCOME MAINTENANCE PROGRAMS APPENDIX**, Contents (pages 1, 2, 4, 5, and 9), revised, pages 37, 42, 43, 133, 134, 154, 154a, 154b, 181, 278, and 425, revised; pages 134a through 134g, 154c, 354a, 354b, and 354c, new; and the following forms:

470-0010 *Adjustment to Overpayment Balance*, revised
470-0306 *Application for Food Stamps*, revised
427-0578 *AWARE Hotline Complaint*, revised
470-0042 *Case Activity Report*, revised
470-2385 *Case Record Tracking Sheet*, revised
RC-0033 *Desk Aid*, revised
427-560A *Front-End Investigations*, revised
470-3876 *Hardship Exemption Determination*, new
470-3884 *Hardship Exemption: Service Information*, new
RC-0040 *Income Maintenance Discussion of PROMISE JOBS*, revised
427-0292 *Incomplete Input Document Data*, revised
470-0272 *Lost Form Request*, revised
470-0383 *Notice Regarding Acceptance of Other Benefits*, revised
470-0464 *Overpayment Recovery Information Input*, revised
470-0495 *Repayment Contract*, revised
470-3826 *Request for FIP Beyond 60 Months*, new
RC-0018 *Supplemental Security Income Payment Standards*, revised
RC-0064 *Unearned Income Desk Aid*, new

Summary

This general letter:

- ◆ Revises the *Adjustment to Overpayment Balance* to remove language about Transitional Child Care and add Child Care Assistance.
- ◆ Revises the *Application for Food Stamps* at the request of field staff to gather additional information about household vehicles.
- ◆ Updates the DIA forms *AWARE Hotline Complaint* and *Front-End Investigations* to reflect the removal of obsolete references to O'Brien and Associates as front-end investigators and to the former IM Recoupment Unit.

- ◆ Revises the *Case Activity Report* to clarify entries about level of care and Medicare information.
- ◆ Updates the *Case Record Tracking Sheet* to include the 2002 calendar.
- ◆ Revises reference cards RC-0033, *Desk Aid*, and RC-0018, *Supplemental Security Income Payment Standards*, to reflect the Social Security cost-of-living increases for January 2002.
- ◆ Adds new forms 470-3876, *Hardship Exemption Determination*; 470-3884, *Hardship Exemption: Service Information*; and 470-3826, *Request for FIP Beyond 60 Months*; for use in determining whether a family qualifies for FIP beyond the 60-month limit due to hardship.
- ◆ Incorporates instructions for obtaining form 470-3851, *Important Information About Your FIP Case*, from the Eligibility Tracking System (ETS) to:
 - Add instructions to issue form 470-3851, together with Comm. 137, *5-Year Limit on FIP Assistance*, in months 56 and 58 of families' 60-month FIP period.
 - Delete references to the interim monthly report of active cases that have received FIP for 36 or more months. This report is discontinued with the implementation of ETS.
- ◆ Updates language in the *Income Maintenance Discussion of PROMISE JOBS*, RC-0040.
- ◆ Updates the *Incomplete Input Document Data* form to reflect the version currently used by DIA.
- ◆ Updates the *Lost Form Request* and instructions to allow e-mailing the form to the Medicaid fiscal agent when requesting forms from the MMIS Medically Needy Subsystem.
- ◆ Revise the *Notice Regarding Acceptance of Other Benefits* to allow completion on-line through a template on Outlook.
- ◆ Revises the *Overpayment Recovery Information Input* to clarify that item 17a is used for food stamp claims only.
- ◆ Revises the *Repayment Contract* to update program names and addresses and to remove the old form number.
- ◆ Adds a new desk aid, RC-0064, to help workers evaluate sources of unearned income.

Effective Date

Upon receipt.

Material Superseded

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

<u>Page</u>	<u>Date</u>
Contents (pages 1, 2, 4, 5, and 9)	July 31, 2001
470-0010 (after p. 8)	7/00
470-0306 (after p. 22)	6/01

427-0578	9/00
37	October 3, 2000
42, 43	June 27, 2000
470-0042	6/00
470-2385	11/01
RC-0033 (before p. 69)	10/01
427-560A	Undated
133, 134	December 22, 1998
154	June 25, 2001
154a	June 26, 2001
154b	May 15, 2001
RC-0040 (after p. 156)	5/99
427-0292 (before p. 159)	Undated
427-0272	6/99
181	March 20, 2001
278	March 28, 2000
470-0383	1/00
470-0464 (before p. 281)	7/01
PA-3164-0 (after p. 334)	6/97
RC-0018 (after p. 412)	8/01
425	December 19, 2000

Additional Information

No supplies are being printed of forms 470-3826, 470-3876, and 470-3884, used in the determination of FIP hardship exemption. The forms may be printed from the on-line manual or photocopied from the paper manual. In addition:

- ◆ Form 470-3826 can be printed from the Eligibility Tracking System (ETS).
- ◆ Forms 470-3876 and 470-3884 are available as templates in the public state-approved forms folder on Outlook.

Refer to the instructional pages for more information on the use of the new hardship exemption forms. Also, refer to General Letter 4-C-28, dated October 30, 2001, for specific information on the hardship exemption provisions.

Use up remaining supplies of the previous version of forms 470-0010, *Adjustment to Overpayment Balance*; 470-0306, *Application for Food Stamps*; 470-0042, *Case Activity Report*; 470-0383, *Notice Regarding Acceptance of Other Benefits*; and 470-0464, *Overpayment Recovery Information Input*. Reorder from Anamosa in the usual manner.

Supplies of 470-2385, *Case Record Tracking Sheet*, may be used until February 1, 2002. Printed supplies at IPI will be destroyed February 1, 2002. The old and new calendars are available on Outlook.

No supplies of the revised desk aids, RC-0033, RC-0040, or RC-0018 are being printed. Cardstock copies of new desk aid RC-0064, *Unearned Income Desk Aid*, have been distributed to field offices. Photocopy the desk aids from the manual or print them from Outlook or from the on-line manual as needed.

The *Lost Form Request*, 470-0272, is a template available on Outlook.

The *Repayment Contract*, 470-0495, is used only by DIA.

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



January 2, 2002

GENERAL LETTER NO. 6-AP-46

ISSUED BY: Division of Economic Assistance
Division of Medical Services

SUBJECT: Employees' Manual, Title 6, **INCOME MAINTENANCE PROGRAMS APPENDIX**, Contents (pages 1, 3, 4, 6, 8, 9, and 10) revised; pages 24, 25, 26, 93, 94, 95, 126 through 134, 134a, 134b, 134c, 138, 139, 140, 140a, 210, 211, 318, 320, 320a, 328, 397, 398, and 399, revised; and the following forms:

470-2844	<i>Employer's Statement of Earnings</i> , revised
470-3893	<i>Employer's Statement of Earnings Cover Letter</i> , new
470-3876	<i>Hardship Exemption Determination</i> , revised
470-2927	<i>Health Services Application</i> , revised
470-2927(S)	<i>Health Services Application</i> (Spanish), revised
470-3898	<i>Health Services Application Narrative</i> , new
595-1489	<i>Non-Law Enforcement Record Check Request Form A</i> , revised
470-0485	<i>Notice of Decision</i> , new
470-2629	<i>Presumptive Medicaid Income Calculation</i> , revised
470-0271	<i>Quality Assurance Transmittal</i> , revised
470-0318	<i>Record of Lost Benefits Restored</i> , revised

Summary

This general letter:

- ◆ Revises the *Employer's Statement of Earnings*, form 470-2844, and the instructions for it to incorporate the changes made by the separation of the *Employer's Statement of Earnings Cover Letter*, form 470-3893.
- ◆ Adds the *Employer's Statement of Earnings Cover Letter*. This is an optional cover letter that may be used to forward form 470-2844 to the employer to obtain verification of earned income and the availability of employment-related group health insurance. This form can be printed from the state approved forms folder on Outlook. It is not stocked at Anamosa.
- ◆ Updates the *Hardship Exemption Determination*, form 470-3876, to remove template restrictions that blocked entries to Part B and C. A "send" feature has been added to simplify electronic exchange of the form. References to "worker signature" are replaced with "worker name."

- ◆ Revises the *Health Services Application*, forms 470-2927 and 470-2927(S) to be used for the following programs:

- SSI-related Medicaid coverage groups.
- FMAP-related Medicaid coverage groups.
- Medically Needy.
- Medical facility care.
- State Supplementary Assistance programs.
- Home- and community-based waiver services.

Continue to use the *Public Assistance Application*, form 470-0462, or 470-0466(S), when the person wants to apply for FIP or food stamps along with FMAP-related coverage groups or Refugee Medical Assistance.

- ◆ Obsoletes the following forms:

- *Application for Medical Assistance or State Supplementary Assistance*, form 470-0442.
- *Medically Needy Recertification/State Supplementary and Medicaid Review*, form 470-3118.
- *Foster Care Medicaid Application*, form 470-2779.

- ◆ Adds form 470-3898, *Health Services Application Narrative*, for case record documentation to be used in conjunction with the revised *Health Services Application* forms.

- ◆ Updates the Department of Public Safety form 595-1489, *Non-Law Enforcement Record Check Request Form A*, to remove the evening phone number and clarify the instructions.

- ◆ Adds a sample of the computer-generated *Notice of Decision*, which was inadvertently omitted from a previous letter.

- ◆ Revises form 470-2629, *Presumptive Medicaid Income Calculation*, to add income figures for seven- and eight-person households.

- ◆ Revises forms 470-0271, *Quality Assurance Transmittal*, and 470-0318, *Record of Lost Benefits Restored*, to remove the old form number. These forms can now be completed on line through templates on Outlook.

- ◆ Revises the instructions to the *SSI-Related Income Worksheet*, form 470-2525, to indicate how to determine the maximum amount to be diverted per dependent.

- ◆ Corrects cross-references.

Effective Date

January 1, 2002

Material Superseded

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

<u>Page</u>	<u>Date</u>
Contents (page 1)	November 13, 2001
Contents (page 3)	July 31, 2001
Contents (page 4)	November 13, 2001
Contents (pages 6 and 8)	June 26, 2001
Contents (page 9)	November 13, 2001
Contents (page 10)	July 31, 2001
24	June 26, 2001
470-0442 (11 pages)	9/00
25	June 13, 2000
26, 26a *	October 31, 2000
470-2844 (before p. 93)	June 2000
93, 94, 95	June 25, 1996
126	June 13, 2000
470-2779 (10 pages)	1/2000
127-132 *	June 25, 1996
133, 134, 134a-134g *	November 13, 2001
470-3876	10/01
138	June 13, 2000
470-2927 (6 pages)	1/00
470-2927(S) (6 pages)	January 2000
139, 140	March 28, 2000
140a	2000
210, 211	April 18, 2000
470-3118 (8 pages)	11/00
595-1489 (after p. 230)	12/98
470-2629 (before p. 307)	April 2001
318	June 26, 2001
320, 320a	March 20, 2001
DP-4024	9/92
328	December 22, 1998
FP-2225-0	1/95
397, 398	September 11, 2001
399	December 7, 1999

- * File form 470-0554 between pages 22 and 25 instead of after page 26.
- File form 470-2708 between pages 126 and 127 instead of after page 130.
- File form 427-560A between pages 128 and 129 instead of after page 132.
- File form 470-3884 between pages 134 and 134a instead of after page 134d.

Additional Information

The following forms can be used until supplies are exhausted:

- ◆ *Application for Medical Assistance or State Supplementary Assistance*, form 470-0442.
- ◆ *Foster Care Medicaid Application*, 470-2779.
- ◆ *Medically Needy Recertification/State Supplementary and Medicaid Review*, form 470-3118.

When supplies are exhausted, switch to using the revised *Health Services Application*. Existing supplies of the *Health Services Application*, form 470-2927 or 470-2927(S), with revision date 1/00, can be used for people applying for programs **other than** State Supplementary Assistance, SSI-related Medicaid, or Medically Needy.

Revised forms 470-3893, *Employer's Statement of Earnings Cover Letter*; 470-3876, *Hardship Exemption Determination*; and 470-0271, *Quality Assurance Transmittal*, are available as templates in the state-approved forms folder in Outlook. These forms are not available from Anamosa.

The following forms can be used until supplies are exhausted:

- ◆ *Employers' Statement of Earnings*, form 470-2844
- ◆ *Non-Law Enforcement Record Check Request Form A*, form 595-1489
- ◆ *Presumptive Medicaid Income Calculation*, form 470-2629
- ◆ *Record of Lost Benefits Restored*, form 470-0318

These forms can be reordered from Anamosa as needed.

The *Health Services Application Narrative* and the *Record of Lost Benefits Restored* are available as templates in the state-approved forms folder on Outlook. These forms are also available in pads and can be ordered from Anamosa. No initial supply will be sent. Staff are encouraged to use the templates.

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 12, 2002

GENERAL LETTER NO. 6-AP-47

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

SUBJECT: Employees' Manual, Title 6, **INCOME MAINTENANCE PROGRAMS**
APPENDIX, Contents (pages 1 through 11), revised; pages 1, 2, 3, 30, 37, 38,
38a, 53 through 56, 98, 156, 157, and 280a, revised; pages 36b, 38b, 46a, 46b,
50a, 148a, 228a, 228b, 280b, 296a, 302a, 386a, 386b, and 386c, new; and the
following forms:

470-3773 *Absent Parent Information*, new
470-3774 *Address Change*, new
470-0306 *Application for Food Stamps*, revised
470-1363 *Approval of Release of Information by Iowa Department of Human
Services*, revised
470-3775 *Beginning Employment*, new
470-3811 *Beginning Income (BINC) Match*, new
470-3792 *Change in Health Insurance*, new
470-3776 *Change in Income*, new
470-3782 *Child Support Information Request*, new
470-0006 *Claimant's Supplemental Statement*, revised
470-3777 *Daily Tip Record*, new
RC-0033 *Desk Aid*, revised
470-3778 *Ending Employment*, new
470-3787 *Housing/Utility Change*, new
470-3779 *Income Eligibility Verification System (IEVS) Match*, new
470-2255 *Information for Food Stamp Work Registrants*, revised
470-3780 *New Household Member*, new
470-3781 *Newborn*, new
None *ORR Certification Letter*, new
470-3766 *Permission to Release Information*, new
470-3783 *Pregnancy Verification Request*, new
470-2629 *Presumptive Medicaid Income Calculation*, revised
470-3785 *Self-Employment*, new
470-3784 *Self-Employment Ledger*, new
470-3786 *Shared Housing/Utility Cost*, new

Summary

This chapter is revised to:

- ◆ Add 18 forms issued through the Change Reporting System (CRS). The CRS generates forms based on the incident screen selected and responses to questions on the incident screen. CRS prints forms for workers to use to gather needed verification pertinent to the incident being reported.

Exception: For the food stamp program and the FIP program, none of the CRS forms listed above are mandatory. Applicants and recipients may use other methods of providing the verification without risk of cancellation.

- ◆ Change the number of days in the instructions regarding expedited service on form 470-0306, *Application for Food Stamps*, from five days to seven days.
- ◆ Change and renumber form 427-0447, *Approval of Release of Information by Iowa Department of Human Services*, to the new number, 470-1363. This change is to restore the form to the DHS numbering system and to revise the form to reflect the current DIA director's name.
- ◆ Revise form 470-0006, *Claimant's Supplemental Statement*, to add space for a notary's signature.
- ◆ Revise the *Desk Aid*, RC-0033, and form 470-2629, *Presumptive Medicaid Income Calculation*, to reflect 2002 federal poverty guidelines.
- ◆ Change form 470-2255, *Information for Food Stamp Work Registrants*, to add food stamp worker along with Iowa Workforce Development worker to the form.
- ◆ Add the U.S. Department of Health and Human Services (HHS) forms, *ORR Certification Letter*, and instructions for the forms. HHS issues a certification letter to adults and to children that are certified by HHS to be victims of human trafficking. Sample letters are included as a reference for workers in verifying eligibility.

Effective Date

Upon receipt.

Material Superseded

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

<u>Page</u>	<u>Date</u>
Contents (page 1)	January 2, 2002
Contents (page 2)	November 13, 2001
Contents (pages 3, 4)	January 2, 2002
Contents (page 5)	November 13, 2001
Contents (page 6)	January 2, 2002
Contents (page 7)	September 11, 2001

Contents (pages 8, 9, 10)	January 2, 2002
Contents (page 11)	July 31, 2001
1	July 31, 2001
470-0306 (after p.22)	9/01
30	June 23, 1998
427-0447	None
37	November 13, 2001
38	February 25, 1997
38a *	July 31, 2001
470-0006 (after p. 52)	5/98
53	June 23, 1998
54, 55	October 12, 1999
RC-0033 (before p. 69)	1/02
98	July 31, 2001
156	March 17, 1998
157	July 31, 2001
470-2255 (before p. 161)	3/00
280a *	October 3, 2000
470-2629	11/01

* File new page 38a/38b between forms 470-3349 and 470-0036.
File RC-0008 after new page 280a/280b.

Additional Information

Use up existing supplies of forms 470-0306, *Application for Food Stamps*; and 470-2255, *Information for Food Stamp Work Registrants*, before reordering from Anamosa in the usual manner.

Order the revised versions of form 470-0006, *Claimant's Supplemental Statement*, and 470-2629, *Presumptive Medicaid Income Calculation*, as needed. Destroy supplies of previous versions when you receive the revised versions.

Print the revised *Desk Aid*, RC-0008, from Outlook or the on-line manual as needed. All other forms are system-generated or issued by another agency.

Refer questions about this general letter to your service area manager or designee.



April 23, 2002

GENERAL LETTER NO. 6-AP-48

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

SUBJECT: Employees' Manual, Title 6, *INCOME MAINTENANCE PROGRAMS APPENDIX*, Table of Contents (pages 1, 2, 4 through 7, 10, and 11), revised; pages 17 through 20, 25, 36b, 39, 126, 160, 161, 163, 177, 178, 179, 239 through 243, 247 through 250, 295, 353, 354, 355, 356, 357, and 377, revised; pages 354d through 354f, new; and the following forms:

470-0487	<i>Appeal and Request for Hearing</i> , revised
427-0578	<i>AWARE Hotline Complaint</i> , revised
Comm 84	<i>Information on Expedited Service</i> , new
Comm 84(S)	<i>Information on Expedited Service</i> , revised
60-0261	<i>IWD Report of Fail/Cure Status</i> , new
60-0305	<i>IWD Request for Review of FSET Status</i> , revised
470-2527	<i>MAC Income Worksheet</i> , revised
470-0486	<i>Notice of Decision</i> , revised
470-0490	<i>Notice of Decision: Medical Assistance or State Supplementary Assistance</i> , revised
470-0130	<i>Overpayment Statement</i> , revised
470-3924	<i>Request for Medicaid Eligibility Data Changes and Verifications</i> , new
470-0308	<i>Request for Replacement of Food Coupons</i> , revised
470-2881	<i>Review/Recertification Eligibility Document</i> , revised
470-2881(M)	<i>Review/Recertification Eligibility Document</i> , revised
470-3717	<i>Workfare Job Search</i> , revised
RC-0061	<i>Workfare Orientation</i> , revised
470-3718	<i>Workfare Referral to Workforce Development</i> , revised

Summary

This chapter is revised to:

- ◆ Change the instructions for form 470-0487, *Appeal and Request for Hearing*, to include that the form is available to Department staff as a template on Outlook.
- ◆ Remove the *Application for Burial Benefits* and the *Burial Claim* forms, which are now obsolete. The burial assistance program was eliminated effective April 1, 2002.

- ◆ Change the source for form 470-0554, *Application Register*, to indicate the form is available only as an on line template in Outlook.
- ◆ Change references for DHS Office of Field Support in the instructions and on the template of form 427-0578, *AWARE Hotline Complaint*. The name is changed to DHS Field Operations Support Unit due to DHS reorganization.
- ◆ Rename and renumber Comm 84, *Informacion Sobre Servicio Rapido*, to Comm 84(S), *Information on Expedited Service*. Instructions are changed and the English version of the form is added to the chapter.

Changes to Comm 84 and Comm 84(S) reflect the food stamp policy change to provide households eligible for expedited food stamp benefits through the mail by the seventh day after they apply. Comm 84 replaces form 470-2775.

- ◆ Remove the paper version and instructions of form 470-2708, *FACS Exchange of Information*, from the chapter. The form is now obsolete. The information recorded on this form is duplicative of the information on report S472N111-01, *Foster Care and/or Subsidized Adoption Exchange of Information*, and forms 470-3839, *IV-E Initial Placement Information*, and 470-3918, *IV-E Changes*, located in Chapter 13-B-Appendix. Staff should discontinue use of form 470-2708.
- ◆ Change the title of form 60-0261 from *Job Service Report of Food Stamp Work Registration* to *IWD Report of Fail/Cure Status*, to reflect organizational changes.
- ◆ Rename form 60-0305, from *Job Service Request for Review of FSET Status*, to *IWD Request for Review of FSET Status*, to reflect organizational changes. Instructions are updated to reflect the change.
- ◆ Update form 470-2527, *MAC Income Worksheet*, to reflect poverty level changes.
- ◆ Remove old form number (PA-3102) from form 470-0486, *Notice of Decision*. The form and instructions are updated to reflect numbering change and add a reference to USDA.
- ◆ Remove the old form number (PA-3159-0) from the *Notice of Decision: Medical Assistance or State Supplementary Assistance*. Instructions are revised to reflect this change and the addresses under Nondiscrimination Statement (both on the template and the version printed at Anamosa).
- ◆ Update the instructions and form 470-0130, *Overpayment Statement*, to reflect current policy.
- ◆ Update the instructions of form PS-3811-A, *Request for Delivery Information/Return Receipt After Mailing*, to reflect current policy.
- ◆ Add form 470-3924, *Request for Medicaid Eligibility Data Changes and Verifications*, and instructions to the chapter. This on-line form is used to transmit program requests to add, change, or terminate Program Request information in the ISIS system when the information can not be submitted through the ABC system.

- ◆ Change the name of form 470-0308, *Request for Replacement of Food Coupons Lost in the Mail* to *Request for Replacement of Food Coupons*. The form was revised to include a box workers can check if the household is requesting the replacement of office delivered coupons which were returned to Central Office because the household failed to pick them up before the period of intended use expired.

Pages 355-357 are revised to add instructions for completing form 470-0308 when the household is requesting a replacement of stamps that were returned to Central Office because the household did not pick the stamps up from the local office before the expiration of the period of intended use.

- ◆ Change forms 470-2881 and 470-2881(M), *Review/Recertification Eligibility Document*, to add fields for the last school grade completed and worker's compensation. Also, questions in section 8 that ask about someone outside the home paying for utility/housing costs are moved to section 7.
- ◆ Change forms RC-0061, *Workfare Orientation*, and 470-3717, *Workfare Job Search*, to reflect the change in the Food Stamp Employment and Training transportation allowance from \$50 to \$25. These forms and form 470-3718, *Workfare Referral to Workforce Development*, were revised to replace the references to a workfare counselor with general references to IWD.

Effective Date

Upon receipt.

Material Superseded

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

<u>Page</u>	<u>Date</u>
Contents (pages 1, 2, 4-7, 10, 11)	March 12, 2002
470-0487	5/00
16a, 16b	June 27, 2000
17	April 18, 2000
18-20	June 26, 2001
470-0504	10/00
25	January 2, 2002
36b	March 12, 2002
427-0578	10/01
38a, 38b	March 12, 2002
470-0036	7/01
39	July 31, 2001
126-128	January 2, 2002
470-2708	10/92
60-0261	10-88
160	October 12, 1999
Comm 84	11/91

161	June 25, 1996
162	June 13, 2002
470-2775	9/98
163	January 28, 1997
177, 178	June 25, 1996
60-0305	10-88
179	June 25, 1996
470-2527	4/01
470-0486	2/99
239, 240	September 11, 2001
241-243	March 20, 2001
PA-3159-0	9/97
247	March 18, 1997
248-250	June 25, 1996
470-0130	9/00
295, 353, 354	December 19, 2000
470-0308	5/00
355-357	June 13, 2000
470-2881	12/00
470-2881(M)	03/00
377	March 20, 2001
470-3717	4/00
RC-0061	4/00
470-3718	4/00

Additional Information

Use up existing supplies of form 470-2775 before ordering the revised Comm. 84. Change the word “fifth” in the first line to the word “seventh.” Print supplies of Comm. 84(S) from the on-line manual as needed.

Although form 470-0308, *Request for Replacement of Food Coupons*, has been converted to a template available on Outlook, there is a large supply on hand at Anamosa. Bearing in mind the current budget problems, please use the existing supply of this form until exhausted. To using the printed form to respond to a request to replace stamps that are no longer available to the household because they have exceeded the period of intended use, add the box and the statement “Check if requesting replacement of expired issuance.”

Use up existing supplies of forms 470-0486, *Notice of Decision*, and 470-2881(M), *Review/Recertification Eligibility Document*. Order supplies of revised the forms from Anamosa in the usual manner.

Print supplies of the revised RC-0061, *Workfare Orientation*, from the sample in the on-line manual.

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



July 2, 2002

GENERAL LETTER NO. 6-AP-49

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

SUBJECT: Employees' Manual, Title 6, **INCOME MAINTENANCE PROGRAMS APPENDIX**, Contents (pages 1 through 11), revised; Contents (page 12), new; pages 8, 9, 17, 50a, 56, 57, 58, 217, 221, 230 through 234, 243, 281, 282, 283 through 290, 291 through 294, 296, 318a, 318b, 318c, 334, 350, 351, 352, 431, and 432, revised; pages 50b through 50i, 242a through 242f, 290a, 318d, 318e, and 318f, new; and the following forms:

- 470-3624 *Child Care Assistance Application*, new
- 470-3624(S) *Child Care Assistance Application* (Spanish), new
- 470-3872 *Child Care Assistance Attendance Sheet*, new
- 470-3871 *Child Care Assistance Provider Agreement*, new
- 470-3807 *Demand Letter for Child Care Assistance Client Error Benefit Overissuance*, new
- 470-3627 *Demand Letter for Child Care Assistance Provider Error Overissuance*, new
- 470-3693 *Earned Income Statement for Premium*, revised
- 470-3902 *MEPD Billing Statement*, new
- 470-3915 *Notice of Decision: Child Care Assistance*, new
- RC-0008 *Overpayment Recovery Codes*, revised
- 470-0020 *Purchase of Service Provider Invoice*, new
- 470-3565 *Referral to the Healthy And Well Kids in Iowa (hawk-i) Program*, revised
- 470-0495 *Repayment Contract*, revised
- RC-0018 *Supplemental Security Income Payment Standards*, revised

Summary

This chapter is revised to:

- ◆ Add the Child Care Assistance program forms to the chapter. The forms are:
 - The *Child Care Assistance Application*, form 470-3624 and 470-3624 (Spanish)
 - The *Child Care Assistance Provider Agreement*, form 470-3871
 - The *Child Care Assistance Attendance Sheet*, form 470-3872
 - The *Notice of Decision: Child Care Assistance*, form 470-3915
 - The *Demand Letter for Child Care Assistance Client Error Overissuance*, form 470-3807
 - The *Demand Letter for Child Care Assistance Provider Error Overissuance*, form 470-3627

- ◆ Add changes made to billing and collection for Medicaid for employed people with disabilities. Form changes are as follows:
 - Revision of *Earned Income Statement for Premium*, form 470-3693, to add a reminder for signature to the front page of the form and remove the ending date of the current premium period from the form.
 - Add a new billing statement, *MEPD Billing Statement*, form 470-3902.
 - Obsolete current billing statements and reminder notices, forms 470-3736, 470-3694, 470-3737, 470-3735, 470-3695, 470-3734, and 470-3738.
- ◆ Make changes to form RC-0008, *Overpayment Recovery Codes*, to allow the overpayment recovery system to send out automated demand letters to Child Care Assistance providers and clients. as follows:
 - Removes four obsolete child care program codes 61, 62, 66, and 68.
 - Add five new Child Care Assistance program codes 15, 16, 17, 18, and 19.
- ◆ Change form 470-3565, *Referral to the Healthy And Well Kids in Iowa (hawk-i) Program*, to add reflect the new name of the division and the new **hawk-i** logo. Use this form when making a referral to the **hawk-i** program.
- ◆ Change form 470-0495, *Repayment Contract*, to remove an obsolete legal reference to Chapter 49, Transitional Child Care, and to add legal reference to Chapter 170, Child Care Assistance.
- ◆ Change State Supplementary Assistance payment standards to reflect increases in the family life home and dependent person income limits, retroactive to January 1, 2002.

Effective Date

Upon receipt.

Material Superseded

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

<u>Page</u>	<u>Date</u>
Contents (pages 1, 2)	April 23, 2002
Contents (page 3)	March 12, 2002
Contents (pages 4, 5, 6, 7)	April 23, 2002
Contents (pages 8, 9)	March 12, 2002
Contents (pages 10, 11)	April 23, 2002
8, 9	October 3, 2000
17	April 23, 2002
50a,* 56, 57, 58	March 12, 2002
470-3693 (after p. 82)	7/00
470-3736	3/00
217	April 18, 2000

470-3694	3/00
221, 222	April 18, 2000
470-3737	3/00
470-3735	3/00
223, 234	April 18, 2000
470-3695	3/00
470-3734	3/00
225, 226	April 18, 2000
470-3738	3/00
230	December 8, 1998
231, ** 232	April 18, 2000
233 ***	June 13, 2000
234	July 1, 1997
RC-0008 (after p. 280b)	September 2001
281, 282, 282a	July 31, 2001
283-285	October 3, 2000
286, 287	July 31, 2001
288	June 24, 2001
289, 290	October 3, 2000
291, 292	July 31, 2001
293, 294	October 3, 2000
296	June 29, 1999
318a-318c	October 12, 1999
470-3565 (after p. 332)	4/01
334	December 22, 1998
470-0495	June 2001
350-352	April 18, 2000
RC-0018 (after p. 412)	01/02
431, 432	June 25, 1996

* File the sample of form 470-3782 before page 50i instead of before page 50a.

** Move the samples of forms 595-1489 and 595-1589(S) to follow page 232.

*** Move the sample of form 470-2220 to follow page 234 instead of page 232.

Additional Information

Order printed supplies of new forms 470-3624 and 470-3624(S), *Child Care Assistance Application*; 470-3871, *Child Care Assistance Provider Agreement*; and 470-3872, *Child Care Assistance Attendance Sheet*, from Anamosa in the usual manner. Destroy any remaining supplies of form 470-2959, *Child Care Certificate*.

New form 470-3915, *Notice of Decision: Child Care Assistance*, and revised forms 470-3693, *Earned Income Statement for Premium*, and 470-3565, *Referral to the Healthy And Well Kids in Iowa (hawk-i) Program*, are not printed, but are available as Outlook templates.

Note: Form 470-2890, *Payment Application for Nonregistered Providers*, makes an incorrect reference to the *Child Care Certificate*, form 470-2959, in item number 4. Until existing supplies of form 470-2890 are exhausted, workers should make a pen and ink change to remove the words “Child Care Certificate, form 470-2959” from item number 4 and replace them with “Child Care Assistance Provider Agreement, form 470-3871.”

No supplies of reference cards RC-0008 or RC-0018 are being printed. Photocopy them from the manual or print from Outlook (RC-0018) or from the on-line manual as needed.

Forms 470-3807, *Demand Letter for Child Care Assistance Client Error Benefit Overissuance*; 470-3627, *Demand Letter for Child Care Assistance Provider Error Overissuance*; 470-3902, *MEPD Billing Statement*, and 470-0495, *Repayment Contract*, are system-generated and do not need to be stocked in local offices.

Form 470-0020, *Purchase of Service Provider Invoice*, is an existing form being added to this appendix to reflect the transfer of Child Care Assistance cases to Income Maintenance units. There is no change in this form.

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. 6-AP-50

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

SUBJECT: Employees' Manual, Title 6, ***INCOME MAINTENANCE PROGRAMS APPENDIX***, Contents (pages 1, 2, 3, 5 through 9, and 11), revised; pages 5, 6, 7, 12, 22, 23, 27, 77, 78, 83 through 90, 141 through 146, 158, 198, 199, 209, 210, 211, 221, 259, 260, 276, 277, 313, 314, 315, 389, 390, 410, 411, 412, 426, and 427, revised; page 222, new; and the following forms:

- 470-0306 *Application for Food Stamps*, revised
- 470-0321 *Change Report*, revised
- 470-0322 *Change Report (Spanish)*, revised
- 470-1667 *Debt Setoff Credit*, revised
- RC-0033 *Desk Aid*, revised
- 470-2804 *Disposition of Application for Other Benefits*, revised
- 470-2782 *Emergency Assistance Application Narrative*, revised
- 470-2844 *Employer's Statement of Earnings*, revised
- 470-0329 *Food Stamp Worksheet*, revised
- 470-2815 *Income Worksheet*, revised
- 470-0364 *Medicaid Information Questionnaire for SSI Persons* (system-generated), new
- 470-3739 *Medically Needy Recoupment Memo*, revised
- 470-3743 *MEPD Refund Notice*, new
- 427-0538 *Notice of Income Offset Against State Warrants for Debts Owed the Department of Human Services*, revised
- 427-0539 *Notice of Income (Payroll) Offset for Debts Owed the Department of Human Services*, revised
- 470-1668 *Notice of Setoff of an Iowa Income Tax Refund for Debts Owed the Department of Human Services*, revised
- 470-0130 *Overpayment Statement*, revised
- 470-2890 *Payment Application for Nonregistered Providers*, revised
- 470-0462 *Public Assistance Application*, revised

Food Stamps

The *Application for Food Stamps* (470-0306) is revised to:

- ◆ Gather information about additional utility charges for heat.
- ◆ Remove questions about:
 - Sharing utility expenses, and
 - Student income.

The *Change Report* (470-0321 and 470-0322) is revised to:

- ◆ Show that the \$3000 resource limit applies to households with a disabled member,
- ◆ Gather information about additional utility charges for heat,
- ◆ Remove questions about sharing utility expenses.

The *Desk Aid*, RC-0033, is revised to show the increases to the gross and net income limits and maximum allotments for the food stamp program.

The *Food Stamp Worksheet* (470-0329) is revised remove the section on shared utility and to add check boxes for heat or air-conditioning and other utility to the “excess fees” section.

Emergency Assistance

Forms 470-2804, *Disposition of Application for Other Benefits*, 470-2782, *Emergency Assistance Application Narrative*, and 470-2815, *Income Worksheet*, are revised and issued as Word templates in Outlook. They will no longer be available in printed form from Anamosa.

Form 470-2876, *Special Information Report*, is removed because it is obsolete and will no longer be used.

Medicaid

Forms and instructions related to Medicaid are revised to:

- ◆ Add the system-generated form 470-0364, *Medicaid Information Questionnaire for SSI Persons*. This form has been revised so the amounts for tax suspension limits in the Property Tax Credit for the Elderly or Disabled and in the Important Notice to Renters sections is shown as \$17,193.

Note: No revision was made to the manual version, form 470-2304, at this point, as we want to use up the existing supply. It remains unchanged with the \$16,863 amount. When using the printed form 470-2304, make a pen-and-ink correction to change the income limit from \$16,863 to \$17,193 in both sections.

- ◆ Add form 470-3743, *MEPD Refund Notice*, and instructions to the appendix. This form is issued by Quality Assurance.

- ◆ Include the current *Public Assistance Application*, which has been revised to clarify the question about medical bills in the retroactive period, specify that a social security number is not required for people in the household who are not applying for Medicaid, and change the time frame for expedited food stamps.
- ◆ Reflect the fiscal agent's name change from Consultec to ACS.
- ◆ Change the mailing address for the Third Party Liability Unit.
- ◆ Remove forms RS-1238-0, *Eligibility for Medicaid Home- and Community-Based Services*, and SS-1645-0, *Home- and Community-Based Services Report*, because they are obsolete and no longer being used.

Overpayment Recovery

Forms and instructions related to overpayment recovery are revised to:

- ◆ Change the instructions of form 470-0041, *Adjustment to Facility Payment*, to reflect that the form will no longer be available in paper. The template on Outlook must be used.
- ◆ Change the language of form 470-1667, *Debt Setoff Credit*, to include federal retirement, pay, and benefits.
- ◆ Change the language of the following forms to remove the transitional child care reference and to add the Child Care Assistance reference:
 - 427-0538, *Notice of Income Offset Against State Warrants for Debts Owed the Department of Human Services*
 - 427-0539, *Notice of Income (Payroll) Offset for Debts Owed the Department of Human Services*
 - 470-1668, *Notice of Setoff of an Iowa Income Tax Refund for Debts Owed the Department of Human Services*
- ◆ Change form 470-0130, *Overpayment Statement*, to add the local phone number.
- ◆ Remove form 470-0498, *Notice of TCC Overpayment*, because it is obsolete and will no longer be used.

Other Changes

Form 470-2844, *Employer's Statement of Earnings*, can now be completed using a template on Outlook. The printed and template versions of the form have been revised to include a line for the due date.

Form 470-2890, *Payment Application for Nonregistered Providers*, is revised to substitute reference to the *Child Care Assistance Provider Agreement* instead of the *Child Care Certificate*.

Effective Date

Upon receipt.

Material Superseded

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

<u>Page</u>	<u>Date</u>
Contents (pp. 1, 2, 3, 5-9, and 11)	July 2, 2002
5-7	March 28, 2000
12	October 3, 2000
22	May 15, 2001
470-0306	5/02
23	June 26, 2001
24	January 2, 2002
27	October 3, 2000
470-0321 (after p. 48)	1/00
470-0322	7/00
470-1667 (before p. 55)	6/99
RC-0033 (before p. 69)	4/02
470-2804	11/91
77, 78	June 25, 1996
82a	December 19, 2000
RS-1238-0	4/99
83	April 20, 1999
84 *	March 30, 1999
85-87	April 20, 1999
88	March 30, 1999
89, 90	October 3, 2000
91, 92	June 25, 1996
470-2782	11/91
470-2844	10/01
93, 94	January 2, 2002
470-0329 (after p. 120)	6/01
141	December 7, 1999
142-146 **	April 20, 1999
SS-1645-0	4/99
147, 148	December 22, 1998
148a	March 12, 2002
158	March 17, 1998
470-2815	11/90
198, 199 ***	April 18, 2000
209	October 3, 2000
210, 211	January 2, 2002
212	April 18, 2000
470-3739	4/00
221	July 2, 2002
427-0538	5/01

259, 260	May 15, 2001
427-0539	5/01
276	November 12, 1996
470-1668	10/93
470-0498	10/93
277	June 25, 1996
470-0130 (after p. 294)	2/02
470-2890 (after p. 296)	2/02
470-0462	6/01
313-315	April 18, 2000
470-2876	11/91
389	June 25, 1996
390	December 22, 1998
410, 411	June 25, 1996
412	December 30, 1997
426, 427	December 22, 1998

- * File form 470-2762 after p. 84 instead of after p. 88.
- ** File forms 470-3526 and 470-3591 after page 142 instead of before p. 141.
File form 470-1630 before p. 143 instead of after p. 146.
File form 470-3787 after p. 144 instead of p. 148.
- *** Do not remove form 470-2304.

Additional Information

Destroy any existing supplies of forms 470-2876, *Special Information Report*; RS-1238-0, *Eligibility for Medicaid Home- and Community-Based Services*; SS-1645-0, *Home- and Community-Based Services Report*; and 470-0498, *Notice of TCC Overpayment*.

Use up existing supplies of printed forms 470-0306, *Application for Food Stamps*; 470-0321, *Change Report*; 470-2844, *Employer's Statement of Earnings*; 470-0329, *Food Stamp Worksheet*; 470-2890, *Payment Application for Nonregistered Providers*; and 470-0462, *Public Assistance Application*, before reordering from Anamosa in the usual manner.

Access forms 470-2804, *Disposition of Application for Other Benefits*; 470-2782, *Emergency Assistance Application Narrative*; and 470-2815, *Income Worksheet*, in the public state-approved forms folder on Outlook. Form 470-2844, *Employer's Statement of Earnings*, can also now be accessed through Outlook, in addition to being generated through the Change Reporting System.

Print supplies of the *Desk Aid* and the Spanish *Change Report* from the on-line manual as needed.

ACS issues the *Medically Needy Recoupment Memo*. Quality Assurance issues the *MEPD Refund Notice*. Form 470-0364 is generated by the ABC system. Forms 470-1667, 427-0538, 427-0539, 470-1668, and 470-0130 are issued by DIA or by the Overpayment Recovery System.

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



STATE OF IOWA

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

DEPARTMENT OF HUMAN SERVICES
JESSIE K. RASMUSSEN, DIRECTOR

November 26, 2002

GENERAL LETTER NO. 6-AP-51

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

SUBJECT: Employees' Manual, Title 6, **INCOME MAINTENANCE PROGRAMS APPENDIX**, Contents (pages 9 and 10), revised; pages 22, 44, 44a, 44b, 232, 313 through 316, 339, 340, 341, 358, 410, and 411, revised; and the following forms:

470-0307	<i>Application for Food Stamps (Spanish)</i> , revised
470-2385	<i>Case Record Tracking Sheet</i> , revised
RC-0033	<i>Desk Aid</i> , revised
470-0462	<i>Public Assistance Application</i> , revised
470-0466	<i>Public Assistance Application (Spanish)</i> , revised
470-0454	<i>Public Assistance Eligibility Report (system)</i> , revised
470-0455	<i>Public Assistance Eligibility Report (manual)</i> , revised
470-0447	<i>Report on Incapacity</i> , revised
470-2920	<i>Request for Replacement of Food/Food Coupons Destroyed in a Household Misfortune</i> , revised
470-2881	<i>Review/Recertification Eligibility Document (system)</i> , revised
470-2881(M)	<i>Review/Recertification Eligibility Document (manual)</i> , revised
470-2826	<i>Supplemental Insurance Questionnaire</i> , revised
RC-0018	<i>Supplemental Security Income Payment Standards</i> , revised

Summary

This general letter:

- ◆ Revises form 470-0307, the Spanish version of *Application for Food Stamps*, to gather information about additional utility charges for heat. Also, questions regarding sharing utility expenses and student income are removed.
- ◆ Changes the source information for form 470-0306, the English *Application for Food Stamps*, to indicate a change in the number of forms on a pad.

- ◆ Revises form 470-2385, *Case Record Tracking Sheet*, to include the 2003 calendar and revises the instructions for the form to:
 - Indicate in the source information that the entire form is now available as a template in the public state-approved forms folder on Outlook. Also
 - Update the Department's organizational structure.
 - Clarify how to use this form to track ABAWDs.
- ◆ Revises reference card RC-0033, *Desk Aid*, to reflect the Social Security cost-of-living increases for January 2003.
- ◆ Changes the source information for forms 470-0447, *Report on Incapacity*, and 595-1489, *Non-Law Enforcement Record Check Request – Form A*, to indicate that the forms are now available as templates in the public state-approved forms folder on Outlook as well as the printed version.
- ◆ Revises forms 470-0462, *Public Assistance Application*, and 470-0466, *Public Assistance Application (Spanish)*, to gather information about additional utility charges for heat. Also, questions regarding sharing utility expenses and language about filing an application in a less-than-full-time office are removed.
- ◆ Updates form 470-0454, the system-generated version of the *Public Assistance Eligibility Report*, to match with the current system-generated form.
- ◆ Revises form 470-0455, the English manual version of the *Public Assistance Eligibility Report*, to gather information about additional utility charges for heat. Also, questions regarding sharing utility expenses and student income are removed. (Form 470-3719, the Spanish version of *Public Assistance Eligibility Report*, will be revised when the supply at Anamosa is used up.)
- ◆ Changes the source information for form 470-2920, *Request for Replacement of Food/Food Coupons Destroyed in a Household Misfortune*. The form is now only available as a template in the public state-approved forms folder. A printed supply is no longer available.
- ◆ Revises forms 470-2881 and 470-2881(M), *Review/Recertification Eligibility Document*, to gather information about additional utility charges for heat and remove questions regarding sharing utility expenses and student income.
- ◆ Revises form 470-2826, *Supplemental Insurance Questionnaire*, to:
 - Remove the personal information and marital status section from the form. Also
 - Add a section for group insurance number, and
 - Rearrange other sections located on the form.

Instructions for the form are revised to change the address to which a completed form should be sent.

- ◆ Revises reference card RC-0018, *Supplemental Security Income Payment Standards*, to reflect the Social Security cost-of-living increases for January 2003.

Effective Date

Upon receipt.

Material Superseded

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

<u>Page</u>	<u>Date</u>
Contents (page 9)	September 24, 2002
Contents (page 10)	July 2, 2002
22	September 24, 2002
470-0307	6/01
470-2385	11/01
44, 44a, 44b	October 31, 2000
RC-0033 (before p. 69)	10/02
232	July 2, 2002
470-0462	5/02
PA-2230-0 (470-0466)	1/98
313-315	September 24, 2002
316	June 26, 2001
470-0454	8/01
470-0455	6/01
PA-2126-5 (470-0447)	5/98
339-341	December 19, 2000
358	June 25, 1996
470-2920	9/98
410, 411	September 24, 2002
470-2881	2/02
470-2881(M)	2/02
470-2826	9/97
RC-0018 (after p. 412)	5/02

Additional Information

No supplies of the revised desk aids, RC-0033 and RC-0018, are being printed. Photocopy the desk aids from the manual or print them from Outlook or from the on-line manual as needed.

Use up existing supplies of printed forms before reordering from Anamosa in the usual manner. Revised forms will be issued when the current supply is exhausted.

- ◆ When using up supplies of the hand-issued *Public Assistance Eligibility Report*, 470-0455, add the words “or heat” to the response seasonal air-conditioning to section 2.
- ◆ When using up supplies of the hand-issued *Review/Recertification Eligibility Document*, 470-2881(M), add the words “or heat” to the response seasonal air-conditioning to section 9.

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

January 21, 2003

GENERAL LETTER NO. 6-AP-52

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

SUBJECT: Employees' Manual, Title 6, *INCOME MAINTENANCE PROGRAMS APPENDIX*, Contents (pages 1, 5, 8, and 12), revised; pages 1, 2, 3, 4, 63, 64, 71 through 76, 135, 136, 279, 280, 281, 282, 283, 285, 286, 290a, 291, 296, 318d, 318e, 318f, 319, 350, 351, 361, and 387, revised; pages 290b and 318g, new; and the following forms:

470-3967 *ABAWD Letter*, new
470-2465 *Disability Report for Adults*, revised
470-3912 *Disability Report for Children*, new
RC-0023 *Food Stamp Intake Fact Sheet*, revised
470-2255 *Information for Food Stamp Work Registrants*, revised
470-1632 *Landlord Questionnaire*, revised
470-0364 *Medicaid Information Questionnaire for SSI Persons*, revised
470-3902 *MEPD Billing Statement*, revised
470-0481 *Notification to the Bureau of Refugee Services*, revised
RC-0008 *Overpayment Recovery Codes*, revised
470-0464 *Overpayment Recovery Information Input*, revised
470-2890 *Payment Application for Nonregistered Providers*, revised
470-0643 *Request for Child Abuse Information*, revised
470-1638 *Request for School Verification*, revised
470-0506 *Service Report*, revised

Summary

This chapter is revised to:

- ◆ Issue new form 470-3967, *ABAWD Letter*, developed to use to provide able-bodied adults without dependents (ABAWDs) with information on the ABAWD work requirements. Provide each ABAWD with a copy of the letter at the time you determine the person is required to meet the ABAWD work requirements.
- ◆ Implement separate Medicaid disability reports for adults and children, to gather the specific information needed in each case and mirror the SSI disability determination procedures.

Form 470-2465 has been renamed *Disability Report for Adults* and been revised to more closely approximate the form used by the Social Security Administration for adult disability determinations. Use form 470-2465 when the Department is required to complete a disability determination for applicants age 18 or over.

Language has been included in Section 10, "Remarks and Authorization," that says the blank form 470-2467, *Authorizations to Release Information to the Department of Human Services*, may also be used to gather information from an employer. When reviewing the form with the client, be certain to point this out to the applicant.

Form 470-3912, *Disability Report for Children*, was developed based on the form used by the Social Security Administration to determine disability for a child. Use this form when the Department is required to complete a disability determination for individuals under the age of 18.

- ◆ Revise form RC-0023, *Food Stamp Intake Fact Sheet*, to remove references to educational income as unearned income. Provide clarification that payments from annuities, strike benefits, and money given to someone in the household is considered unearned income.
- ◆ Change to the first bullet on form 470-2255, *Information for Food Stamp Work Registrants*, to reference "30" hours of work instead of "20."
- ◆ Revise form 470-1632, *Landlord Questionnaire*, to gather information about additional utility charges for heat.
- ◆ Reflect income limits for property tax credit for the elderly and disabled and for rent reimbursement changed effective January 1, 2003. These amounts are stated on the *Medicaid Information Questionnaire for SSI Persons*, forms 470-2304 and 470-0364. The system generated version, form 470-0364, has been revised to show this change.

Note: The printed version of *Medicaid Information Questionnaire for SSI Persons*, form 470-2304, will require pen-and-ink corrections due to a large existing supply. Make a pen-and-ink correction on form 470-2304 to correct the limit for property tax credit for the elderly and disabled and for rent reimbursement to be \$17,589.

- ◆ Reflect new language on the MEPD Billing Statement advising clients of the opportunity to pay premiums in advance.
- ◆ Change form RC-0008, *Overpayment Recovery Codes*, to reflect a change in the numbering of the Case Status field.
- ◆ Change form 470-0464, *Overpayment Recovery Information Input*, to add a grid (field 33) to include information about how food stamp claims are calculated for each month. This change is being made to comply with federal requirements that this information be displayed on initial food stamp demand letters sent to households on or after December 1, 2002.

Workers must complete the new grid (field 33) on form 470-0464, *Overpayment Recovery Information Input*, for any new food stamp claim that is referred on or after January 15, 2003. The revised form with the grid is available as a template in the state-approved forms folder on Outlook.

Note: Form 470-0464 will not be reprinted until existing supplies are exhausted.

- ◆ Revise form 470-2890, *Payment Application for Nonregistered Providers*, to change language regarding requirements about the number of children that a nonregistered provider is authorized to provide care for. This is due to a rule change that is effective December 1, 2002.
- ◆ Revise instructions for form 07-350, *Purchase Order/Payment Voucher*, for child care assistance staff. The instructions have been revised to provide information about how to submit child care claims from a prior fiscal year.
- ◆ Reduce one copy of NCR paper per set of form 470-0643, *Request for Child Abuse Information*, as a cost-savings measure. The form is now a two-part NCR form, instead of three-part NCR. Send only one copy to the person performing the check. That person will make a photocopy of the form for the Registry if there is a record of abuse.
- ◆ Change the source information and distribution for the following forms. The forms will be available only as templates in the public state-approved forms folder. A printed supply will no longer be maintained.
 - *Notification to the Bureau of Refugee Services*, form 470-0481
 - *Request for School Verification*, 470-1638
 - *Service Report*, 470-0506
- ◆ Remove references to Workfare forms. The following forms are obsolete:
 - *Workfare Job Search*, 470-3717
 - *Workfare Orientation*, RC-0061
 - *Workfare Referral to Workforce Development*, 470-3718
- ◆ Remove HCBS waiver checklists. The following forms are obsolete with the implementation of ISIS:
 - *HCBS AIDS/HIV Enrollment Checklist for Income Maintenance*, 470-3285
 - *HCBS IH Enrollment Checklist for Income Maintenance*, 470-3286
 - *HCBS MR Enrollment Checklist for Income Maintenance*, 470-3086

Effective Date

Upon receipt.

Material Superseded

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

<u>Page</u>	<u>Date</u>
Contents (pp. 1, 5 and 8)	September 24, 2002
Contents (p. 12)	July 2, 2002
1-4*	March 12, 2002
63, 64	August 10, 1999
470-2465 (10 pp.)	12/00
71	June 25, 1996

72	October 27, 1998
73, 74	December 14, 2000
75	October 27, 1998
76	June 25, 1996
RC-0023 (after p. 118)	11/99
134a-134c	January 2, 2002
470-3285	1/97
470-3286 (4pp.)	9/97
135, 136	December 22, 1998
470-3086	12/95
470-2255 (after p. 160)	1/02
470-1632 (after p. 180)	9/00
470-0364 (after p. 198)	6/02
470-3902 (before p. 217)	12/01
470-0481 (before p. 279)	4/00
279	April 18, 2000
280	March 28, 2000
RC-0008	8/01
470-0464	10/01
281-283, 285, 286, 290a, 291, 296, 318d-318f	July 2, 2002
470-2890	8/02
319	March 20, 2001
350, 351	July 2, 2002
470-0643	4/00
470-1638	3/00
361	March 20, 2001
470-0506	8/00
387	July 31, 2001
470-3717	1/02
435-437	March 28, 2000
RC-0061	1/02
470-3718	1/02

* Move form 470-3773 to follow page 2 instead of preceding page 1.

Additional Information

Destroy remaining supplies of:

- ◆ 470-3086, *HCBS MR Enrollment Checklist for Income Maintenance*
- ◆ 470-3285, *HCBS AIDS/HIV Enrollment Checklist for Income Maintenance*
- ◆ 470-3286, *HCBS IH Enrollment Checklist for Income Maintenance*
- ◆ 470-3717, *Workfare Job Search*
- ◆ 470-3718, *Workfare Referral to Workforce Development*
- ◆ RC-0061, *Workfare Orientation*

Order a new supply of revised form 470-2890, *Payment Application for Nonregistered Providers*, from Anamosa. Destroy remaining supplies of the previous version of the form when you receive the revised version.

Use existing supplies of form 470-0464, *Overpayment Recovery Information Input*, for overpayments in any programs other than food stamps. For food stamp overpayments, use existing supplies of the form on or after January 15, 2003, only if you copy the grid (field 33) from the template and attach the completed grid to the form.

Use up existing supplies of form 470-2465, *Disability Report*, for adults who need a Department disability determination before reordering from Anamosa in the usual manner. Revised forms will be issued when the current supply is exhausted. Order the new form 470-3912 for use for children's disability determinations.

Use up existing supplies of RC-0023, *Food Stamp Intake Fact Sheet*, and 470-1632, *Landlord Questionnaire*, and 470-0643, *Request for Child Abuse Information*, before reordering from Anamosa in the usual manner. Revised forms will be issued when the current supply is exhausted.

Use up remaining printed supplies of forms 470-0481, *Notification to the Bureau of Refugee Services*, 470-1638, *Request for School Verification*, and 470-0506, *Service Report*. No further supplies will be printed.

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

March 18, 2003

GENERAL LETTER NO. 6-AP-53

ISSUED BY: Bureau of Financial Support, Bureau of Long-Term Care
Division of Financial, Health and Work Supports

SUBJECT: Employees' Manual, Title 6, **INCOME MAINTENANCE PROGRAMS**
APPENDIX, Contents (pages 3, 4, 11, and 12), revised; pages 36, 39, 50f, 50g,
50h, 117, 121 through 127, 143, 270, 297, 318d, 318g, 319, 322, 343, 344, 345,
349, 389, and 414, revised; and the following forms:

470-3349	<i>Brain Injury Functional Assessment</i> , revised
470-3872	<i>Child Care Assistance Attendance Sheet</i> , revised
470-3871	<i>Child Care Assistance Provider Agreement</i> , revised
470-3487	<i>Demand Letter for Food Stamp Inadvertent Household Error</i> <i>Overissuance</i> , revised
470-3486	<i>Demand Letter for Food Stamp Intentional Program Violation</i> <i>Overissuance</i> , revised
RC-0033	<i>Desk Aid</i> , revised
470-0329	<i>Food Stamp Worksheet</i> , revised
470-2527	<i>MAC Income Worksheet</i> , revised
470-1968	<i>Notice of Cancellation</i> , revised
470-3502	<i>Physical Disability Waiver Assessment Tool</i> , revised
470-2629	<i>Presumptive Medicaid Income Calculation</i> , revised
07-350	<i>Purchase Order/Payment Voucher</i> , revised
470-0451	<i>Report of Quality Control Review</i> , revised
470-0499(S)	<i>Ten-Day Report of Change (Spanish)</i> , new

Summary

This chapter is revised to:

- ◆ Change the instructions to reflect that printed supplies of the following forms are no longer available from Iowa Prison Industries:
 - 470-3383, *Authorization to Exchange Information With Your Child's School*
 - 470-0330, *Food Stamp Computation*
 - 470-1630, *Household Member Questionnaire*
 - 470-0334, *Notice of Lost Benefits Entitlement*
 - 470-3716, *Race/Ethnic Report*

- ◆ Update samples of forms 470-3349, *Brain Injury Functional Assessment*, and 470-3502, *Physical Disability Waiver Assessment Tool*. The revised forms include a section for the waiver applicant to sign showing that the applicant has chosen waiver services over institutionalization. This replaces the signature on form SS-1645, *Home- and Community-Based Service Report*.
- ◆ Add a line at the top of form 470-3872, *Child Care Assistance Attendance Sheet*, to indicate the month and year of the services provided. This change is a result of work done by the child care assistance workgroup to better meet the needs of parents, providers, and staff.
- ◆ Add a place for providers to give information on form 470-3871, *Child Care Assistance Provider Agreement*, about any special rates the provider offers for part-time children, more than one child in a family, discounts for employees, etc. A space has also been added to the last page for providers to print their name above their signature and to provide their agreement number.
- ◆ Change form 470-3487, *Demand Letter for Food Stamp Inadvertent Household Error Overissuance*, and 470-3486, *Demand Letter for Food Stamp Intentional Program Violation Overissuance*, to add information about how a claim is calculated for each month on the first demand letter sent to the household.
- ◆ Update RC-0033, *Desk Aid*; 470-2527, *MAC Income Worksheet*; and 470-2629, *Presumptive Medicaid Income Calculation*, to reflect 2003 federal poverty guidelines.
- ◆ Add a section to form 470-0329, *Food Stamp Worksheet*, to allow space to indicate if a household member meets ABAWD work requirements. ABAWD work requirement codes were also added to the form. Also, remove the FSET exemption code of L for lockout. Household members who are on strike or lockout should be coded using "S."
- ◆ Change form 470-1968, *Notice of Cancellation*, to update an address and language for the policy on nondiscrimination. Changes for the system-generated version of the form are still in development.
- ◆ Add three fields to form 07-350, *Purchase Order/Payment Voucher*, which are completed on all claims submitted for service contracts.
- ◆ Update form 470-0451, *Report of Quality Control Review*, to designate that the service area IM supervisor or designee sign the form, not just the service area supervisor. Also, instructions for the form were updated to remove references to regional offices and the benefit payment administrator.
- ◆ Move form 470-3786, *Shared Housing/Utility Costs*, to be in alphabetical order.
- ◆ Add the Spanish translation of form 470-0499(S), *Ten-Day Report of Change*. Issue this form to Spanish-speaking consumers to notify them of changes that they need to report.

Effective Date

Upon receipt.

Material Superseded

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

<u>Page</u>	<u>Date</u>
Contents (page 3)	September 24, 2002
Contents (page 4)	July 2, 2002
Contents (page 11)	September 24, 2002
Contents (page 12)	January 21, 2003
36	March 28, 2000
470-3349 (17 pp.)	12/96
39	April 23, 2002
470-3872 (after p. 50d)	2/02
50f, 50g, 50h	July 2, 2002
470-3871 (after p. 50f)	4/02
470-3487 (before p. 63)	8/01
470-3486 (after p. 64)	8/01
RC-0033 (before p. 69)	1/03
117	June 25, 1996
121, 122	May 15, 2001
470-0329	9/02
123 *	March 17, 1998
124, 125	June 25, 1996
126	April 23, 2002
143	September 24, 2002
470-2527 (after p. 182)	4/02
470-1968 (manual version, before p. 237)	9/00
270	December 19, 2000
470-3502 (35 pp.)	8/99
297	April 20, 1999
470-2629 (after p. 306)	11/01
07-350 (after p. 318d)	3/99
318d, 318g, 319	January 21, 2003
322	June 26, 2001
470-0451	11/98
343, 344, 345, 349	December 22, 1998
386c *	March 12, 2002
389	September 24, 2002
414	April 18, 2000

* Move form 470-2914 to follow page 124 instead of page 122.

Move form 470-3786 to follow page 388.

Additional Information

Use up existing printed supplies of the following forms:

- ◆ 470-3383, *Authorization to Exchange Information With Your Child's School*
- ◆ 470-0330, *Food Stamp Computation*
- ◆ 470-1630, *Household Member Questionnaire*
- ◆ 470-0334, *Notice of Lost Benefits Entitlement*
- ◆ 07-350, *Purchase Order/Payment Voucher* (for purposes other than service contracts)
- ◆ 470-3716, *Race/Ethnic Report*

No further supplies of these forms will be printed.

Also use up existing supplies of forms 470-3872, *Child Care Assistance Attendance Sheet*; 470-0329, *Food Stamp Worksheet*; and 470-1968, *Notice of Cancellation*, before reordering supplies in the usual manner. (Note when ordering that forms 470-1968 and 470-0329 are also available as templates.)

Destroy remaining supplies of the previous versions of the following forms and obtain supplies of the revised forms for use:

- ◆ 470-3349, *Brain Injury Functional Assessment*
- ◆ 470-3081, *Child Care Assistance Provider Agreement*
- ◆ 470-3502, *Physical Disability Waiver Assessment Tool*
- ◆ 470-2629, *Presumptive Medicaid Income Calculation*

All other forms are either revised on Outlook, system-generated, or issued by other offices.

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



June 17, 2003

GENERAL LETTER NO. 6-AP-54

ISSUED BY: Division of Financial, Health and Work Supports

SUBJECT: Employees' Manual, Title 6, **INCOME MAINTENANCE PROGRAMS APPENDIX**, Contents (pages 5, 6, 9, 11, 12), revised; pages 7, 17, 18, 53, 73, 103, 142, 150, 151, 152, 160, 163, 164, 174, 242d, 242e, 242f, 247, 271, 303, 339, 368, 369, 374, and 424, revised; pages 242g through 242j, new; and the following forms:

- 470-3967 *ABAWD Letter*, revised
- 470-0041 *Adjustment to Facility Payment*, revised
- 470-3811 *Beginning Income (BINC) Match*, revised
- 470-0042 *Case Activity Report*, revised
- 470-3792 *Change in Health Insurance*, revised
- 470-2472 *Disability Transmittal*, revised
- 470-3893 *Employer's Statement of Earnings Cover Letter*, revised
- 470-0394 *Explanation of Medicaid Billing Policy*, revised
- 470-3625 *ICER Cover Letter*, updated
- 470-0375 *ICF/MR Placement Statement*, revised
- 470-3851 *Important Information About Your FIP Case*, revised
- 470-2255 *Information About Food Stamp Work Rules*, revised
- Comm. 84 *Information on Expedited Service*, revised
- Comm. 84(S) *Información de Servicio Rápido*, revised
- 470-0391 *Inquiry Regarding Bill for Medical Services*, revised
- 470-3491 *Medicaid Certificate of Coverage*, revised
- 470-0409 *Medicaid Notice of Sanction*, revised
- 470-3743 *MEPD Refund Notice*, revised
- 470-1968 *Notice of Cancellation*, revised
- 470-3915 *Notice of Decision: Child Care Assistance*, revised
- 470-0490 *Notice of Decision: Medical Assistance or State Supplementary Assistance*, updated
- 470-0288 *Notice of Disqualification*, revised
- 470-2666 *Notice of Overpayment: PROMISE JOBS Expense Allowances*, revised
- 470-3998 *Request to Build SSRD/Facility File*, new
- 470-2577 *Resources Upon Entering a Medical Facility*, revised
- 470-3797 *Treasury Offset Program (TOP) Pre-Offset Notice*, new

Summary

This chapter is revised to:

- ◆ Update form 470-0041, *Adjustment to Facility Payment*, used for client participation changes, to include a box for Medicare coverage.
- ◆ Change the source information for form 470-0487, *Appeal and Request for Hearing*, to reflect that the form can be completed electronically at www.dhs.state.ia.us/appeals.asp. The form is still available at Anamosa and as a template in Outlook.
- ◆ Add a line on form 470-0042, *Case Activity Report*, for facility staff to complete the date of discharge.
- ◆ Replace references to Consultec as the fiscal agent on form 470-0394, *Explanation of Medicaid Billing Policy*, with ACS. Also, references to the Division of Medical Services were removed, to reflect the Department's current table of organization.
- ◆ Update form 470-0375, *ICF/MR Placement Statement*, to remove references to the Division of Medical Services and replace with the Bureau of Long Term Care, to reflect the Department's current table of organization.
- ◆ Change the name of form 470-2255, *Information for Food Stamp Work Registrants*, to *Information About Food Stamp Work Rules*. Information about work requirements for able-bodied adults without dependents (ABAWDs) is also being added.
- ◆ Update Comm. 84, *Information on Expedited Service*, and its Spanish translation, Comm. 84(S), to add information about how food stamp benefits can be received if a household is eligible for expedited service. The instructions are updated to add the form numbers for the Spanish versions of the *Public Assistance Application* and the *Application for Food Stamps*.
- ◆ Update the appeal rights on the following forms:
 - 470-0391, *Inquiry Regarding Bill for Medical Services*
 - 470-3743, *MEPD Refund Notice*
 - 470-1968, *Notice of Cancellation*
 - 470-2666, *Notice of Overpayment: PROMISE JOBS Expense Allowances*
 - 470-2577, *Resources Upon Entering a Medical Facility*

Appeals can be filed electronically at the Department's website. Addresses and language for the policy on nondiscrimination have been revised and the reference to Legal Services Corporation of Iowa is changed to reflect their new name.

- ◆ Change form 470-3491, *Medicaid Certificate of Coverage*, to change the logo on the letterhead and to update addresses and add a division name.
- ◆ Update form 470-0409, *Medicaid Notice of Sanction*, to change the logo on the letterhead and to remove references to the Division of Medical Services, and replace them with the Division of Financial Health and Work Supports, to reflect the Department's current table of organization.

- ◆ Update form 470-3915, *Notice of Decision: Child Care Assistance*, based on recommendations made by a user's work group. The changes include:
 - The addition of new template language choices for the explanation of action.
 - Greater detail added to the manual and rule reference section.
 - Revisions to some of the descriptive text found on page 3.
 - Changes to the form navigation so that workers will now tab down columns from top to bottom rather than across rows from left to right.
 - Revisions to appeal rights to reflect that appeals can be filed electronically from the Appeals Section web site and update references from Legal Services of Iowa to Iowa Legal Aid.
- ◆ Add instructions to form 470-0288, *Notice of Disqualification*, to tell staff how to complete the form electronically and updated the form so it has the current letterhead.
- ◆ Form 470-3998, *Request to Build SSRD/Facility File*, is a new form which is to be used for cases that do not yet appear in SSRD.
- ◆ Update form 470-2577, *Resources Upon Entering a Medical Facility*, to remove the questions related to transfer of resources because this information is not needed for attribution of resources. The transfer of asset question relates to eligibility and is already asked on the *Health Services Application*. Also, the source information is changed to reflect that the form is no longer available to order from Anamosa.
- ◆ Add form 470-3797, *Treasury Offset Program (TOP) Pre-Offset Notice*, which replaces the *Treasury Offset Program (TOP) 60 day Notice*, 470-3488. The form was changed to update addresses on the back of the form.
- ◆ Update the letterhead on the following forms to reflect the new Department director:
 - 470-3967, *ABAWD Letter*
 - 470-3811, *Beginning Income (BINC) Match*
 - 470-3792, *Change in Health Insurance*
 - 470-3893, *Employer's Statement of Earnings Cover Letter*
 - 470-0394, *Explanation of Medicaid Billing Policy*
 - 470-3851, *Important Information About Your FIP Case*
 - 470-0391, *Inquiry Regarding Bill for Medical Services*
 - 470-0409, *Medicaid Notice of Sanction*
 - 470-3743, *MEPD Refund Notice*
- ◆ Replace the sample of the *ICER Cover Letter* to remove the old letterhead. This template does not include the letterhead, so local offices can print it on their own letterhead.
- ◆ Remove references to form 470-3743, *Premium Payment Refund Notice*. This form has been renamed and is now available as the *MEPD Refund Notice*. The form has not changed.
- ◆ Remove references to forms 470-3526, *Healthy and Well Kids in Iowa (hawk-i) Application*, and its Spanish translation, form 470-3591. The applications are obsolete. The **hawk-i** program has implemented a new application, which is part of Comm. 156. The English version is printed on one side and the Spanish is printed on the opposite side.

- ◆ Obsolete the following forms issued by the Department of Inspections and Appeals:
 - 427-0323, *Investigator Appointment Letter*
 - 427-0305, *Request to Not Accept Payment*
- ◆ Change the instructions to reflect that printed supplies of the following forms are no longer available from Iowa Prison Industries:
 - 470-0006, *Claimant's Supplemental Statement*
 - 470-2472, *Disability Transmittal*
 - 470-0375, *ICF/MR Placement Statement*
 - 470-0490, *Notice of Decision: Medical Assistance or State Supplementary Assistance*
 - 470-2666, *Notice of Overpayment: PROMISE JOBS Expense Allowances*
 - 470-0447, *Report on Incapacity*
 - 470-2577, *Resources Upon Entering a Medical Facility*

Effective Date

Upon receipt.

Material Superseded

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

<u>Page</u>	<u>Date</u>
Contents (p. 5)	January 21, 2003
Contents (p. 6)	September 24, 2002
Contents (p. 9)	November 26, 2002
Contents (pp. 11, 12)	March 18, 2003
470-3967 (before p. 1)	1/03
470-0041	2/01
7	September 24, 2002
17	July 2, 2002
18	April 23, 2002
470-3811 (after p. 38)	10/00
470-0042 (after p. 42)	9/01
470-3792 (before p. 46a)	9/00
53	March 12, 2002
470-2472	11/00
73	January 21, 2003
470-3893 (before p. 95)	10/01
470-0394	2/02
103	June 25, 1996
142	September 24, 2002
470-3526	12/98
470-3591	2/99
470-3625 (after p. 150)	4/99

150, 151, 152	April 20, 1999
MA-2152-0 (470-0375)	2/92
470-3851 (after p. 154)	9/01
160	April 23, 2002
470-2255	11/02
Comm. 84 (after p. 162)	5/02
Comm.84(S)	5/02
163	April 23, 2002
164	September 28, 1999
470-0391	7/01
174	June 25, 1996
427-0323	11/91
470-3491 (before p. 193)	4/99
470-0409 (after p. 200)	3/00
470-3743 (before p. 221)	8/02
470-1968 (before p. 237)	2/03
470-3915 (after p. 242b)	6/02
242d–242f	July 2, 2002
470-0490	7/01
247	April 23, 2002
470-0288 (before p. 253)	4/00
470-2666 (before p. 271)	9/01
271	June 25, 1996
470-3743 (before p. 303)	4/01
302a	March 12, 2002
303	June 26, 2001
339	November 26, 2002
368	June 25, 1996
427-0305	2/97
369	December 7, 1999
374	June 25, 1996
470-2577	3/98
424	December 19, 2000
470-3488	8/99

Additional Information

Destroy remaining supplies of the following forms. They are obsolete:

- ◆ 470-3526, *Healthy and Well Kids In Iowa (hawk-i) Application*
- ◆ 470-3591, *Healthy and Well Kids In Iowa (hawk-i) Application (Spanish)*
- ◆ 470-3743, *Premium Payment Refund Notice*

Use existing supplies of form 470-0042, *Case Activity Report*, 470-2255, *Information for Food Stamp Work Registrants*, Comm. 84, *Information on Expedited Service*, and 470-1968, *Notice of Cancellation* before reordering from Anamosa in the usual manner. Revised forms will be issued when the current supply is exhausted.

Use up remaining printed supplies of the following forms, as no further supplies will be printed:

- ◆ 470-0006, *Claimant's Supplemental Statement*
- ◆ 470-2472, *Disability Transmittal*
- ◆ 470-0375, *ICF/MR Placement Statement*
- ◆ 470-0490, *Notice of Decision: Medical Assistance or State Supplementary Assistance*
- ◆ 470-2666, *Notice of Overpayment: PROMISE JOBS Expense Allowances*
- ◆ 470-0447, *Report on Incapacity*
- ◆ 470-2577, *Resources Upon Entering a Medical Facility*

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

August 5, 2003

GENERAL LETTER NO. 6-AP-55

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

SUBJECT: Employees' Manual, Title 6, **INCOME MAINTENANCE PROGRAMS APPENDIX**, Contents (page 3, 4, 5, 6, 10, 11, 12), revised; and pages 8, 18, 41, 50d, 50f, 80, 96, 108, 115, 116, 137, 138, 141, 154c, 165, 166, 175, 176, 210, 218, 227, 229, 244, 247, 259, 260, 282 through 290, 290a, 290b, 291, 328, 333, 370 through 373, 396, 407, and 408 revised; page 154d, new; and the following forms:

470-0487 *Appeal and Request for Hearing*, revised
470-0554 *Application Register*, revised
470-0365 *Care for Kids*, revised
470-2616 *Demand Letter for FIP/RCA Agency Error Overissuance*, revised
470-3741 *Employer's Verification of Earnings*, revised
470-3105 *FIA Referrals for Mandatory Participants (IWD)*, revised
470-3106 *FIA Referrals for Mandatory Participants (BRS)*, revised
470-3742 *Financial Institution Verification*, revised
MA-2126 *Follow-Up Notice*, revised
470-0323 *Food Stamp Complaint*, revised
470-0327 *Queja Sobre Estampillas De Comida (Food Stamp Complaint)*, revised
470-0328 *Food Stamp Complaint Summary*, revised
470-3928 *Important Notice About Premium Payments for Medicaid for Employed Persons with Disabilities Program*, new
Unnumbered *Intentional Program Violation Hearing Notice*, revised
470-3035 *IPV Referral Cover Sheet*, revised
470-3739 *Medically Needy Recoupment Memo*, revised
470-3902 *MEPD Billing Statement*, revised
470-0479 *Noncooperation Notice*, revised
470-2588 *Notice of Attribution of Resources*, revised
470-0392 *Notice of Decision on Medicaid Claim*, revised
427-0538 *Notice of Income Offset Against State Warrants for Debts Owed the Department of Human Services*, revised
427-0539 *Notice of Income (Payroll) Offset for Debts Owed the Department of Human Services*, revised
470-0271 *Quality Assurance Transmittal*, revised
FNS-292 *Report of Coupon Issuance and Commodity Distribution for Disaster Relief*, revised

Summary

This chapter is revised to:

- ◆ Add a section to form 470-0487, *Appeal and Request for Hearing*, to indicate whether or not the appellant needs an interpreter for an appeal hearing.
- ◆ Update form 470-0554, *Application Register*, to reflect the look of the template that is available. Check boxes were added to indicate the program type and disposition of the application.
- ◆ Remove MA-2125 as the form number for *Care for Kids*, and replace it with the current form number of 470-0365.
- ◆ Change the source information for the following forms to reflect the current number of sets that are printed per pad.
 - 470-3872, *Child Care Assistance Attendance Sheet*
 - 470-3871, *Child Care Assistance Provider Agreement*
 - 470-2927, *Health Services Application*
 - 470-2927(S), *Health Services Application (Spanish)*
 - 470-3898, *Health Services Application Narrative*
 - 470-2330, *Notice of Decision for Medically Needy*
- ◆ Update form 470-2616, *Demand Letter for FIP/RCA Agency Error Overissuance*, and form 470-0392, *Notice of Decision on Medicaid Claim*, to update appeal rights and the policy on nondiscrimination.
- ◆ Update form 470-3105, *FIA Referral for Mandatory Participants (IWD)*, and form 470-3106, *FIA Referral for Mandatory Participants (BRS)*, to add the name of the governor, lieutenant governor, and director of the Department.
- ◆ Update form MA-2126, *Follow-Up Notice*, and 470-2588, *Notice of Attribution of Resources*, to fix a grammatical error.
- ◆ Update the mailing address and instructions for forms 470-0323, *Food Stamp Complaint*, and its Spanish translation, 470-0327, *Queja Sobre Estampillas De Comida*, to reflect the current Department organizational structure.
- ◆ Remove reference to Office of Field Support on form 470-0328, *Food Stamp Complaint Summary*, and instructions to reflect the current Department organizational structure.
- ◆ Change the instructions for form 470-2875, *Health Insurance Premium Payment Program Application*, to reflect the current Department organizational structure.
- ◆ Add form 470-3928, *Important Notice About Premium Payments for Medicaid for Employed Persons with Disabilities Program*, which was developed to provide additional information to Medicaid for Employed People with Disabilities (MEPD) premium payers.

In October 2002 all then current MEPD recipients were sent a notice about when premiums are due and the need to pay before Medicaid will pay for medical expenditures. This notice will be sent to all approvals on or after October 1, 2002, and routinely on approvals from the date of this mailing. Additionally, this notice will be sent to all MEPD recipients who go from having a zero premium to a premium.

This notice advises when ongoing premiums are due and advises why premium payment in advance might be advantageous. A preaddressed, postage paid envelope will be enclosed so that a payment may be sent in sooner than when the billing statement is received.

- ◆ Remove references to the old form number PA-2106-0 in the instructions for form 470-0444, *Insurance Report*.
- ◆ Update the *Intentional Program Violation Hearing Notice* to reflect the current organizational structure of the Department of Inspections and Appeals.
- ◆ Change form 470-3035, *IPV Referral Cover Sheet*, to remove section for regional BPA or designee's signature. As there is no longer a regional benefits payments administrator in the Department's organizational structure, the form can now be signed by an IM supervisor or designee before submitted to the Appeals Section. Also, the form and instructions are revised to indicate that a separate cover sheet must be completed for each referral.
- ◆ Change form 470-3739, *Medically Needy Recoupment Memo*, to indicate the overpayment amount should be left blank. The overpayment amount will be determined based on the bills paid by Medicaid, and will be the least of the amount of the expenses used in error, the spenddown amount, or the amount paid by Medicaid for the certification period.
- ◆ Change form 470-3902, *MEPD Billing Statement*, to update the indicia and return address.
- ◆ Update the instructions for form 470-3686, *MEPD Income Worksheet*, to correct a reference to an incorrect form number.
- ◆ Update the source information for form 470-3323, *Minor Parent Referral to Services*, to indicate the form is available in sets of two sheets from Anamosa.
- ◆ Update form 470-0479, *Noncooperation Notice*, to remove reference to ADC and replace it with FIP.
- ◆ Change the amount that is kept to pay processing fees when overpayments are withheld from warrants, Iowa income tax refunds or state wages from \$4 to \$5 on the following forms:
 - 427-0538, *Notice of Income Offset Against Warrants for Debts Owed the Department of Human Services*
 - 427-0539, *Notice of Income (Payroll) Offset for Debts Owed the Department of Human Services*

The appeal rights and the policy on nondiscrimination were also changed on these forms, which are issued by the Department of Inspections and Appeals.

- ◆ Change the instructions for form 470-0464, *Overpayment Recovery Information Input*, to clarify how to complete the form for food stamp and Child Care Assistance claims. Additional instructions were written on how to complete “Initial” (field 1) and “Update” (field 2).
- ◆ Update form 470-0271, *Quality Assurance Transmittal*, to add “1st Floor” to the Quality Assurance address.
- ◆ Remove references to the old form number PA-2368-8 in the instructions for form 470-0480, *Refugee Referral to IWD and to Refugee Services*.
- ◆ Update form FNS-292, *Report of Coupon Issuance and Commodity Distribution for Disaster Relief*, to reflect the current version available from the U.S. Department of Agriculture.
- ◆ Remove form 427-0287, *Resource Request*, as the Department of Inspections and Appeals has obsoleted the form.
- ◆ Remove references to the old form number CS-1106-5 in the instructions for form 470-0170, *Requirements for Claiming Good Cause*.
- ◆ Remove references to the old form number CS-1105-5 in the instructions for form 470-0169, *Requirements of Support Enforcement*.
- ◆ Remove references to the old form number SS-1601-0 in the instructions for form 470-0640, *State Supplementary Assistance Certification or Termination*.
- ◆ Change the instructions to reflect that printed supplies of the following forms are no longer available from Iowa Prison Industries:
 - 470-0010, *Adjustment to Overpayment Balance*
 - 470-0311, *Documentation of Claim Determination*
 - 470-3741, *Employer’s Verification of Earnings*
 - 470-3742, *Financial Institution Verification*
 - 470-0323, *Food Stamp Complaint*
 - 470-0327, *Queja Sobre Estampillas De Comida*
 - 470-0479, *Noncooperation Notice*
 - 470-0490, *Notice of Decision: Medical Assistance or State Supplementary Assistance*
 - 470-0318, *Record of Lost Benefits Restored*
 - 470-2525, *SSI-Related Income Worksheet*

Effective Date

Upon receipt.

Material Superseded

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

<u>Page</u>	<u>Date</u>
Contents (pp. 3, 4)	March 18, 2003
Contents (p. 5, 6)	June 17, 2003
Contents (p. 10)	November 26, 2002
Contents (p. 11, 12)	July 17, 2003
8	July 2, 2002
470-0487	4/02
18	June 17, 2003
470-0554 (before p. 25)	10/00
MA-2125 (470-0365)	9/94
41	June 25, 1996
50d	July 2, 2002
50f	March 18, 2003
470-2616 (before p. 59)	7/99
80	October 3, 2000
96	July 31, 2001
470-3741	7/01
470-3105 (after p. 104d)	3/98
470-3106 (before p. 104e)	3/98
108	July 31, 2001
470-3742	7/01
MA-2126 (after p. 114)	9/94
470-0323	9/81
470-0327	9/81
115, 116	June 25, 1996
470-0328 (after p. 116)	7/96
137	October 31, 2000
138	January 2, 2002
141	September 24, 2002
154c	November 13, 2001
165	March 28, 2000
166	June 25, 1996
<i>Intentional Program Violation Hearing Notice</i> (after p. 166)	No date
470-3035	3/01
175, 176	March 20, 2001
210	September 24, 2002
470-3739	8/02
470-3902 (before p. 217)	12/01
218	April 18, 2000
227	January 28, 1997

470-0479	
229	April 18, 2000
470-2588 (before p. 235)	11/96
244	March 20, 2001
247	April 23, 2002
470-0392 (after p. 252)	9/99
427-0538	8/02
259, 260	September 24, 2002
427-0539	8/02
282, 283	January 21, 2003
284	July 2, 2002
285, 286	January 21, 2003
287-290	July 2, 2002
290a, 290b, 291	January 21, 2003
470-0271 (after p. 320)	8/92
328	January 2, 2002
333	October 31, 2000
FNS-292 (after p. 338)	8/85
370	June 25, 1996
371, 372	May 15, 2001
373	June 25, 1996
427-0287	7/86
396	December 7, 1999
407, 408	March 28, 2000

Additional Information

Use existing supplies of form 470-0487, *Appeal and Request for Hearing*, and form 470-2588, *Notice of Attribution of Resources*, before reordering from Anamosa in the usual manner. Revised forms will be issued when the current supply is exhausted.

Use up remaining supplies of the following forms, as no further supplies will be printed:

- ◆ 470-0010, *Adjustment to Overpayment Balance*
- ◆ 470-0311, *Documentation of Claim Determination*
- ◆ 470-3741, *Employer's Verification of Earnings*
- ◆ 470-3742, *Financial Institution Verification*
- ◆ 470-0323, *Food Stamp Complaint*
- ◆ 470-0327, *Queja Sobre Estampillas De Comida*
- ◆ 470-0479, *Noncooperation Notice*
- ◆ 470-0490, *Notice of Decision: Medical Assistance or State Supplementary Assistance*
- ◆ 470-0318, *Record of Lost Benefits Restored*
- ◆ 470-2525, *SSI-Related Income Worksheet*

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

October 7, 2003

GENERAL LETTER NO. 6-AP-56

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

SUBJECT: Employees' Manual, Title 6, **INCOME MAINTENANCE PROGRAMS APPENDIX**, Contents (pages 7 through 10), revised; pages 112, 149, 152, 202, 261, 262, 263, 281, 282, 283, 286, 287, 288, 290a, 290b, 301, 304, 306, 318f, 319 through 325, 341, and 345, revised; and the following forms:

470-3624 *Child Care Assistance Application*, revised
470-3490 *Demand Letter for FIP/RCA Client Error Overissuance*, revised
RC-0033 *Desk Aid*, revised
470-0374 *ICF/MR Resident Care Agreement*, revised
Comm. 84 *Information on Expedited Service*, revised
Comm. 84(S) *Información de Servicio Rápido*, revised
470-3915 *Notice of Decision: Child Care Assistance*, revised
470-0490 *Notice of Decision: Medical Assistance or State Supplementary Assistance*, revised
470-0464 *Overpayment Recovery Information Input*, revised
470-2881(M) *Review/Recertification Eligibility Document*, revised

Summary

This chapter is revised to:

- ◆ Update the address for the Iowa Civil Rights Commission on the following forms:
 - 470-3624, *Child Care Assistance Application*
 - 470-3915, *Notice of Decision: Child Care Assistance*
 - 470-0490, *Notice of Decision: Medical Assistance or State Supplementary Assistance*
 - 470-2881(M), *Review/Recertification Eligibility Document*
- ◆ Update the appeal rights on form 470-3490, *Demand Letter for FIP/RCA Client Error Overissuance*. Appeals can be filed electronically at the Department's web site. Addresses and language for the policy on nondiscrimination have been revised and the reference to Legal Services Corporation of Iowa is changed to reflect its new name.
- ◆ Update RC-0033, *Desk Aid*, to reflect the 2003 food assistance guidelines.
- ◆ Change the instructions to reflect that printed supplies of form 470-2471, *How Earnings Affect Your FIP Grant*, is no longer available from Iowa Prison Industries.

- ◆ Remove references to old form numbers on form 470-0374, *ICF/MR Resident Care Agreement*. Also, the instructions were changed to reflect that printed supplies of this form are no longer available from Iowa Prison Industries.
- ◆ Change Comm. 84, *Information on Expedited Service*, and its Spanish translation, Comm. 84(S), to indicate that food assistance benefits are issued by electronic benefit transfer (EBT).
- ◆ Change the instructions for form 470-3564, *Medicaid Supplement to the hawk-i Application*, and its Spanish translation, form 470-3592, to remove references to the old numbers for the *Healthy and Well Kids in Iowa (hawk-i) Application*. This application is now part of Comm. 156. The English version is printed on one side and the Spanish is printed on the opposite side.
- ◆ Remove form 470-3869, *MEPD Appeal Summary*, and 470-0035 (AA-4148-0), *Real Property Appendix*, as the forms are no longer being used.
- ◆ Remove form 470-2666, *Notice of Overpayment: PROMISE JOBS Expense Allowances*, as the form is obsolete. It is being replaced by system-generated *Demand Letters*. (See 4-Appendix.)
- ◆ Change form 470-0464, *Overpayment Recovery Information Input*, to add a heading to field 33 to identify it is to be used “FOR FOOD ASSISTANCE ONLY.”
- ◆ Change the instructions for form 470-2479, *PMIC Exchange of Information*, to remove references to the regional administrator and replace with service area manager, to reflect the Department’s current table of organization.
- ◆ Change the instructions for form 470-2580, *Presumptive Medicaid Eligibility Notice of Decision*, and form 470-2629, *Presumptive Medicaid Income Calculation*, to remove references to the regional office, to reflect the Department’s current table of organization.
- ◆ Update the instructions for form 07-350, *Purchase Order/Payment Voucher*, to include information on how to complete the form for Child Care Assistance.
- ◆ Change the instructions for form 470-0271, *Quality Assurance Transmittal*, and form 470-0447, *Report on Incapacity*, to remove references to the benefit payment administrator and replace with the designated service area person.
- ◆ Change the instructions for form 470-0451, *Report of Quality Control Review*, to remove references to “region” and replace with “area.” This change is made to reflect the current fields used on the form.

Effective Date

Upon receipt.

Material Superseded

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

<u>Page</u>	<u>Date</u>
Contents (p. 7)	September 24, 2002
Contents (p. 8)	January 21, 2003
Contents (p. 9)	June 17, 2003
Contents (p. 10)	August 5, 2003
470-3624 (before p. 50)	1/02
470-3490 (after p. 60)	7/99
RC-0033 (before p. 69)	4/03
112	October 3, 2000
149	October 14, 1997
152	June 17, 2003
470-0374	12/92
Comm. 84 (after p. 161)	3/03
Comm. 84(S)	3/03
202	October 31, 2000
470-3869	6/01
216a	June 26, 2001
470-3915 (after p. 242b)	5/03
470-0490 (before p. 247)	7/01
269 *	May 15, 2001
270 *	March 18, 2003
470-2666 (before p. 271)	4/03
271	June 17, 2003
272 *	October 31, 2000
273	February 25, 1997
470-0464 (before p. 281)	1/03
281	January 21, 2003
282, 283, 286-288, 290a, 290b	August 5, 2003
301	June 25, 1996
304, 306	June 26, 2001
318f	January 21, 2003
318g, 319	March 18, 2003
320, 320a	January 2, 2002
320b *	March 20, 2001
321 *	December 22, 1998
322 *	March 18, 2001
AA-4148-0	4-28-55
323, 324	June 26, 2001
325	August 19, 1999
341	November 26, 2002
345	March 18, 2003
470-2881(M) (before p. 375)	10/02

* As forms are removed, existing pages are renumbered to eliminate or consolidate gaps. To accommodate these changes, the following form samples need to be refiled:

- ◆ File form 470-0334 before page 261 instead of after page 270.
- ◆ File form 470-2631 after page 262 instead of after page 272.
- ◆ File form 470-2721 after page 322 instead of after page 320b.
- ◆ File form 470-2718 after page 324 instead of before page 321.
- ◆ File form 470-3716 before page 325 instead of after page 322.

Additional Information

Use up the remaining supply of forms 470-0374, *ICF/MR Resident Care Agreement*, and 470-2471, *How Earnings Affect Your FIP Grant*. No further supply of these forms will be printed.

Use existing supplies of the following forms before reordering from Anamosa in the usual manner:

- ◆ 470-3624, *Child Care Assistance Application*
- ◆ Comm 84, *Information on Expedited Service*
- ◆ 470-2881(M), *Review/Recertification Eligibility Document*

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



January 20, 2004

GENERAL LETTER NO. 6-AP-57

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

SUBJECT: Employees' Manual, Title 6, **INCOME MAINTENANCE PROGRAMS APPENDIX**, Contents (pages 1, 2, 3, 4, 6, 7, 8, 10, and 11), revised; and pages 12, 13, 14, 34, 35, 36, 36a, 36b, 45, 46, 50, 84 through 93, 103, 104, 106, 115 through 123, 160, 198, 236, 237, 275 through 278, 279, 316, 317, 318, 336 through 350, 353, 354, 357, 375 through 378, and 381, revised; pages 34b, 36c, 36d, 102a through 102d, 278a through 278d, and 350a, new; and the following forms:

- 470-0261 *Agreement for Automated Deposit*, new
- 470-0461 *Authorization for Release of Information*, revised
- 470-3951 *Authorization to Obtain or Release Health Care Information*, new
- 470-2385 *Case Record Tracking Sheet*, revised
- 470-0321 *Change Report*, revised
- 470-0322 *Change Report (Spanish)*, revised
- 470-2960 *Changes: How and When to Tell Us*, revised
- 470-2960(S) *Cambios: Como y Cuando Nos Digan*, new
- RC-0033 *Desk Aid*, revised
- 470-2574 *EBT Adjustment Request*, new
- 470-4008 *Facility Authorized Representative for Electronic Benefit Transfer – EBT*, new
- 470-2724 *Facility Monthly Report (FNS Authorized Meal Service)*, new
- 470-4035 *Facility Monthly Report (Not Authorized to Accept Food Assistance)*, new
- 470-1631 *Financial Institution Questionnaire*, revised
- 470-0323 *Food Assistance Complaint*, revised
- 470-0327 *Food Assistance Complaint (Spanish)*, revised
- 470-0328 *Food Assistance Complaint Summary*, revised
- 470-0330 *Food Assistance Computation*, revised
- RC-0023 *Food Assistance Intake Fact Sheet*, revised
- 470-4026 *Food Assistance Interim Report (system)*, new
- 470-4026(M) *Food Assistance Interim Report (manual)*, new
- 470-4026(S) *Food Assistance Interim Report (Spanish)*, new

470-0329	<i>Food Assistance Worksheet</i> , revised
470-2914	<i>Foster Care and Subsidized Adoption Medicaid Review</i> , revised
427-0292	<i>Incomplete Input Document Data</i> , revised
470-2255	<i>Information About Food Assistance Work Rules</i> , revised
470-2304	<i>Medicaid Information Questionnaire for SSI Persons</i> (manual), revised
470-0364	<i>Medicaid Information Questionnaire for SSI Persons</i> (system), revised
470-0500	<i>Notice of Cancellation</i> (system), revised
470-1968	<i>Notice of Cancellation</i> (manual), revised
470-1668	<i>Notice of Setoff of an Iowa Income Tax Refund for Debts Owed the Department of Human Services</i> , revised
470-2723	<i>On-Site Facility Review</i> , revised
470-0462	<i>Public Assistance Application</i> , revised
470-0454	<i>Public Assistance Eligibility Report</i> (system), revised
470-0455	<i>Public Assistance Eligibility Report</i> (manual), revised
470-3719	<i>Reporte de Elegibilidad de Asistencia Publica</i> , revised
470-0641	<i>Report of Change in Circumstances – SSI-Related Programs</i> , revised
470-4005	<i>Report of Returned Facility Authorized Representative Card</i> , new
470-3983	<i>Request for EBT Secondary Cardholder or Authorized Representative</i> , new
470-1944	<i>RHEP Documentation</i> , revised
RC-0018	<i>Supplemental Security Income Payment Standards</i> , revised

FIP

This chapter is revised to make the following changes to FIP and general IM forms:

- ◆ Add form 470-0261, *Agreement for Automated Deposit*. This forms used to set up direct deposit for FIP warrants. It is moved here from 14-J-Appendix.
- ◆ Change the sample and source information for 470-0461, *Authorization for Release of Information*, to reflect that the form is now a two-part form instead of four-part form.
- ◆ Revise form 470-2385, *Case Record Tracking Sheet*, to include the 2004 calendar.
- ◆ Change the instructions to reflect that a printed supply of form 470-1631, *Financial Institution Questionnaire*, is no longer available from Iowa Prison Industries.
- ◆ Update the instructions and samples of system form 470-0454, *Public Assistance Eligibility Report*, manual form 470-0455, and the Spanish translation, 470-3719, to remove references to the Food Assistance program. The form has also been reduced from legal to letter size.
- ◆ Update form 470-1668, *Notice of Setoff of an Iowa Income Tax Refund for Debts Owed the Department of Human Services*, to remove references from food stamps and replace with Food Assistance. Also, the amount that the Department of Administrative Services will keep from a consumer's tax refund for processing fees has increased from \$4.00 to \$5.00.

The appeal rights on this form have also been revised. Appeals can be filed electronically at the Department's web site. Addresses and language for the policy on nondiscrimination have been revised and the reference to Legal Services Corporation of Iowa is changed to reflect its new name.

Food Assistance

This chapter is revised to make the following changes to Food Assistance forms:

- ◆ Add the system generated form 470-4026, *Food Assistance Interim Report*, the manual version form 470-4026(M), and their Spanish translation, form 470-4026(S), to be used as a six month report for Food Assistance simplified reporting households.
- ◆ Update the two versions of the *Notice of Cancellation*, form 470-0500 and 470-1968, to add references to the *Food Assistance Interim Report*, form 470-4026 and 470-4026(M). Also, references to the old form number, PA-4107-0, have been removed.
- ◆ Add the following forms for EBT:
 - 470-2574, *EBT Adjustment Request*
 - 470-4008, *Facility Authorized Representative for Electronic Benefit Transfer – EBT*
 - 470-2724, *Facility Monthly Report (FNS Authorized Meal Service)*
 - 470-4035, *Facility Monthly Report (Not Authorized to Accept Food Assistance)*
 - 470-4005, *Report of Returned Facility Authorized Representative Card*
 - 470-3983, *Request for EBT Secondary Cardholder or Authorized Representative*
- ◆ Remove several forms that are no longer used due to the electronic issuance of Food Assistance benefits, including:
 - Form FNS-135, *Affidavit of Return or Exchange of Food Coupons*.
 - Form PS-3811-A, *Request for Delivery Information/Return Receipt After Mailing*.
 - Form 470-0308, *Request for Replacement of Food Coupons*.
 - Form FNS-292, *Report of Coupon Issuance and Commodity Distribution for Disaster Relief*.
- ◆ Update the following forms to remove references from food stamps and replace them with “Food Assistance”:
 - Form 470-0321, *Change Report*, and its Spanish translation, form 470-0322.
 - Form 470-0327, *Food Assistance Complaint*, and its Spanish translation, form 470-0323.
 - Form 470-0330, *Food Assistance Complaint Summary*
 - Form 470-0330, *Food Assistance Computation*.
 - Reference card RC-0023, *Food Assistance Intake Fact Sheet*.
 - Form 470-2255, *Information About Food Assistance Work Rules*.
- ◆ Revise form 470-2960, *Changes: How and When to Tell Us*, to be used for Food Assistance simplified reporting households. Also, this form has been translated into Spanish. It is 470-2960(S), *Cambios: Como Y Cuanda Nos Digan*.
- ◆ Change the name of form 470-0329 to *Food Assistance Worksheet* and update the form to add questions regarding simplified reporting.

- ◆ Change the name of form 470-2723 to *On-Site Facility Review* and update the form to add questions regarding EBT.
- ◆ Update form 427-0292, *Incomplete Input Document Data*, to add a field to check if monthly Food Assistance calculations are missing from form 470-0464, *Overpayment Recovery Information Input*. Also, the address where the completed form is to be sent has been updated.
- ◆ Update instructions for form 470-2881 and 470-2881(M), *Review/Recertification Eligibility Document*, to remove references to monthly reporting for the Food Assistance program.

Medicaid

This chapter is revised to make the following changes to Medicaid and State Supplementary Assistance forms:

- ◆ Update reference card RC-0033, *Desk Aid*, and RC-0018, *Supplemental Security Income Payment Standards*, to reflect the Social Security cost-of-living increases for January 2004. RC-0018 is also revised to reflect the residential care facility rate and in-home health-related care rate decreases effective February 1, 2004, which affect the income limits for those programs.
- ◆ Obsolete form 470-2467, *Authorization for Source to Release Information to the Department of Human Services*, because it is not HIPAA-compliant. Use form 470-3951, *Authorization to Obtain or Release Health Care Information*, instead.
- ◆ Add form 470-3951, *Authorization to Obtain or Release Health Care Information*, to use to secure information needed to determine disability when Disability Determination Services (DDS) will make the decision. Have the applicant sign form 470-3951 for each source identified on the *Disability Report for Adults*, form 470-2465, or *Disability Report for Children*, form 470-3912.

Note: SPIRS Help Desk announcements on July 17, 2003, and October 14, 2003, instructed field staff to use the University of Iowa Hospitals and Clinics (UHIC) *Consent to Release of Information*, when medical sources listed on form 470-2465 or form 470-3912 were for UHIC sources. With this change, it will no longer be necessary to use the UHIC form. You can use form 470-3951, *Authorization to Obtain or Release Health Care Information*.

- ◆ Change the instructions for form 470-0363, *Certification of Eligibility of SSI Application*, to remove references to its old form number, MA-2122-0.
- ◆ Revise form 470-2914, *Foster Care and Subsidized Adoption Medicaid Review*, to update appeal rights.
- ◆ Update system and manual versions of form 470-2304, *Medicaid Information Questionnaire for SSI Persons*, to reflect income limits for property tax credit for the elderly and disabled and for rent reimbursement changed effective January 1, 2004.
- ◆ Change the instructions to reflect that printed supplies of form 470-0641, *Report of Change in Circumstances – SSI-Related Programs*, are no longer available from Anamosa. The form is now available as a template on Outlook. References to the old form number SS-1603-0 have also been removed.

- ◆ Change the instructions to correct the form number for form 470-1944, *RHEP Documentation*, and remove references to the old form number MA-4075.

Effective Date

COLA changes were effective January 1, 2004.

Residential care facility and in-home health-related care rates are effective February 1, 2004.

All other changes are effective upon receipt.

Material Superseded

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

<u>Page</u>	<u>Date</u>
Contents (p. 1)	January 21, 2003
Contents (p. 2)	September 24, 2002
Contents (pp. 3, 4, 6)	August 5, 2003
Contents (pp. 7, 8, 10)	October 7, 2003
Contents (p. 11)	August 5, 2003
12	September 24, 2002
FNS-135	12/97
13	June 29, 1999
14	March 20, 2001
34	December 19, 2000
470-0461	4/00
470-2467	4/94
35	March 28, 2000
36 *	March 18, 2003
36a	December 19, 2000
36b *	April 23, 2002
470-2385 (after p. 44)	11/02
45, 46	October 31, 2000
470-0321 (after p. 48)	10/02
470-0322	10/02
50	June 26, 2001
470-2960	4/94
RC-0033 (before p. 69)	10/03
84-90 *	September 24, 2002
103	June 17, 2003
104 *	December 22, 1998
106	December 22, 1998
470-1631	10/00
470-0323	5/02
470-0327	5/02
115,115	August 5, 2003
470-0328	4/02

470-0330	6/00
117	March 18, 2003
118	October 12, 1999
RC-0023	1/03
470-2723	2/91
119, 120	June 25, 1996
470-0329	2/03
121-123	March 18, 2003
470-2914 (after p. 124)	5/00
427-0292 (before p. 159)	10/01
160	June 17, 2003
470-2255	5/03
198	September 24, 2002
470-2304	4/01
470-0364	1/03
236, 237	March 20, 2001
470-0500	7/99
470-1968	5/03
275	June 25, 1996
276, 277 *	September 24, 2002
470-1668	7/02
278 *	November 13, 2001
279	January 21, 2003
470-0462 (before p. 313)	10/02
316	November 26, 2002
470-0454	10/02
470-0455	10/02
470-3719	3/00
317, 318	June 26, 2001
336, 337	June 23, 1998
470-0641 (SS-1603-3)	4/98
338	June 25, 1996
FNS-252	10/01
339 *	June 17, 2003
340	November 26, 2002
341	October 7, 2003
342 *	December 22, 1998
343, 344	March 18, 2003
345	October 7, 2003
346-348	December 22, 1998
349	March 18, 2003
350	January 21, 2003
PS-3811-A	March 2000
353, 354	April 23, 2002
470-0308 (after p. 354f)	3/02

355-357	April 23, 2002
375, 376	March 20, 2001
377	April 23, 2001
378	March 20, 2001
470-1944 (Ma-4075)	2/85
379-381	December 22, 1998
RC-0018 (after p. 412)	1/03

* As forms are removed, existing pages are renumbered to eliminate or consolidate gaps. To accommodate these changes, the following form samples need to be refiled:

- ◆ File form 470-3383 after page 34b instead of after page 36.
- ◆ File form 427-0578 after page 36d instead of after page 36b.
- ◆ File form 470-2762 after page 86 instead of after page 84.
- ◆ File form 470-2782 after page 89 instead of after page 86.
- ◆ File form 470-2844 before page 91 instead of after page 88.
- ◆ File form 470-0371 after page 102d instead of after page 104.
- ◆ File form 470-0383 before page 277 instead of after page 278
- ◆ File form 470-0447 after page 348 instead of before page 339
- ◆ File form 470-0451 after page 338 instead of after page 342

Additional Information

Use existing supplies of form 470-2467, *Authorization for Source to Release Information*, before ordering form 470-3951, *Authorization to Obtain or Release Health Care Information*, from Anamosa in the usual manner.

Until forms 470-2465, *Disability Report for Adults*, and 470-3912, *Disability Report for Children*, are revised, make a pen-and-ink correction in the first sentence of the second paragraph above the signature sections on page 10 and on page 21 to change the reference from *Authorizations for Source to Release Information to the Department of Human Services* to *Authorization to Obtain or Release Health Care Information*. The revised sentences will now read "I have signed two blank Authorizations to Obtain or Release Health Care Information."

Use existing supplies of the following forms before reordering from Anamosa in the usual manner:

- ◆ 470-0461, *Authorization for Release of Information*
- ◆ 470-0321, *Change Report*
- ◆ 470-0329, *Food Assistance Worksheet*
- ◆ RC-0023, *Food Assistance Intake Fact Sheet*
- ◆ 470-2914, *Foster Care and Subsidized Adoption Medicaid Review*
- ◆ 470-2255, *Information About Food Assistance Work Rules*

Destroy existing supplies of form 470-2385, *Case Record Tracking Sheet*. Order additional supplies of this form from Anamosa in the usual manner.

Destroy existing supplies of form 470-2960, *Changes: How and When to Tell Us*. A blanket distribution of this form will be sent to the local offices. Order additional supplies of this form from Anamosa in the usual manner.

No supplies of the revised desk aids, RC-0033 and RC-0018, are being printed. Photocopy the desk aids from the manual or print them from Outlook or from the on-line manual as needed.

Use up the remaining supply of forms 470-1631, *Financial Institution Questionnaire*, and 470-0641, *Report of Change in Circumstances – SSI-Related Programs*. No further supply of these forms will be printed.

A blanket distribution of form 470-4026(M), *Food Assistance Interim Report*, will be sent to the local offices. Order supplies of this form from Anamosa in the usual manner.

After all Food Assistance PAERs for November 2003 budget month that are to be returned in December 2003 are processed, destroy the existing supply of the May 2003 version of form 470-968, *Notice of Cancellation*, and the October 2002 version of form 470-0455, *Public Assistance Eligibility Report*, and start using the revised version of the forms, which can be ordered from Anamosa in the usual manner.

The revised version of the system generated *Notice of Cancellation* will be sent out starting at January MRTL cutoff. The revised version of the system generated PAER will be sent out with the monthly mailing at the end of December.

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

March 23, 2004

GENERAL LETTER NO. 6-AP-58

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

SUBJECT: Employees' Manual, Title 6, ***INCOME MAINTENANCE PROGRAMS***
APPENDIX, Contents (pages 1, 4, 5, 7, 9, and 12), revised; pages 10, 11, 12, 13, 36a, 36c, 36d, 69, 70, 86, 108b, 109, 149, 165, 183, 232, 236, 237, 296a, 306, 311, 377, 409, 410, 414, 422, and 423, revised; pages 108c, 108d, 108e, and 296b, new; and the following forms:

470-3529 *Agreement for FIP Ineligibility*, new
470-0487 *Appeal and Request for Hearing*, revised
470-0042 *Case Activity Report*, revised
470-0321 *Change Report*, revised
470-0322 *Formulario de Informe de Cambio (Change Report)*, revised
RC-0033 *Desk Aid*, revised
470-3159 *DIA Referral for Transfer of Assets*, revised
470-2574 *EBT Adjustment Request*, revised
470-3534 *FIP Diversion Application*, new
470-3533 *FIP Diversion Income Worksheet*, new
470-3530 *FIP Diversion Narrative*, new
470-0444 *Insurance Report*, revised
470-2527 *MAC Income Worksheet*, revised
470-1968(S) *Notificación de Cancelación*, new
470-1507 *Notice of Recipient Lock-In and Designation of Primary Medicaid Providers*, revised
RC-0073 *Period of FIP Ineligibility Chart*, new
RC-0018 *Supplemental Security Income Payment Standards*, revised
470-0499 *Ten-Day Report of Change for FIP and Medicaid*, revised
470-0499(S) *Ten-Day Report of Change for FIP and Medicaid (Spanish)*, new
470-2663 *Transitional Medicaid Notice of Decision/Quarterly Income Report*, revised

Summary

This chapter is revised to:

- ◆ Change instructions to reflect that a printed supply of form 470-0005, *Affidavit and Agreement for Issuance of Duplicate Warrant*, is no longer available from Iowa Prison Industries.
- ◆ Add the following forms used for FIP Diversion:
 - 470-3529, *Agreement for FIP Ineligibility*
 - 470-3534, *FIP Diversion Application*
 - 470-3533, *FIP Diversion Income Worksheet*
 - 470-3530, *FIP Diversion Narrative*
 - RC-0073, *Period of FIP Ineligibility Chart*
- ◆ Update form 470-0487, *Appeal and Request for Hearing*, to remove references to food stamps and replace them with “Food Assistance.”
- ◆ Update instructions for completing form 470-3951, *Authorization to Obtain or Release Health Care Information*, as follows:
 - In the first set of agency instructions on the form, enter information for Disability Determination Services. The address to enter is included in the instructions.
 - The expiration date to enter is a date 12 months from the date the client signs the form.
- ◆ Update form 470-0042, *Case Activity Report*, to reflect the correct zip code for the Iowa Foundation for Medical Care.
- ◆ Add information to form 470-0321, *Change Report*, and 470-0322, *Formulario de Informe de Cambio*, that households that contain a household member aged 18 to 49 and no children in the home under 18 must report a change in hours worked to less than 80 hours a month.
- ◆ Update RC-0033, *Desk Aid*, to reflect 2004 federal poverty guidelines and add 200% poverty level for FIP Diversion.
- ◆ Revise form 470-3159, *DIA Referral for Transfer of Assets*, to update the DIA address and make the form into a template available on Outlook.
- ◆ Revised form 470-2574, *EBT Adjustment Request*, to reflect that paper food stamp coupons are no longer used and that staff handling adjustments are now in the Bureau of Purchasing, Payments, and Receipts.
- ◆ Update instructions for form 470-0471, *How Earnings Affect Your FIP Grant*, to indicate the form is available as a template in Outlook.
- ◆ Change the sample and source information for form 470-0444, *Insurance Report*, to reflect that the form is now a two-part form instead of a four-part form.
- ◆ Change instructions for form 470-2527, *MAC Income Worksheet*, to clarify that MAC is not automated to calculate recoupments or a retroactive period and revise the form to reflect the 2004 federal poverty guidelines.

- ◆ Change instructions for form 595-1489 and 595-1489(S), *Non-Law Enforcement Record Check Request Form A*, about the frequency of background checks for child care providers.
- ◆ Change instructions for form 470-1968, *Notice of Cancellation*, to reflect the current number of sets printed per pad. The form has also been translated into Spanish and is available as a template on Outlook.
- ◆ Update the appeal rights on form 470-1507, *Notice of Recipient Lock-In and Designation of Primary Medicaid Providers*. Appeals can be filed electronically at the Department's web site. Addresses and language for the policy on nondiscrimination have been revised and the reference to Legal Services Corporation of Iowa is changed to reflect its new name.
- ◆ Remove form 470-2629, *Presumptive Medicaid Income Calculation*, from this appendix, since income maintenance workers do not use it. The form is published in the Medicaid Provider Manual, Chapter C, "Recipient Eligibility."
- ◆ Correct a grammatical error in the instructions for form 470-2881 and 470-2881(M), *Review/Recertification Eligibility Document*.
- ◆ Correct RC-0018, *Supplemental Security Income Payment Standards*, to show the correct amounts for the SSI standard for a couple in the household of another and the minimum monthly maintenance needs allowance.
- ◆ Change the name of forms 470-0499 and 470-0499(S) from *Ten-Day Report of Change* to *Ten-Day Report of Change for FIP and Medicaid*, add references to the PROMISE JOBS program, and revise language to simplify the form.
- ◆ Update the sample of the system-generated version of form 470-2663, *Transitional Medicaid Notice of Decision/Quarterly Income Report*, to reflect the version of the form that is currently in production.

Effective Date

FIP Diversion is effective January 1, 2004.

Poverty level changes are effective April 1, 2004.

All other changes are effective upon receipt.

Material Superseded

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

<u>Page</u>	<u>Date</u>
Contents (p. 1, 4)	January 20, 2004
Contents (p. 5)	August 5, 2003
Contents (p. 7)	January 20, 2004
Contents (p. 9)	October 7, 2003
Contents (p. 12)	August 5, 2003

10	June 13, 2000
11	March 28, 2000
12, 13	January 20, 2004
470-0487 (before p. 17)	7/03
36a, 36c, 36d	January 20, 2004
470-0042 (after p. 42)	3/03
470-0321 (after p. 48)	10/03
470-0322 (before p. 49)	10/03
RC-0033	1/04
69	July 31, 2001
70	June 25, 1996
470-3159	4/94
86	July 31, 2001
470-2574	1/04
108b	July 31, 2001
109	March 17, 1998
470-0476*	5/95
149	October 7, 2003
470-0444	3/00
165	August 5, 2003
470-2527 (after p. 182)	4/03
183	March 20, 2001
232	November 26, 2002
236, 237	January 20, 2004
470-1507 (before p. 275)	1/99
470-3766*	6/00
296a	March 12, 2002
306	October 7, 2003
470-2629	4/03
307, 308	June 25, 1996
309	March 20, 2001
310	June 23, 1998
311	December 22, 1998
377	January 20, 2004
409	June 25, 1996
410	November 26, 2002
RC-0018	2/04
414	March 18, 2003
470-0499	3/00
422, 423	March 20, 2001
470-2663	12/00

* Move the sample of 470-0476 before p. 108e instead of after p. 108b.
Move the sample of 470-3766 after 296b instead of before p. 296a.

Additional Information

Use existing supply of the following forms before reordering from Anamosa in the usual manner:

- ◆ 470-0487, *Appeal and Request for Hearing*
- ◆ 470-0321, *Change Report*
- ◆ 470-0444, *Insurance Report*
- ◆ 470-0499, *Ten-Day Report of Change for FIP and Medicaid*

Use up remaining supply of form 470-0005, *Affidavit and Agreement for Issuance of Duplicate Warrant*. No further supply of these forms will be printed.

Destroy existing supply of FNS-135, *Affidavit of Return or Exchange Food Coupons*. This form is obsolete as stated in General Letter 6-AP-57. This instruction was omitted from the general letter.

Destroy existing supply of 470-2629, *Presumptive Medicaid Income Calculation*. The 2004 revised version has been published in the Medicaid provider manual and a sample has been mailed to presumptive providers.

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 11, 2004

GENERAL LETTER NO. 6-AP-59

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

SUBJECT: Employees' Manual, Title 6, **INCOME MAINTENANCE PROGRAMS APPENDIX**, Contents (pages 3, 7, and 10), revised; and pages 79, 87, 242j, 254, 332, and 375, revised; pages 238a, 238b, 242k, and 332a, new; and the following forms:

G-845 Sup *Document Verification Request Supplement*, new
470-3533 *FIP Diversion Income Worksheet*, revised
470-2304 *Medicaid Information Questionnaire for SSI Persons* (manual),
revised
470-0364 *Medicaid Information Questionnaire for SSI Persons* (system),
revised
470-4053 *Notice of Child Care Assistance Provider Sanction*, new
470-0820 *Notice of Employment*, revised
RC-0073 *Period of FIP Ineligibility Chart*, revised
470-3565 *Referral to the **hawk-i** Program*, revised

Summary

This chapter is revised to:

- ◆ Add the sample of form G-845 Sup, *Document Verification Request Supplement*, which is used when providing secondary verification of an alien's status to the Immigration and Naturalization Service (INS).
- ◆ Change the instructions for form 470-2762, *Emergency Assistance Application*, to reflect that printed supplies of form are no longer available from Anamosa.
- ◆ Update form 470-3533, *FIP Diversion Income Worksheet*. Compare total gross earned and unearned household income to the 200% of poverty level for the family size. The poverty level is on RC-0033, *Desk Aid*.
- ◆ Update forms 470-2304 and 470-0364, *Medicaid Information Questionnaire for SSI Persons*, to reflect a language change in the notice reason for property tax suspension and rent reimbursement.
- ◆ Add form, 470-4053, *Notice of Child Care Assistance Provider Sanction*, which is used to inform families that their child care provider has been sanctioned by the Child Care Assistance program.

- ◆ Add new language to form 470-3915, *Notice of Decision: Child Care Assistance*, for the new Child Care Assistance sanctions for providers who have been convicted of fraudulent billing practices.
- ◆ Change form 470-0820, *Notice of Employment*, to reflect that printed supplies of form are no longer available from Anamosa.
- ◆ Update RC-0073, *Period of FIP Ineligibility Chart*, to correct the number of days a household would be ineligible for FIP if they receive a diversion payment of \$1000.
- ◆ Change the name of form 470-3565, *Referral to the Healthy and Well Kids in Iowa (hawk-i) Program* to *Referral to the hawk-i Program*. Other changes made to the form include:
 - Adding of a question to indicate if the referral is made on a denied case or individual or on a canceled case or individual. The Medicaid application date is requested when making a referral on a denial case or individual.
 - Adding clarification of the “Medicaid End Date” column. This date is needed only on canceled cases or individuals.
 - Adding a column to collect information about which members of the family are citizens. If a member is not a citizen, an explanation should be provided in the comments section.
 - Adding a new income section. This section gathers the names of the employers of any employed family members, the sources of unearned income, the income of a voluntarily excluded child, nonrecurring lump sum income being prorated and used for Medicaid eligibility, the amount of depreciation of capital assets when a family has self-employment income, and the name of any family member receiving unemployment benefits.
 - Indicating that a *Notice of Decision* showing the income calculation establishing Medicaid ineligibility is the only item that needs to be attached to the referral form.
 - Clarifying the reminder section to refer all children who are over income for Medicaid and to remove the prohibition on referrals for children in families with countable income exceeding 200% of poverty, whose parent is a state of Iowa employee, or who do not meet Medicaid alien requirements.

These children remain ineligible for coverage under *hawk-i*. However, the referral should still be made to ensure the family’s appeal rights are preserved if they disagree with the determination of *hawk-i* ineligibility.
- ◆ Update the instructions for form 470-2881, *Review/Recertification Eligibility Document*, to clarify that it can be used instead of a *Public Assistance Eligibility Report*, forms 470-0454, 470-0455, 470-3719 (Spanish) for FIP and Refugee Cash Assistance.

Effective Date

Changes to the *Medicaid Information Questionnaire for SSI Persons* form are effective May 1, 2004. All other changes are effective upon receipt.

Material Superseded

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

<u>Page</u>	<u>Date</u>
Contents (p.3)	January 20, 2004
Contents (p. 7)	March 23, 2004
Contents (p. 10)	January 20, 2004
79	June 25, 1996
87	January 20, 2004
470-3533 (before p. 108c)	3/04
470-0364 (after p. 198)	1/04
470-2304	1/04
242j	June 17, 2003
254	March 20, 2001
470-0820	9/01
RC-0073 (before p. 296a)	4/04
332	June 13, 2000
470-3565	3/02
375	January 20, 2004

Additional Information

No further supply of these forms 470-2762, *Emergency Assistance Application*, and 470-0820, *Notice of Employment*, will be printed.

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



July 20, 2004

GENERAL LETTER NO. 6-AP-60

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

SUBJECT: Employees' Manual, Title 6, **INCOME MAINTENANCE PROGRAMS APPENDIX**, Contents (pages 1, 3, 10 and 11), revised; pages 20, 21, 31, 32, 35, 50d through 50h, 72, 76, 121, 122, 123, 143, 203, 204, 204a through 204d, 205, 206, 241, 242, 242a, 242c, 242d, 242f, 242i, 242k, 261, 353, 355 through 362, 375, and 383 through 386, revised; and the following forms:

- 470-0306 *Application for Food Assistance*, revised
- 470-3144 *Attribution of Resources Appeal Summary*, revised
- 470-3872 *Child Care Assistance Attendance Sheet*, revised
- 470-3871 *Child Care Assistance Provider Agreement*, revised
- 470-3912 *Disability Report for Children*, revised
- 470-0329 *Food Assistance Worksheet*, revised
- 470-2927 *Health Services Application*, revised
- 470-1630 *Household Member Questionnaire*, revised
- 470-0375 *ICF/MR Placement Statement*, revised
- 470-3915 *Notice of Decision: Child Care Assistance*, revised
- 470-0334 *Notice of Lost Benefits*, revised
- RC-0008 *Overpayment Recovery Codes*, revised
- 470-2920 *Request for Replacement of Spoiled Food*, revised

Summary

This chapter is revised to:

- ◆ Remove form 470-0309, *Application for Disaster Food Stamp Assistance*, and form 470-1958, *Disaster Application Worksheet*, as they are obsolete. When a disaster is declared, the USDA Food and Nutrition Service will supply a copy of the current disaster forms to the Department.
- ◆ Update form 470-0306, *Application for Food Assistance*. This form has been simplified and reformatted to be easier to understand and to complete.
- ◆ Update form 470-3144, *Attribution of Resources Appeal Summary*, to reflect that an applicant needs to obtain only one annuity quote, instead of three. This form is now available as a template in the state approved forms in Outlook. It will no longer be available to order from Anamosa.

- ◆ Remove form 470-3383, *Authorization to Exchange Information With Your Child's School*, and form 470-3391, *School Attendance Cooperation Agreement*. These forms are obsolete, because FIP truancy requirements have been rescinded.
- ◆ Update form 470-3872, *Child Care Assistance Attendance Sheet*, to allow more space to write in the child's time in and time out. The instructions were revised to remove references to entering invoices on the POSS system.
- ◆ Update the instructions and form 470-3871, *Child Care Assistance Provider Agreement*, to remove the following types of providers:
 - Registered Family Home
 - Registered Group Home
 - Registered Group/Joint Home
 - Registered Level I home
 - Registered Level II home
 - Registered Level III home
 - Registered Level IV home
- ◆ Update form 470-3912, *Disability Report for Children*, to change the authorization form reference from *Authorizations for Source to Release Information to the Department of Human Services* to *Authorization to Obtain or Release Health Care Information*. The form instructions are changed to correct a reference to a form number.
- ◆ Update form 470-0329, *Food Assistance Worksheet*, to revise the section on vehicles to indicate that you can exclude one licensed or unlicensed vehicle per household. For all other licensed vehicles you will need to determine if the \$4,650 market value limit applies.
- ◆ Update form 470-2927, *Health Services Application*, to change a reference from "July 1, 1993" to "in the last 60 months" in the question about if anyone in the home has sold or given away anything of value.
- ◆ Change the source information on form 470-1630, *Household Member Questionnaire*, to reflect that the form is no longer available at Anamosa.
- ◆ Update form 470-0375, *ICF/MR Placement Statement*, to change the signature section from "State Medicaid Director" to "State Medicaid Agency Designee."
- ◆ Update the instructions for the following forms to reflect the Department's current organization structure correct cross-references. Local offices can contact the Data Management Operations Unit if they need to get a supply of:
 - 470-1911, *Medical Assistance Eligibility Card (Fee for Service)*
 - 470-2188, *Medical Assistance Eligibility Card (Limited Benefits)*
 - 470-3348, *Medical Assistance Eligibility Card (Lock-In)*
 - 470-2213, *Medical Assistance Eligibility Card (Managed Care)*

Instructions were also updated to reflect that the *Medical Assistance Eligibility Card (Fee for Service)* is printed for residents of the Woodward Resource Center.

- ◆ Update instructions for the *Notice of Decision* to correct references to form 470-0330, *Food Assistance Computation*.
- ◆ Update form 470-3915, *Notice of Decision: Child Care Assistance*, to update the appeal rights and the policy on nondiscrimination. Some of the notice language has also been revised. Three new notice reasons have also been added to the form.
- ◆ Update form 470-0334, *Notice of Lost Benefits*, to simplify the form to make it easier to complete and to understand.
- ◆ Update RC-0008, *Overpayment Recovery Codes*, to add program code 28 for medical transportation and code 66 for PROMISE JOBS child care (child care overpayments before July 1, 1999).
- ◆ Change the source information for form 470-3983, *Request for EBT Secondary Cardholder or Authorized Representative*, to reflect that this form is no longer available at Anamosa. This form can be printed from the on-line manual.
- ◆ Change the name of form 470-2920 from *Request for Replacement of Food/Food Coupons Destroyed in a Household Misfortune* to *Request for Replacement of Spoiled Food*. The form has been simplified and reformatted to make it easier to complete and to understand.
- ◆ Change the instructions for forms 470-2881 and 470-2881(M), *Review/Recertification Eligibility Document*, to correct a form number reference.

Effective Date

For truancy forms, the effective date is July 1, 2004.
For all other forms, the changes are effective upon receipt.

Material Superseded

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

<u>Page</u>	<u>Date</u>
Contents (p. 1)	March 23, 2004
Contents (p. 3, 10)	May 11, 2004
Contents (p. 11)	January 20, 2004
20	April 23, 2002
470-0309	1/87
21	May 15, 2001
22	November 26, 2002
470-0306	10/02
23	September 24, 2002
470-3144	4/00
31	June 26, 2001
32, 34a	December 19, 2000
34b, 35	January 20, 2004
470-3383	4/98

50d	August 5, 2003
470-3872	12/02
50e	July 2, 2002
50f	August 5, 2003
470-3871	12/02
50g, 50h	March 18, 2003
72	January 21, 2003
470-3912	2/03
76	January 21, 2003
470-1958	1/87
470-0329	12/03
121, 122, 123	January 20, 2004
470-2927	1/02
470-1630	4/94
143	March 18, 2003
470-0375 (before p. 151)	5/03
203, 204	March 17, 1998
204a-204d	January 28, 1997
205, 206	April 18, 2000
470-3915	9/03
241, 242	April 23, 2002
242a, 242c	July 2, 2002
242d, 242f, 242i	June 17, 2003
242k	May 11, 2004
470-0334	9/00
261	October 7, 2003
RC-0008 (after p. 280b)	1/03
353	January 20, 2004
354a-354c	November 13, 2001
354d-354f *	April 23, 2002
357	January 20, 2004
358	November 26, 2002
470-2920	10/02
359, 360 *	June 25, 1996
361	January 21, 2003
362	December 22, 1998
375	May 11, 2004
470-3391	1/98
383, 384	December 22, 1998
385, 386 *	July 31, 2001
386a, 386b *	March 12, 2002

* As forms are removed, existing pages are renumbered to eliminate or consolidate gaps. To accommodate these changes, the following form samples need to be refiled:

- ◆ Move form 470-3924 to follow page 358 instead of page 354d.
- ◆ Move form 470-1638 to follow page 362 instead of page 360.

- ◆ Move report X1612X5 to precede page 383 instead of page 385.
- ◆ Move report S470A110-A and form 470-3785 to follow page 384 instead of page 386.

Additional Information

Use up remaining supply of the following forms, as no further supply of these forms will be printed:

- ◆ 470-3144, *Attribution of Resources Appeal Summary*
- ◆ 470-1630, *Household Member Questionnaire*
- ◆ 470-3983, *Request for EBT Secondary Cardholder or Authorized Representative*

Destroy the existing supply of form 470-0306, *Application for Food Stamps*. A blanket distribution of the revised form was sent to local offices in June 2004. Order supplies of this form from Anamosa in the usual manner. The simplified version of the Spanish application is not ready yet. Continue to use the current supply of that form until the Spanish version becomes available.

Use up remaining supply of the following forms before reordering from Anamosa in the usual manner:

- ◆ 470-3872, *Child Care Assistance Attendance Sheet*
- ◆ 470-3871, *Child Care Assistance Provider Agreement*
- ◆ 470-3912, *Disability Report for Children*
- ◆ 470-0329, *Food Assistance Worksheet*
- ◆ 470-2927, *Health Services Application*

Destroy existing supply of the following forms as they are obsolete:

- ◆ 470-0309, *Application for Disaster Food Stamp Assistance*
- ◆ 470-3383, *Authorization to Exchange Information With Your Child's School*
- ◆ 470-1958, *Disaster Application Worksheet*
- ◆ 470-3391, *School Attendance Cooperation Agreement*

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

October 1, 2004

GENERAL LETTER NO. 6-AP-61

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

SUBJECT: Employees' Manual, Title 6, ***INCOME MAINTENANCE PROGRAMS APPENDIX***, Contents (page 2, 4, 5, 6, 10 and 11), revised; pages 5, 6, 7, 47 through 50, 83, 103, 104, 142 through 154, 160, 180, 368, 369, 371 and 372, revised; pages 102e and 120a, new; and the following forms:

470-0041	<i>Adjustment to Facility Payment</i> , revised
470-0307	<i>Application for Food Assistance (Spanish)</i> , revised
470-0321	<i>Change Report</i> , revised
470-0322	<i>Change Report (Spanish)</i> , revised
470-2960	<i>Changes: How and When to Tell Us</i> , revised
470-2960(S)	<i>Changes: How and When to Tell Us (Spanish)</i> , revised
RC-0033	<i>Desk Aid</i> , revised
Comm. 2	<i>Facts About the Food Assistance Program</i> , new
Comm. 3	<i>Facts About the Food Assistance Program (Spanish)</i> , new
470-2255	<i>Food Assistance Work Rules</i> , revised
470-2255(S)	<i>Food Assistance Work Rules (Spanish)</i> , new
Comm. 22	<i>How to Complete Your PAER</i> , new
470-3743	<i>MEPD Refund Notice</i> , revised
470-3998	<i>Request to Build ISIS Facility File</i> , revised
470-0169	<i>Requirements of Support Enforcement</i> , revised
470-0169(S)	<i>Requirements of Support Enforcement (Spanish)</i> , new

Summary

This chapter is revised to:

- ◆ Update form 470-0041, *Adjustment to Facility Payment*, to be used for client participation changes after implementation of the Individualized Services Information System (ISIS) for facility eligibility.

- ◆ Update the following forms to simplify the language and reformat the forms so they are easier to understand and to complete:
 - 470-0307, *Application for Food Assistance (Spanish)*
 - 470-0321, *Change Report*
 - 470-0322, *Change Report (Spanish)*
 - 470-2960, *Changes: How and When to Tell Us*
 - 470-2960(S), *Changes: How and When to Tell Us (Spanish)*
 - 470-2255, *Food Assistance Work Rules*
 - 470-0169, *Requirements of Support Enforcement*
- ◆ Update the following forms to reflect the 2004 Food Assistance guidelines:
 - RC-0033, *Desk Aid*
 - Comm. 2, *Facts About the Food Assistance Program*
 - Comm. 3, *Facts About the Food Assistance Program (Spanish)*

The Comm. 2, Comm. 3, and Comm. 22 fliers are being added to 6-Appendix for ease of access. Comm. 22, *How to Complete Your PAER*, has been revised to remove all references to Food Assistance.

- ◆ Instructions for form 470-3693, *Earned Income Statement for Premium*, are revised to reflect changes in procedures for the billing system.
- ◆ Remove form 470-1120, *Identification Card*. These cards are obsolete due to the electronic benefit transfer system.
- ◆ Revise form 470-2255 to change the name from *Information About Food Assistance Work Rules* to *Food Assistance Work Rules*. A Spanish version of this form is now available, form 470-2255(S).
- ◆ Revise form 470-3743, *MEPD Refund Notice*, to add a check-off box reflecting a change in Medicaid for employed people with disabilities (MEPD) billing. The billing system automatically issues a refund warrant when the premium amount is zero for two consecutive months.
- ◆ Revise form 470-3998 to change the name from *Request to Build SSRD/Facility File* to *Request to Build ISIS Facility File*. This form can be used after implementation of the Individualized Services Information System (ISIS) for facility eligibility. ISIS will replace the SSRD screens.
- ◆ Add form 470-0169(S), which is the Spanish version of form 470-0169, *Requirements of Support Enforcement*.

Effective Date

Changes involving the implementation of ISIS are expected to be effective October 15, 2004. All other changes are effective immediately.

Material Superseded

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

<u>Page</u>	<u>Date</u>
Contents (p. 2)	January 20, 2004
Contents (pp. 4, 5)	March 23, 2004
Contents (p. 6)	January 20, 2004
Contents (pp. 10, 11)	July 20, 2004
470-0041	4/03
5, 6	September 24, 2002
7	June 25, 1996
470-0307 (before p. 21)	10/02
47	June 25, 1996
48	October 12, 1999
470-0321	2/04
470-0322	2/04
49	June 26, 2001
50	January 20, 2004
470-2960	1/04
470-2960(S)	12/03
RC-0033 (before p. 69)	4/04
83	September 24, 2002
103, 104 *	January 20, 2004
142	June 17, 2003
143	July 20, 2004
144-146 *	September 24, 2002
149	March 23, 2004
150, 151 *	June 17, 2003
152 *	October 7, 2003
470-1120	Undated
153	April 20, 1999
154, 154a, 154b *	November 13, 2001
154c, 154d *	August 5, 2003
160	January 20, 2004
161	April 23, 2002
470-2255	11/03
180	March 28, 2000
470-3743 (after p. 220)	5/03
368	June 17, 2003
470-3998	4/03
369	June 17, 2003
470-0169	2/01
371, 372	August 5, 2003

* As forms are added and removed, existing pages are renumbered to eliminate or consolidate gaps. To accommodate these changes, the following form samples need to be refiled:

- ◆ File form 470-0435 before page 103 instead of after page 104.
- ◆ File form 440-2471 before page 145 instead of after page 146.
- ◆ File form 470-3625 after page 146 instead of after page 150.
- ◆ File form 470-0375 after page 148 instead of before page 151.
- ◆ File form 470-0374 before page 149 instead of after page 152.
- ◆ File form 470-3851 after page 150 instead of after page 154.
- ◆ File form 470-3928 before page 153 instead of after page 154b.
- ◆ File form 470-2564 after page 154 instead of after page 154d.

Also, remove from the file and destroy:

- ◆ Circular Letter No. 56Z-349-EA, dated January 30, 2001
- ◆ Circular Letter No. 56Z-405-FHWS, dated September 3, 2003
- ◆ Circular Letter No. 56Z-406-FHWS, dated September 3, 2003

Additional Information

Destroy remaining supplies of the previous versions of form 470-2960 and 470-2960(S), *Changes: How and When to Tell Us*, and fliers Comm. 2 and Comm. 3.

An initial supply of the revised form 470-2960 will be mailed to local offices at the end of September. Order additional supplies of the revised forms 470-2960 and Comm. 2 from Anamosa in the usual manner.

Use up existing supplies of the following forms before reordering from Anamosa in the usual manner:

- ◆ 470-0321, *Change Report*
- ◆ 470-2255, *Food Assistance Work Rules*
- ◆ 470-0169, *Requirements of Support Enforcement*
- ◆ Comm. 22, *How to Complete Your PAER*

Print supplies of the Spanish versions of these forms from the samples in the manual.

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 5, 2004

GENERAL LETTER NO. 6-AP-62

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

SUBJECT: Employees' Manual, Title 6, ***INCOME MAINTENANCE PROGRAMS APPENDIX***, Contents (pages 4, 5, 6, and 11), revised; pages 104e, 105, 154 through 158, and 379 through 383, revised; page 104f, new; and the following forms:

470-0010 *Adjustment to Overpayment Balance*, updated
470-3897 *FIA Appointment*, new
470-0272 *Lost Form Request*, revised
470-0806 *Self-Assessment*, new

Summary

This chapter is revised to:

- ◆ Update the sample of form 470-0010, *Adjustment to Overpayment Balance*, to reflect the template version of the form.
- ◆ Introduce form 470-3897, *FIA Appointment*, used by IM workers to notify FIP applicants and PROMISE JOBS staff of an appointment for the applicant to meet with PROMISE JOBS to complete orientation and to write and sign a family investment agreement.
- ◆ Remove forms 470-3610 and 470-3611, *FIA Referral for Reconsideration of LBP*, as they are obsolete. Rule changes that became effective September 1, 2004, removed the ability to volunteer for PROMISE JOBS services.
- ◆ Update instructions for forms 470-3105 and 470-3106, *FIA Referral for Mandatory Participants*, to accommodate changes to when this form is generated due to new policy of requiring a family investment agreement before an applicant is approved for FIP.
- ◆ Remove form 470-2564, *IM/Services Communication for Case Management and Waivers*. Most functions of this form are now handled through ISIS. Other communications can be made through electronic mail.
- ◆ Remove reference card RC-0040, *Income Maintenance Discussion of PROMISE JOBS*. This card assisted IM workers in explaining the importance of contacting PROMISE JOBS and the steps required for persons in a limited benefit plan to attain FIP eligibility. Procedural changes to accommodate the signing of a family investment agreement before approval for FIP benefits make this card obsolete.

- ◆ Update the routing information for form 470-0272, *Lost Form Request*. When the form is used to request Medically Needy forms, it should be E-mailed to Ted.Toenjes@acs-inc.com.
- ◆ Add form 470-0806, *Self-Assessment*. IM workers need to issue this form to FIP applicants along with form 470-3897, *FIA Appointment*. The applicant's assessment will form the basis for the initial family investment agreement.

Effective Date

November 1, 2004

Material Superseded

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

<u>Page</u>	<u>Date</u>
Contents (pp. 4, 5, 6, 11)	October 1, 2004
470-0010 (after p. 8)	9/01
104e *	March 20, 2001
470-3610	5/99
470-3611	5/99
105	December 7, 1999
154	October 1, 2004
470-2564	3/99
155	April 20, 1999
156, 157 *	March 12, 2002
RC-0040	10/01
158 *	September 24, 2002
159 *	October 3, 2000
160	October 1, 2004
470-0272	10/01
381	January 20, 2004
382 *	December 22, 1998
383, 384 *	July 20, 2004

* As forms are added and removed, existing pages are renumbered to eliminate or consolidate gaps. To accommodate these changes, the following form samples need to be refiled:

- ◆ Move forms 470-3105 and 470-3106 to follow page 104f instead of page 104d.
- ◆ Move form 470-3779 to precede page 155 instead of following page 156.
- ◆ Move form 470-2815 to follow page 156 instead of page 158.
- ◆ Move form 427-0292 to precede page 157 instead of 159.
- ◆ Move reference card RC-0002 to precede page 379 instead of following page 382.
- ◆ Move report X1612X5 to follow page 380 instead of preceding page 383.
- ◆ Move report S470A110-A to precede page 381 instead of following page 384.

Additional Information

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



December 17, 2004

GENERAL LETTER NO. 6-AP-63

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

SUBJECT: Employees' Manual, Title 6, ***INCOME MAINTENANCE PROGRAMS***
APPENDIX, pages 44, 44a, 44b, 350a, 359, and 382, revised; and the following forms:

470-2385	<i>Case Record Tracking Sheet</i> , revised
RC-0033	<i>Desk Aid</i> , revised
470-2465	<i>Disability Report for Adults</i> , revised
470-2472	<i>Disability Transmittal</i> , revised
470-2927(S)	<i>Health Services Application</i> , revised
470-3924	<i>Request for Medicaid Eligibility Data Changes and Verifications</i> , revised
RC-0018	<i>Supplemental Security Income Payment Standards</i> , revised

Summary

This chapter is revised to:

- ◆ Change form 470-2385, *Case Record Tracking Sheet*, to better reflect the needs of the field and update the calendar for 2005.
- ◆ Update RC-0033, *Desk Aid*, and RC-0018, *Supplemental Security Income Payment Standards*, to reflect the Social Security cost-of-living increases for January 2005.
- ◆ Update form 470-2465, *Disability Report for Adults*, to change the authorization form reference from *Authorizations for Source to Release Information to the Department of Human Services* to *Authorization to Obtain or Release Health Care Information*.
- ◆ Update form 470-2472, *Disability Transmittal*, to reflect an address change for the Disability Determination Services Bureau.
- ◆ Update form 470-2927(S), *Health Services Application (Spanish)*, to change a reference from "July 1, 1993" to "in the last 60 months" in the question about if anyone in the home has sold or given away anything of value.
- ◆ Update the source information for form 470-0643, *Request for Child Abuse Information*, to reflect that this form is no longer available at Anamosa. This form is available as a template on Outlook.

- ◆ Update where form 470-3924, *Request for Medicaid Eligibility Data Changes and Verifications*, should be sent after completion.
- ◆ Update the source information for form 470-0806, *Self-Assessment*, to reflect that supplies of this form can be ordered from Anamosa.

Effective Date

COLA changes are effective January 1, 2005.

All other changes are effective upon receipt.

Material Superseded

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

<u>Page</u>	<u>Date</u>
44	November 26, 2002
470-2385	12/03
44a, 44b	November 26, 2002
RC-0033 (before p. 69)	10/04
470-2465 (before p. 71)	2/03
470-2472 (before p. 73)	6/03
470-2927(S) (after p. 138)	1/02
350a	January 20, 2004
470-3924 (before p. 359)	3/02
359	July 20, 2004
382	November 5, 2004

Additional Information

Use up remaining supply of forms 470-2465, *Disability Report for Adults*, and form 470-2927(S), *Health Services Application (Spanish)*, before reordering from Anamosa in the usual manner.

Use up remaining supply of form 470-0643, *Request for Child Abuse Information*, as no further supply of this form will be printed.

An initial supply of form 470-0806 will be mailed to the local offices in December. Order additional supplies from Anamosa in the usual manner.

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

March 25, 2005

GENERAL LETTER NO. 6-AP-64

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

SUBJECT: Employees' Manual, Title 6, **INCOME MAINTENANCE PROGRAMS APPENDIX**, Contents (pages 1 through 11), revised; pages 5, 6, 7, 17, 36, 36a, 36b, 36c, 99, 100, 127, 128, 129, 141, 200, 259, 260, 276, 281 through 290, 290a, 290b, 291 through 294, 304, 305, 319, 320, 358, 359, 360, 365, 368 through, 374, and 377, revised; pages 100a, 128a, and 128b, new; and the following forms:

470-3967 *ABAWD Letter*, revised
470-0041 *Adjustment to Facility Payment*, revised
470-0306 *Application for Food Assistance*, revised
470-0307 *Application for Food Assistance (Spanish)*, revised
470-3951(S) *Authorization to Obtain or Release Health Care Information (Spanish)*, new
470-1667 *Debt Setoff Credit*, revised
RC-0033 *Desk Aid*, revised
470-4122 *Estate Recovery Program Referral*, new
Comm. 2 *Facts About the Food Assistance Program*, revised
Comm. 3 *Facts About the Food Assistance Program (Spanish)*, revised
GAX *General Accounting Expenditure*, new
470-2927 *Health Services Application*, revised
470-0272 *Lost Form Request*, revised
470-2527 *MAC Income Worksheet*, revised
470-2304 *Medicaid Information Questionnaire for SSI Persons (manual)*, revised
470-0364 *Medicaid Information Questionnaire for SSI Persons (system)*, revised
470-0409 *Medicaid Notice of Sanction*, revised
470-0500 *Notice of Cancellation (system)*, revised
470-1968 *Notice of Cancellation (manual)*, revised
470-4139 *Notice of Income Offset Against State Warrants*, new
470-4140 *Notice of Income (Payroll) Offset*, new
470-1507 *Notice of Recipient Lock-In and Designation of Primary Medicaid Providers*, revised
470-1668 *Notice of Setoff of an Iowa Income Tax Refund for Debts Owed the Iowa Department of Human Services*, revised

RC-0008	<i>Overpayment Recovery Codes</i> , revised
470-0464	<i>Overpayment Recovery Information Input</i> , revised
470-0465	<i>Overpayment Recovery Supplemental Information</i> , revised
470-0130	<i>Overpayment Statement</i> , revised
470-2580	<i>Presumptive Medicaid Eligibility Notice of Decision</i> , revised
470-2580(S)	<i>Presumptive Medicaid Eligibility Notice of Decision (Spanish)</i> , new
470-3924	<i>Request for ISIS Changes</i> , revised
470-2881(M)	<i>Review/Recertification Eligibility Document (manual)</i> , revised
470-4083(M)	<i>Review/Recertification Eligibility Document (Spanish)</i> , new

Summary

This chapter is revised to:

- ◆ Change references from “food stamps” to “Food Assistance” on form 470-3967, *ABAWD Letter*.
- ◆ Add a column on form 470-0041, *Adjustment to Facility Payment*, to enter the date of a Medicaid application. Update the e-mail address to IDHS@dhs.state.ia.us.
- ◆ Update the following forms to add references to the Food Assistance Call Center:
 - 470-0306, *Application for Food Assistance*
 - 470-0307, *Application for Food Assistance (Spanish)*
 - Comm. 2, *Facts About the Food Assistance Program*
 - Comm. 3, *Facts About the Food Assistance Program (Spanish)*
- ◆ Add a Spanish version of form 470-3951, *Authorization to Obtain or Release Health Care Information*. This form can be printed from the on-line manual.
- ◆ Update the letterhead on form 470-1667, *Debt Setoff Credit*, to reflect the Department’s current director.
- ◆ Update RC-0033, *Desk Aid*, to reflect 2005 federal poverty guidelines.
- ◆ Add form 470-4122, *Estate Recovery Program Referral*, which is used to refer consumers to the Estate Recovery Program.
- ◆ Add *General Accounting Expenditure (GAX)*, which is used to:
 - Submit certain medical transportation claims for payment.
 - Pay FIP benefits when the ABC system cannot issue the payment due to the age of the claim.
 - Pay Child Care Assistance claims when they are submitted more than 60 days past the end of the fiscal year.

Form 07-350, *Purchase Order/Payment Voucher (PO/PV)*, was previously used for this purpose. However, the PO/PV form is obsolete and is removed from this appendix.

- ◆ Add a statement to form 470-2927, *Health Services Application*, that faxed signatures are now acceptable.

- ◆ Update the instructions for form 470-3898, *Health Services Application Narrative*, to fix a typo.
- ◆ Update the routing information for form 470-0272, *Lost Form Request*. When the form is used to request Medically Needy forms, it should be E-mailed to Medically.Needy@acs-inc.com.
- ◆ Update form 470-2527, *MAC Income Worksheet*, to reflect the 2005 federal poverty guidelines.
- ◆ Update the system version (470-0364) and the manual version (470-2304) of the *Medicaid Information Questionnaire for SSI Persons*, to reflect income limits for property tax credits for the elderly and disabled and for rent reimbursement.
- ◆ Update the instructions on form 470-0409, *Medicaid Notice of Sanction*, on how to cancel Medicaid benefits for a person who is sanctioned for HIPP.
- ◆ Update the following forms to simplify the language and reformat the form so it is easier to understand:
 - 470-0500, *Notice of Cancellation* (system)
 - 470-1968, *Notice of Cancellation* (manual)
 - 470-1668, *Notice of Setoff of an Iowa Income Tax Refund for Debts Owed the Iowa Department of Human Services*
- ◆ Change the name and number of form 427-0538, *Notice of Income Offset Against State Warrants for Debts Owed the Department of Human Services*, to 470-4139, *Notice of Income Offset Against State Warrants*. This form has been simplified and reformatted so it is easier to understand.
- ◆ Change the name and number of form 427-0539, *Notice of Income (Payroll) Offset for Debts Owed the Department of Human Services*, to 470-4140, *Notice of Income (Payroll) Offset Against State Warrants*. This form has been simplified and reformatted so it is easier to understand.
- ◆ Update the appeal rights and policy on nondiscrimination on form 470-1507, *Notice of Recipient Lock-In and Designation of Primary Medicaid Providers*.
- ◆ Update the letterhead on form 470-2580, *Presumptive Medicaid Eligibility Notice of Decision*, to reflect the Department's current director. A Spanish version of this form, 470-2580(S), is also added.
- ◆ Update RC-0008, *Overpayment Recovery Codes*, to add references to the **hawk-i** program.
- ◆ Update form 470-0464, *Overpayment Recovery Information Input*, to add a place to indicate which language demand letters and all overpayment correspondence should be issued in. In the future, demand letters will be generated in Spanish.
- ◆ Update form 470-0465, *Overpayment Recovery Supplemental Information*, to add a place for **hawk-i** case number if this is needed for a **hawk-i** claim.
- ◆ Update form 470-0130, *Overpayment Statement*, to simplify and reformat the form so it is easier to understand.

- ◆ Change the name of form 470-3924, *Request for Medicaid Eligibility Data Changes and Verifications*, to *Request for ISIS Changes*, and remove fields on the form that were no longer necessary. Update the e-mail address to IDHS@dhs.state.ia.us.
- ◆ Update the instructions for form 470-0397, *Request for Special Update*, to correct a cross reference.
- ◆ Remove form 470-3998, *Request to Build ISIS Facility File*, as this form is no longer used. If changes are necessary in ISIS, use form 470-3924, *Request for ISIS Changes*.
- ◆ Add a statement to form 470-2881(M), *Review/Recertification Eligibility Document*, that faxed signatures are now acceptable. A Spanish version, 470-4083(M), is now available.

Effective Date

The income limits for property tax credit and rent reimbursement became effective January 1, 2005.

Poverty level changes are effective April 1, 2005.

All other changes are effective upon receipt.

Material Superseded

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

<u>Page</u>	<u>Date</u>
Contents (p. 1)	July 20, 2004
Contents (p. 2)	October 1, 2004
Contents (p. 3)	July 20, 2004
Contents (pp. 4, 5, 6)	November 5, 2004
Contents (p. 7)	May 11, 2004
Contents (p. 8)	January 20, 2004
Contents (p. 9)	March 23, 2004
Contents (p. 10)	October 1, 2004
Contents (p. 11)	November 5, 2004
Contents (p. 12)	March 23, 2004
470-3967 (before p. 1)	5/03
470-0041	10/04
5, 6, 7	October 1, 2004
17	June 17, 2003
470-0306 (after p. 20)	7/04
470-0307	10/04
36	January 20, 2004
36a	March 23, 2004
36b	January 20, 2004
36c	March 23, 2004
470-1667 (before p. 55)	7/02

RC-0033 (before p. 69)	11/04
99, 100	June 25, 1996
Comm. 2 (after p. 104)	10/04
Comm. 3	10/04
127	March 18, 2003
129	January 2, 2002
470-2927 (after p. 138)	5/04
141	August 5, 2003
470-0272 (before p. 181)	11/04
470-2527 (after p. 182)	4/04
470-2304 (after p. 198)	4/04
470-0364	4/04
200	April 18, 2000
470-0409	5/03
470-0500 (after p. 236)	12/03
470-1968	12/03
427-0538	6/03
259, 260	August 5, 2003
427-0539	6/03
470-1507 (before p. 275)	1/04
276	January 20, 2004
470-1668	9/03
RC-0008 (after p. 280b)	7/04
470-0464	9/03
281, 282, 283	October 7, 2003
284, 285	August 5, 2003
286, 287, 288	October 7, 2003
289, 290	August 5, 2003
290a, 290b	October 7, 2003
291	August 5, 2003
292	July 2, 2002
470-0465	10/00
293, 294	July 2, 2002
470-0130	7/02
304	October 7, 2003
470-2580	6/01
305	June 26, 2001
318c	July 2, 2002
318d	March 18, 2003
07-350	2/03
318e	January 21, 2003
318f	October 7, 2003
318g	March 18, 2003
319, 320	October 7, 2003
358	July 20, 2004
470-3924	12/04

359	December 17, 2004
360	July 20, 2004
365	June 26, 2001
368, 369	October 1, 2004
370	August 5, 2003
371, 372	October 1, 2004
373	August 5, 2003
374	June 17, 2003
470-3998	10/04
470-2881(M)	9/03
375, 376	July 20, 2004
377	March 23, 2004

* As forms are added and removed, existing pages are renumbered to eliminate or consolidate gaps. To accommodate these changes, the following form samples need to be refiled:

- ◆ Move forms 470-0170, 470-0169, and 470-0169(S) to follow page 368 instead of page 370.
- ◆ Move form 470-2577 to follow page 370 instead of page 374.
- ◆ Move form 470-2881 to follow page 372 instead of preceding page 375.

Additional Information

Use up remaining supply of the following forms before reordering from Anamosa in the usual manner:

- ◆ 470-0306, *Application for Food Assistance*
- ◆ 470-0307, *Application for Food Assistance (Spanish)*
- ◆ Comm. 2, *Facts About the Food Assistance Program*
- ◆ 470-2927, *Health Services Application*
- ◆ 470-1968, *Notice of Cancellation*
- ◆ 470-0464, *Overpayment Recovery Information Input*
- ◆ 470-2580, *Presumptive Medicaid Eligibility Notice of Decision*
- ◆ 470-2881(M), *Review/Recertification Eligibility Document*

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 15, 2005

GENERAL LETTER NO. 6-AP-65

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

SUBJECT: Employees' Manual, Title 6, **INCOME MAINTENANCE PROGRAMS APPENDIX**, Contents (page 1, 2, 4 through 9, and 11), revised; pages 3 through 6, 17, 18, 19, 21, 22, 42, 47, 99, 100, 100a, 101, 102, 102a, 114, 123, 138, 144, 148, 163, 164, 167 through 174, 184, 195, 196, 197, 199, 201, 203, 204, 204b, 204c, 204d, 205, 206, 207, 210, 213 through 216, 243, 244, 246, 251, 252, 262, 275, 306, 307, 308, 311, 326, 327, 335, 359, 380, 410, 411, 415, 425, 428, and 429, revised; pages 100b, 100c, 174a, 174b, 242l, and 244a through 244f, new; and the following forms:

470-4167	<i>Addendum to Application for Help with Medicare Prescription Drug Plan Costs, new</i>
470-0487	<i>Appeal and Request for Hearing, revised</i>
SSA-1020B-OCR-SM	<i>Application for Help with Medicare Prescription Drug Plan Costs, new</i>
470-0042	<i>Case Activity Report, revised</i>
470-1945	<i>Change of Primary Providers, revised</i>
470-0394	<i>Explanation of Medicaid Billing Policy, revised</i>
470-4193	<i>Extra Help with Medicare Prescription Drug Benefits Narrative/Worksheet, new</i>
470-2927(S)	<i>Health Services Application (Spanish), revised</i>
470-2168	<i>Iowa Medicaid Managed Health Care Enrollment Form, revised</i>
470-2168(S)	<i>Iowa Medicaid Managed Health Care Enrollment Form (Spanish), new</i>
470-2169	<i>Iowa Medicaid Managed Health Care Provider Request for Member Disenrollment, revised</i>
470-4165	<i>IowaCare Billing Statement, new</i>
470-4164	<i>IowaCare Medical Card, new</i>
470-4194	<i>IowaCare Premium Agreement, new</i>
470-4208	<i>IowaCare Premium Agreement Cover Letter, new</i>
470-0385	<i>Medicaid Claim Denial Notice, revised</i>
470-3392	<i>Medicaid State ID Numbers, revised</i>
470-1911	<i>Medical Assistance Eligibility Card (Fee for Service), revised</i>

470-2188	<i>Medical Assistance Eligibility Card (Limited Benefits), revised</i>
470-3348	<i>Medical Assistance Eligibility Card (Lock-In), revised</i>
470-2213	<i>Medical Assistance Eligibility Card (Managed Care), revised</i>
470-3739	<i>Medically Needy Recoupment Memo, revised</i>
470-3630	<i>Medically Needy Transmittal, revised</i>
470-4199	<i>Notice of Decision for Extra Help with Medicare Prescription Drug Costs, new</i>
470-0390	<i>Notice of Decision on Denied Prior Authorization, revised</i>
470-0392	<i>Notice of Decision on Medicaid Claim, revised</i>
470-1507	<i>Notice of Member Lock-In, revised</i>
470-0130	<i>Overpayment Statement, revised</i>
470-0398	<i>Priority Leads Letter, revised</i>
470-3924	<i>Request for ISIS Changes, revised</i>
470-0499	<i>Ten-Day Report of Change for FIP and Medicaid, revised</i>
470-0499(S)	<i>Ten-Day Report of Change for FIP and Medicaid (Spanish), revised</i>
470-0403	<i>TPL Leads Letter, revised</i>
RC-0064	<i>Unearned Income Desk Aid, revised</i>

Summary

This chapter is revised to:

- ◆ Add the following forms, which will be used for Medicare Part D and the Low Income Subsidy:
 - 470-4167, *Addendum to Application for Help with Medicare Prescription Drug Plan Costs*
 - SSA-1020B-OCR-SM, *Application for Help with Medicare Prescription Drug Plan Costs*
 - 470-4193, *Extra Help with Medicare Prescription Drug Benefits Narrative/Worksheet*
 - 470-4199, *Notice of Decision for Extra Help with Medicare Prescription Drug Costs*
- ◆ Revise the forms following or their instructions to reflect the implementation of the Iowa Medicaid Enterprise and change references from “recipient” to “member”:
 - 470-0041, *Adjustment to Facility Payment*
 - 470-0042, *Case Activity Report*
 - 470-1945, *Change of Primary Providers*
 - 470-2980, *Estate Recovery Notice for New Approvals*
 - 470-4122, *Estate Recovery Program Referral*
 - 470-3209, *Estate Recovery Six-Month Follow-Up*
 - 470-0387, *Explanation of Medicaid Benefits*

- 470-0394, *Explanation of Medicaid Billing Policy*
 - MA-2126, *Follow-Up Notice*
 - 470-0375, *ICF/MR Placement Statement*
 - 470-0391, *Inquiry Regarding Bill for Medical Services*
 - 470-2168, *Iowa Medicaid Managed Health Care Enrollment Form*
 - 470-0385, *Medicaid Claim Denial Notice*
 - Report Number X161C5A, *Medicaid EPSDT Enrollees*
 - Report Number X1612C34, *Medicaid EPSDT Enrollees Due Screening by Periodicity*
 - 470-2304, *Medicaid Information Questionnaire for SSI Persons*
 - 470-3392, *Medicaid State ID Numbers*
 - 470-3739, *Medically Needy Recoupment Memo*
 - 470-3630, *Medically Needy Transmittal*
 - 470-2330, *Notice of Decision for Medically Needy*
 - 470-0390, *Notice of Decision on Denied Prior Authorization*
 - 470-0392, *Notice of Decision on Medicaid Claim*
 - 470-0398, *Priority Leads Letter*
 - 470-2464, *Report for Enhanced Services*
 - Report X1612X5, *Screening Related Services Rendered to Medicaid EPSDT Enrollees*
 - 470-2826, *Supplemental Insurance Questionnaire*
 - 470-0403, *TPL Leads Letter*
 - 470-2224, *Verification of Paid Medical Bills*
- ◆ Update form 470-0487, *Appeal and Request for Hearing*, as it has been simplified and reformatted so it is easier to understand. The instructions for this form are also revised.
 - ◆ Remove form 470-0329, *Food Assistance Worksheet*, as the form is now obsolete.
 - ◆ Instructions for form 470-2927, *Health Services Application*, are revised to reflect that the form can be used to apply for IowaCare in addition to other Medicaid programs.
 - ◆ Add a statement to form 470-2927(S), *Health Services Application (Spanish)*, that fax signatures are now acceptable.
 - ◆ Add the following forms which will be used for IowaCare:
 - 470-4165, *IowaCare Billing Statement*
 - 470-4164, *IowaCare Medical Card*
 - 470-4194, *IowaCare Premium Agreement*
 - 470-4208, *IowaCare Premium Agreement Cover Letter*
 - ◆ Add the Spanish version of form 470-2168, *Iowa Medicaid Managed Health Care Enrollment Form*, which is used to enroll or change enrollment in managed health care.
 - ◆ Change the name of form 470-2169, *Managed Health Care Provider Request for Recipient Disenrollment*, to *Iowa Medicaid Managed Health Care Provider Request for Member Disenrollment*. The instructions were also revised to reflect the correct organizational structure due to the implementation of the Iowa Medicaid Enterprise.

- ◆ Update form 470-0385, *Medicaid Claim Denial Notice*, to update appeal rights and the policy on nondiscrimination.
- ◆ Update the following forms to add the Member Services Call Center phone number and to add the Iowa Medicaid Enterprise e-mail address and web site address:
 - 470-1911, *Medical Assistance Eligibility Card (Fee for Service)*
 - 470-2188, *Medical Assistance Eligibility Card (Limited Benefits)*
 - 470-3348, *Medical Assistance Eligibility Card (Lock-In)*
 - 470-2213, *Medical Assistance Eligibility Card (Managed Care)*
- ◆ Add the fax number that form 470-3630, *Medically Needy Transmittal*, can be submitted to.
- ◆ Change the name of form 470-1507, *Notice of Recipient Lock-In and Designation of Primary Medicaid Providers*, to *Notice of Member Lock-In*. The instructions were also revised to reflect the correct organizational structure due to the implementation of the Iowa Medicaid Enterprise.
- ◆ Update form 470-0130, *Overpayment Statement*, to fix an error on page 2.
- ◆ Update form 470-3924, *Request for ISIS Changes*, to change the e-mail address for DHS employees to use when requesting changes on facility cases.
- ◆ Update form 470-0499, *Ten-Day Report of Change for FIP and Medicaid*, and 470-0499(S), *Ten-Day Report of Change for FIP and Medicaid (Spanish)*. These forms have been simplified and reformatted so they are easier to understand.
- ◆ Update form RC-0064, *Unearned Income Desk Aid*, to reflect current policy.

Effective Date

The IowaCare program begins July 1, 2005.

The Iowa Medicaid Enterprise begins business July 1, 2005.

All other changes are effective upon receipt.

Material Superseded

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

<u>Page</u>	<u>Date</u>
Contents (pp. 1, 2, 4-9, and 11)	March 25, 2005
3, 4 *	January 21, 2003
5, 6	March 25, 2005
470-0487	2/04
17	March 25, 2005
18	August 5, 2003
19	April 23, 2002
21	July 20, 2004

42	November 13, 2001
470-0042	3/04
470-1945	2/87
47	October 1, 2004
99, 100, 100a	March 25, 2005
101 *	June 25, 1996
102 *	June 29, 1999
470-0394	5/03
102a	January 20, 2004
114	June 25, 1996
470-0329	7/04
121-123	July 20, 2004
138	August 5, 2003
470-2927(S)	10/04
144, 148	October 1, 2004
163, 164	June 17, 2003
167 *	January 28, 1997
173	May 15, 2001
174	June 17, 2003
187	March 20, 2001
470-2168	7/97
188, 189	June 13, 2000
190	May 15, 2001
470-2169	7/97
191, 192	June 25, 1996
470-0385	5/98
195, 196, 197	December 22, 1998
199	September 24, 2002
470-3392	7/99
201	April 18, 2000
470-1911	Undated
203, 204, 204b	July 20, 2004
470-2188	Undated
204c, 204d	July 20, 2004
470-3348	Undated
205, 206	July 20, 2004
470-2213	Undated
207	April 18, 2000
470-3739	6/03
210	August 5, 2003
470-3630	8/99
213-216	April 18, 2000
243	July 2, 2002
244 *	August 5, 2003
246	June 29, 1999
470-0390	8/94

251, 252	June 25, 1996
470-0392	9/00
262	October 7, 2003
470-1507	2/05
275	January 20, 2004
470-0130 (before p. 295)	2/05
306, 311	March 23, 2004
326, 327	March 30, 1999
470-0398	11/99
335	September 28, 1999
470-3924	3/05
359	March 25, 2005
380	November 5, 2004
410	March 23, 2004
411	November 26, 2002
470-0499 (after p. 414)	2/04
470-0499(S)	2/04
470-0403	7/97
415	March 30, 1999
RC-0064	10/01
425	November 13, 2001
428	December 22, 1998
429	June 25, 1996

* As forms are added and removed, existing pages are renumbered to eliminate or consolidate gaps. To accommodate these changes, the following form samples need to be refiled:

- ◆ Move form 470-3774 to follow page 4 instead of preceding page 3.
- ◆ Move form 470-2463 to follow page 100b instead of preceding page 101.
- ◆ Move form 470-0387 to precede page 100c instead of following page 102.
- ◆ Move form 470-2326 to precede page 167 instead of page 173.
- ◆ Move forme 470-2330 to follow page 244f instead of page 244.

Additional Information

Use up existing supplies of the following forms before reordering in the usual manner:

- ◆ 470-0487, *Appeal and Request for Hearing*
- ◆ 470-0042, *Case Activity Report*
- ◆ 470-2927(S), *Health Services Application (Spanish)*

Destroy existing supplies of form 470-0329, *Food Assistance Worksheet*, as this form is obsolete.

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



October 28, 2005

GENERAL LETTER NO. 6-AP-66

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

SUBJECT: Employees' Manual, Title 6, **INCOME MAINTENANCE PROGRAMS APPENDIX**, Contents (pages 1, 5, 6, 7, 9, and 10), revised; and pages 12, 17, 18, 19, 33, 36a, 42, 120, 131, 132, 133, 180, 181, 202, 227, 237 through 240, 242b, 244f, 309 through 316, 348, 373, and 382, revised; pages 136a through 136c, new; and the following forms:

- 470-3967 *ABAWD Letter*, revised
- 470-0261 *Agreement for Automatic Deposit*, revised
- 470-0487(S) *Appeal and Request for Hearing* (Spanish), new
- 470-0306 *Application for Food Assistance*, revised
- 470-0307 *Application for Food Assistance* (Spanish), revised
- 470-0042 *Case Activity Report*, revised
- 470-2385 *Case Record Tracking Sheet*, revised
- 470-2960 *Changes: How and When to Tell Us*, revised
- 470-2960(S) *Changes: How and When to Tell Us* (Spanish), revised
- RC-0033 *Desk Aid*, revised
- Comm. 2 *Facts About the Food Assistance Program*, revised
- Comm. 3 *Facts About the Food Assistance Program* (Spanish), revised
- RC-0023 *Food Assistance Intake Fact Sheet*, revised
- 470-4026 *Food Assistance Interim Report* (system), revised
- 470-4026(M) *Food Assistance Interim Report* (manual), revised
- 470-4026(S) *Food Assistance Interim Report* (Spanish), revised
- 470-0462 *Health and Financial Support Application*, revised
- 470-0466 *Health and Financial Support Application* (Spanish), revised
- 470-4194 *IowaCare Premium Agreement*, revised
- 470-0272 *Lost Form Request*, revised
- 470-0495 *Repayment Contract*, revised
- 470-0643 *Request for Child Abuse Information*, revised
- 470-2881 *Review/Recertification Eligibility Document* (system), revised
- 470-2881(M) *Review/Recertification Eligibility Document* (manual), revised
- 470-4083(M) *Review/Recertification Eligibility Document* (Spanish), revised
- 470-0806(S) *Self-Assessment* (Spanish), new

Summary

This chapter is revised to:

- ◆ Update form 470-3967, *ABAWD Letter*, to reflect the new period beginning December 1, 2005, during which ABAWDs can receive three months of benefits.
- ◆ Change the name of form 470-0261, *Agreement for Automated Deposit*, to *Agreement for Automatic Deposit*. The form has also been simplified to make it easier to read and understand.
- ◆ Add the Spanish version of form 470-0487, *Appeal and Request for Hearing*. This version can be printed from the on-line manual.
- ◆ Update the following forms to remove the requirement that applicants may provide proof of their shelter and utility costs to get a deduction for Food Assistance:
 - 470-0306, *Application for Food Assistance*
 - 470-0307, *Application for Food Assistance* (Spanish)
 - RC-0023, *Food Assistance Intake Fact Sheet*
 - 470-2881, *Review/Recertification Eligibility Document* (system)
 - 470-2881(M), *Review/Recertification Eligibility Document* (manual)
 - 470-4083(M), *Review/Recertification Eligibility Document* (Spanish)
- ◆ Remove form 470-0493, *Authorization for FIP Vendor Payment*, as the form is now obsolete.
- ◆ Update instructions for forms 470-3951 and 470-3951(S), *Authorization to Obtain or Release Health Care Information*, to reflect the current address and phone numbers for Iowa Disability Determination Services.
- ◆ Change when form 470-0042, *Case Activity Report*, must be completed. The form shall be completed when a resident applies for Medicaid or a Medicaid-eligible resident is admitted, Medicare coverage starts or stops, or the resident dies or is discharged.
- ◆ Update the calendar on form 470-2385, *Case Record Tracking Sheet*, for 2006.
- ◆ Update the following forms to reflect the 2005 Food Assistance guidelines:
 - 470-2960, *Changes: How and When to Tell Us*
 - 470-2960(S), *Changes: How and When to Tell Us* (Spanish)
 - RC-0033, *Desk Aid*
 - Comm. 2, *Facts About the Food Assistance Program*
 - Comm. 3, *Facts About the Food Assistance Program* (Spanish)
- ◆ Update form 470-4026 and 470-4026(M), *Food Assistance Interim Report*, as it has been simplified to make it easier to read and understand. The Spanish version, 470-4026(S), has also been revised.
- ◆ Update instructions for form 470-3876, *Hardship Exemption Determination*, to change references from the “Division of Economic Assistance” to the “Division of Financial, Health and Work Supports,” which is the current name of the division.

- ◆ Change the name of forms 470-0462 and 470-0466, *Public Assistance Application*, to *Health and Financial Support Application*. The application was also simplified and reformatted so it is easier to understand.
- ◆ Update form 470-4194, *IowaCare Premium Agreement*, to better explain when IowaCare recipients are required to get a complete medical examination and secure a personal health improvement plan.
- ◆ Remove form 470-1632, *Landlord Questionnaire*, as the form is no longer being used.
- ◆ Update form 470-0272, *Lost Form Request*, to reflect the implementation of the Iowa Medicaid Enterprise.
- ◆ Remove forms 470-3564, *Medicaid Supplement to the hawk-i Application*, and 470-3592, *Suplemento de Medicaid para la Aplicacion de hawk-i*, as they are no longer necessary. The forms collected information from families who applied for *hawk-i*, but who were referred to Medicaid because of the need for retroactive Medicaid and for absent parent information.
- ◆ Remove form 470-3323, *Minor Parent Referral to Services*, as the form is now obsolete.
- ◆ Update instructions for the following forms to remove references to protective payees:
 - 470-0500, *Notice of Cancellation* (system)
 - 470-1968, *Notice of Cancellation* (manual)
 - 470-1968(S), *Notice of Cancellation* (Spanish)
 - 470-3152, *Notice of Cancellation/Redetermination*
 - 470-0485, *Notice of Decision* (system)
 - 470-0486, *Notice of Decision* (manual)
 - 470-0486(S), *Notice of Decision* (Spanish)
 - 470-3915, *Notice of Decision: Child Care Assistance*
 - 470-2330, *Notice of Decision for Medically Needy*
 - 470-0454, *Public Assistance Eligibility Report* (system)
 - 470-0455, *Public Assistance Eligibility Report* (manual)
 - 470-3719, *Public Assistance Eligibility Report* (Spanish)
 - 470-0447, *Report on Incapacity*
 - 470-2881, *Review/Recertification Eligibility Document* (system)
 - 470-2881(M), *Review/Recertification Eligibility Document* (manual)
 - 470-4083(M), *Review/Recertification Eligibility Document* (Spanish)
- ◆ Update form 470-0495, *Repayment Contract*, to add references to the *hawk-i* and HIPP programs.
- ◆ Update form 470-0643, *Request for Child Abuse Information*, to change the procedure and address for appeals of abuse reports.
- ◆ Add the Spanish version of form 470-0806(S), *Self-Assessment*. This version can be printed from the on-line manual.

Effective Date

Form 470-0493, *Authorization for FIP Vendor Payment*, and 470-3323, *Minor Parent Referral to Services*, are obsolete effective November 1, 2005.

All other changes are effective upon receipt.

Material Superseded

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

<u>Page</u>	<u>Date</u>
Contents (p. 1, 5, 6, 7, 9)	July 15, 2005
Contents (p. 10)	March 25, 2005
470-3967 (before p. 1)	2/05
12	March 23, 2004
DD-1 (470-0261)	6/93
17-19	July 15, 2005
470-0306 (after p. 20)	3/05
470-0307	3/05
470-0493	6/99
33	December 19, 2000
36a	March 25, 2005
42	July 15, 2005
470-0042	7/05
470-2385 (after p. 44)	11/04
470-2960 (after p. 50)	10/04
470-2960(S)	10/04
RC-0033 (before p. 69)	4/05
Comm. 2 (after p. 104)	2/05
Comm. 3	3/05
RC-0023 (after p. 118)	1/04
470-4026	12/03
470-4026(M)	12/03
470-4026(S)	12/03
120	January 20, 2004
131-133	January 2, 2002
470-4194 (before p. 174a)	7/05
180	October 1, 2004
470-1632	10/02
181	November 13, 2001
470-0272	1/05
202	October 7, 2003
470-3564	7/99
470-3592	2/99

227	August 5, 2003
470-3323	11/96
237	March 23, 2004
238	March 20, 2001
239, 240	April 23, 2002
242b	July 2, 2002
244f	July 15, 2005
311	July 15, 2005
312 *	March 28, 2000
470-0462	11/03
313-315	November 26, 2002
470-0466	10/02
316-318 *	January 20, 2004
318a, 318b *	July 2, 2002
319, 320	March 25, 2005
470-0495 (after p. 334)	6/02
348	January 20, 2004
470-0643 (before p. 350a)	12/02
373	March 25, 2005
470-2881	10/02
470-2881(M)	6/04
470-4083(M)	3/05
382	December 17, 2004

* As forms are added and removed, existing pages are renumbered to eliminate or consolidate gaps. To accommodate these changes, the following form samples need to be refiled:

- ◆ Move form SSA-1610U2 to precede page 309 instead of following page 312.
- ◆ Move forms 470-0454, 470-0455, and 470-3719 to follow page 310 instead of page 316.
- ◆ Move form 470-0020 to follow page 312 instead of page 318.

Additional Information

An initial supply of forms 470-0462 and 470-0466, *Health and Financial Support Application*, will be mailed to local offices at the end of October. Order additional supplies from Anamosa in the usual manner.

Destroy existing supplies of the following forms, as they are obsolete:

- ◆ 470-0493, *Authorization for FIP Vendor Payment*
- ◆ 470-1632, *Landlord Questionnaire*
- ◆ 470-3564, *Medicaid Supplement to the hawk-i Application*
- ◆ 470-3592, *Suplemento de Medicaid para la Aplicacion de hawk-i*
- ◆ 470-3323, *Minor Parent Referral to Services*

Destroy remaining supplies of the previous versions of form 470-2960 and 470-2960(S), *Changes: How and When to Tell Us*, and fliers Comm. 2 and Comm. 3.

Use up existing supplies of the following forms before reordering from Anamosa in the usual manner:

- ◆ 470-0261, *Agreement for Automatic Deposit*
- ◆ 470-0306, *Application for Food Assistance*
- ◆ 470-0307, *Application for Food Assistance (Spanish)*
- ◆ 470-0042, *Case Activity Report*
- ◆ RC-0023, *Food Assistance Intake Fact Sheet*
- ◆ 470-4026, *Food Assistance Interim Report*
- ◆ 470-4194, *IowaCare Premium Agreement*
- ◆ 470-2881(M), *Review/Recertification Eligibility Document*

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

December 2, 2005

GENERAL LETTER NO. 6-AP-67

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

SUBJECT: Employees' Manual, Title 6, ***INCOME MAINTENANCE PROGRAMS***
APPENDIX, Contents (pages 4 and 6), revised; pages 104e, 104f, 201, 202, and
424, revised; page 104g, new; and the following new forms:

Comm. 132 *Family Planning Counseling*
Comm. 132(S) *Family Planning Counseling (Spanish)*
470-3118 *Medicaid Review*
470-3118(S) *Medicaid Review (Spanish)*

Summary

This chapter is revised to:

- ◆ Add Comm. 132 and Comm. 132(S), *Family Planning Counseling*, which gives basic information about family planning counseling services. These brochures are being added to 6-Appendix so they are easier to access.
- ◆ Add forms 470-3118 and 470-3118(S), *Medicaid Review*, which will be used for:
 - SSI-related Medicaid reviews,
 - State Supplementary Assistance reviews,
 - SSI-related and FMAP-related Medically Needy recertifications, and
 - Reporting income on a six-month basis for MEPD.

Effective Date

The *Medicaid Review* is effective December 1, 2005.
All other changes are effective upon receipt.

Material Superseded

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

<u>Page</u>	<u>Date</u>
Contents (p. 4)	July 15, 2005
Contents (p. 6)	October 28, 2005
104e, 104f *	November 5, 2004
201 *	July 15, 2005
202	October 28, 2005
424	June 17, 2003

* As forms are added and removed, existing pages are renumbered to eliminate or consolidate gaps. To accommodate these changes, the following form samples need to be refiled:

- ◆ Move form 470-3987 to follow page 104f instead of following page 104d.
- ◆ Move form 470-3992 to follow page 202 instead of preceding page 201.

Additional Information

Use up existing supplies of Comm. 132, *Family Planning Counseling*, before reordering from Anamosa in the usual manner.

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



May 5, 2006

GENERAL LETTER NO. 6-AP-68

ISSUED BY: Division of Financial, Health and Work Supports

SUBJECT: Employees' Manual, Title 6, **INCOME MAINTENANCE PROGRAMS APPENDIX**, Contents (pages 1, 3 through 7, 10, and 11), revised; pages 31 through 35, 36a, 42, 43, 79, 106, 109, 153, 154, 204b, 204c, 209, 235, 238, 262, 277, 281, 359, 378, 396, 410, 411, 413, and 422, revised; pages 86a, 108f, 154a, 154b, and 174c, new; and the following forms:

- 470-0487 *Appeal and Request for Hearing*, revised
- 470-0487(S) *Appeal and Request for Hearing (Spanish)*, revised
- 470-3144 *Attribution of Resources Appeal Summary*, revised
- 470-0461(S) *Authorization for Release of Information (Spanish)*, new
- 470-3951(S) *Authorization to Obtain or Release Health Care Information (Spanish)*, revised
- 470-0042 *Case Activity Report*, revised
- 470-1667 *Debt Setoff Credit*, revised
- RC-0033 *Desk Aid*, revised
- G-845S *Document Verification Request*, revised
- Comm. 225 *EBT Topics – Frequently Asked Questions*, new
- 470-1631 *Financial Institution Questionnaire*, revised
- Comm. 133 *FIP for Minor Parents*, new
- Comm. 133(S) *FIP for Minor Parents (Spanish)*, new
- 470-4026(S) *Food Assistance Interim Report (Spanish)*, revised
- Comm. 22 *How to Complete Your PAER*, revised
- Comm. 123 *Important Information for You and Your Family Members About the Estate Recovery Program*, new
- Comm. 123(S) *Important Information for You and Your Family Members About the Estate Recovery Program (Spanish)*, new
- Comm. 121 *Important Notice to Property Owners and Renters*, new
- Comm. 121(S) *Important Notice to Property Owners and Renters (Spanish)*, new
- 470-4185 *IowaCare Premium Notice Reminder*, new
- 470-2527 *MAC Income Worksheet*, revised
- 470-1911 *Medical Assistance Eligibility Card (Fee for Service)*, revised
- 470-2188 *Medical Assistance Eligibility Card (Limited Benefits)*, revised
- 470-3348 *Medical Assistance Eligibility Card (Lock-In)*, revised

470-2213	<i>Medical Assistance Eligibility Card (Managed Care)</i> , revised
470-0386	<i>Medical Transportation Claim</i> , revised
470-0386(S)	<i>Medical Transportation Claim (Spanish)</i> , new
470-2588	<i>Notice of Attribution of Resources</i> , revised
470-3152(S)	<i>Notice of Cancellation/Redetermination (Spanish)</i> , new
470-2580	<i>Presumptive Medicaid Eligibility Notice of Decision</i> , revised
470-2580(S)	<i>Presumptive Medicaid Eligibility Notice of Decision (Spanish)</i> , revised
470-3565	<i>Referral to the hawk-i Program</i> , revised
470-3924	<i>Request for ISIS Changes</i> , revised
470-2881	<i>Review/Recertification Eligibility Document</i> , revised
Comm. 233	<i>Rights and Responsibilities</i> , new
Comm. 233(S)	<i>Rights and Responsibilities (Spanish)</i> , new
470-2525	<i>SSI-Related Income Worksheet</i> , revised
470-2826(S)	<i>Supplemental Insurance Questionnaire (Spanish)</i> , new
RC-0018	<i>Supplemental Security Income Payment Standards</i> , revised
470-2663M	<i>Transitional Medicaid Notice of Decision/Quarterly Income Report</i> , revised

Summary

This chapter is revised to:

- ◆ Update form 470-0487 and 470-0487(S), *Appeal and Request for Hearing*, to ask additional questions about what language a person reads and speaks if the person requests an interpreter for the hearing.
- ◆ Update form 470-3144, *Attribution of Resources Appeal Summary*, to show that for people who become institutionalized on or after February 8, 2006, the income made available to the community spouse in the client participation calculation is considered available to the community spouse for purposes of the attribution appeal.
- ◆ Add a Spanish version of forms 470-0461, *Authorization for Release of Information*, and 470-2826, *Supplemental Insurance Questionnaire*. These versions can be printed from the on-line manual.
- ◆ Update form 470-3951(S), *Authorization to Obtain or Release Health Care Information*, as the previous translation was missing a line of text.
- ◆ Change the instructions on form 470-0042, *Case Activity Report*, to reflect that when there is Medicare coverage and the Medicaid rate is higher than the Medicare rate, the facility must complete sections 1 and 4.
- ◆ Update form 470-1667, *Debt Setoff Credit*, to delete a sentence that was causing confusion among recipients.
- ◆ Update RC-0033, *Desk Aid*, and RC-0018, *Supplemental Security Income Payment Standards*, to reflect the Social Security cost-of-living increases for January 2006 and poverty level changes for April 2006.

- ◆ Update the address in the instructions for form G-845S, *Document Verification Request*. The regional office of the U.S. Citizenship and Immigration Services (formerly the Immigration and Naturalization or INS) has moved.
- ◆ Add the following new or revised brochures so they are easier to access:
 - Comm. 22, *How to Complete Your PAER*
 - Comm. 121, *Important Notice to Property Owners and Renters*
 - Comm. 121(S), *Important Notice to Property Owners and Renters* (Spanish)
 - Comm. 123(S), *Important Information for You and Your Family Members About the Estate Recovery Program* (Spanish)
 - Comm. 123, *Important Information for You and Your Family Members About the Estate Recovery Program*
 - Comm. 133(S), *FIP for Minor Parents* (Spanish)
 - Comm. 133, *FIP for Minor Parents*
 - Comm. 225, *EBT Topics – Frequently Asked Questions*
 - Comm. 233, *Rights and Responsibilities*
 - Comm. 233(S), *Rights and Responsibilities* (Spanish)
- ◆ Update form 470-1631, *Financial Institution Questionnaire*, to reflect that form is now available as a template in Outlook, as well as through the printed supply at Anamosa.
- ◆ Update form 470-4026(S), *Food Assistance Interim Report*, to reflect change that recipient needs to sign and date the form on page 3, instead of on the last page.
- ◆ Add form 470-4185, *IowaCare Premium Notice Reminder*, which is used to remind IowaCare recipients that they need to pay their premium or their IowaCare assistance will be canceled.
- ◆ Update form 470-2527, *MAC Income Worksheet*, to reflect the 2006 federal poverty guidelines.
- ◆ Update the following forms to correct an error pointed out by the U.S. Post Office:
 - 470-1911, *Medical Assistance Eligibility Card (Fee for Service)*
 - 470-2188, *Medical Assistance Eligibility Card (Limited Benefits)*
 - 470-3348, *Medical Assistance Eligibility Card (Lock-In)*
 - 470-2213, *Medical Assistance Eligibility Card (Managed Care)*
- ◆ Update form 470-0386, *Medical Transportation Claim*, to add a place for medical providers to check the type of service that was received. Also, the county office section has been reworked to provide a space to indicate whether the claim is approved, partially approved, or denied. A Spanish version of this form, 470-0386(S) is also now available and can be printed from the on-line manual.
- ◆ Add the Spanish version of form 470-3152, *Notice of Cancellation/Redetermination*, which can be printed from the sample in the on-line manual.

- ◆ Update instructions for form 470-1507, *Notice of Member Lock-In*, to show that Iowa Medical Enterprise (IME) Medical Services Unit staff send a copy to the county office.
- ◆ Update the source information for the following forms to reflect that they are no longer available at Anamosa:
 - 470-2588, *Notice of Attribution of Resources*
 - 470-0383, *Notice Regarding Acceptance of Other Benefits*
 - 470-0464, *Overpayment Recovery Information Input*
 - 470-2511, *Support Information Request*
 - 470-2663(M), *Transitional Medicaid Notice of Decision/Quarterly Income Report*
- ◆ Update form 470-2580 and the Spanish translation, 470-2580(S), *Presumptive Medicaid Eligibility Notice of Decision*, to reflect that eligibility can be accessed through the Electronic Verification System (ELVS).
- ◆ Update form 470-3565, *Referral to the hawk-i Program*, to make minor changes to the section asking about self-employment income.
- ◆ Update the instructions and form 470-3924, *Request for ISIS Changes*, to reflect a change in where the form should be mailed to after completion.
- ◆ Update the system-generated version of form 470-2881, *Review/Recertification Eligibility Document*, to make a change necessary to be in compliance with the Office of Civil Rights.
- ◆ Remove form 470-1944, *RHEP Documentation*, as the form is no longer being used.
- ◆ Update instructions for form 470-2525, *SSI-Related Income Worksheet*, and form 470-2663(M), *Transitional Medicaid Notice of Decision/Quarterly Income Report*, to reflect that the forms are now available as a template in Outlook.

Effective Date

COLA changes are effective January 1, 2006.

Federal poverty level changes are effective March 1 or April 1, 2006, depending on the program.

All other changes are effective upon receipt.

Material Superseded

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

<u>Page</u>	<u>Date</u>
Contents (p. 1)	October 28, 2005
Contents (p. 3)	March 25, 2005
Contents (p. 4)	December 2, 2005
Contents (p. 5)	October 28, 2005
Contents (p. 6)	December 2, 2005
Contents (pp. 7, 10)	October 28, 2005

Contents (p. 11)	July 15, 2005
470-0487 (before p. 17)	7/05
470-0487(S)	11/05
470-3144	6/04
31, 32	July 20, 2004
33	October 28, 2005
34	January 20, 2004
35	July 20, 2004
470-3951(S) (after p. 36)	4/05
36a, 42	October 28, 2005
470-0042	10/05
43	November 13, 2001
470-1667 (before p. 55)	3/05
RC-0033 (before p. 69)	10/05
G-845S	6/6/89
79	May 11, 2004
106	January 20, 2004
470-1631	1/04
109	March 23, 2004
470-4026(S) (before p. 119)	10/05
Comm. 22 (after p. 146)	8/04
153	October 1, 2004
154*	November 5, 2004
470-2527	4/05
470-1911 (before p. 203)	No date
204b	July 15, 2005
470-2188	No date
204c	July 15, 2005
470-3348 (after p. 204d)	No date
470-2213 (after p. 206)	No date
470-0386	6/01
209	September 24, 2002
470-2588	4/97
235	March 20, 2001
238	October 28, 2005
262	July 15, 2005
277	January 20, 2004
281	March 25, 2005
470-2580 (after p. 304)	1/05
470-2580(S)	3/05
470-3565 (after p. 332)	4/04
470-3924 (after p. 358)	6/05
359	July 15, 2005
470-2881 (after p. 372)	10/05
378	January 20, 2004
470-1944	3/00

396	August 5, 2003
470-2525	3/89
410, 411	July 15, 2005
RC-0018 (after p. 412)	11/04
413	March 30, 1999
422	March 23, 2004
470-2663(M)	2/92

* As forms are added and removed, existing pages are renumbered to eliminate or consolidate gaps. To accommodate these changes, the following form samples need to be refiled:

- ◆ Move form 470-3928 to follow page 154 instead of page 152.
- ◆ Move form 470-3356 to follow page 154b instead of page 154.

Additional Information

Use up existing supplies of the following forms before reordering from Anamosa in the usual manner:

- ◆ 470-0487, *Appeal and Request for Hearing*
- ◆ 470-0042, *Case Activity Report*
- ◆ Comm. 225, *EBT Topics – Frequently Asked Questions*
- ◆ 470-1631, *Financial Institution Questionnaire*
- ◆ Comm. 133, *FIP for Minor Parents*
- ◆ Comm. 22, *How to Complete Your PAER*
- ◆ Comm. 123, *Important Information for You and Your Family Members About the Estate Recovery Program*
- ◆ 470-0386, *Medical Transportation Claim*
- ◆ 470-2580, *Presumptive Medicaid Eligibility Notice of Decision*

Effective January 1, 2006, destroy existing supplies of Comm. 121, *Important Notice to Property Owners*. Order supplies of the newly revised version from Anamosa in the usual manner.

Use up existing supplies of the following forms, as no further supply of will be printed:

- ◆ 470-2588, *Notice of Attribution of Resources*
- ◆ 470-0383, *Notice Regarding Acceptance of Other Benefits*
- ◆ 470-0464, *Overpayment Recovery Information Input*
- ◆ 470-2511, *Support Information Request*
- ◆ 470-2663(M), *Transitional Medicaid Notice of Decision/Quarterly Income Report*

An initial supply of Comm. 223, *Rights and Responsibilities*, was mailed to local offices in December. Order additional supplies from Anamosa in the usual manner.

Remove the following Human Services Circular Letters because they are obsolete. Remove the letters from the file and destroy them, as the brochures are now included in this appendix:

- ◆ Comm. 225: 56Z-418-FHWS, dated December 30, 2003
- ◆ Comm. 133: 56Z-313-EA, dated May 16, 2000
- ◆ Comm. 123: 56Z-328-MS, dated August 22, 2000
- ◆ Comm. 121: 56Z-439-FHWS, dated January 7, 2005

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



October 6, 2006

GENERAL LETTER NO. 6-AP-69

ISSUED BY: Division of Financial, Health and Work Supports

SUBJECT: Employees' Manual, Title 6, **INCOME MAINTENANCE PROGRAMS APPENDIX**, Contents (pages 1 through 11), revised; Contents (page 12), new; pages 12, 17, 36c, 37, 38, 44, 59, 60, 76, 80, 81, 82, 118, 127, 128, 128a, 128b, 129, 136a, 136b, 174c, 193 through 197, 201, 220, 234, 235, 278, 324, 325, 326, 415, 416, and 419 through 430, revised; pages 12a, 12b, 12c, 36e, 82a, 174d, 174e, 308a, and 308b, new; and the following forms:

- 470-4374 *Affidavit Concerning Documentation of Citizenship*, new
- 470-4374(S) *Affidavit Concerning Documentation of Citizenship (Spanish)*, new
- 470-4373 *Affidavit of Citizenship*, new
- 470-4373(S) *Affidavit of Citizenship (Spanish)*, new
- 470-4386 *Affidavit of Identity for a Child Under 16*, new
- 470-4386(S) *Affidavit of Identity for a Child Under 16 (Spanish)*, new
- 470-0306 *Application for Food Assistance*, revised
- 470-0307 *Application for Food Assistance (Spanish)*, revised
- Comm. 264 *Birth Certificate Request by States*, new
- Comm. 264(S) *Birth Certificate Request by States (Spanish)*, new
- 470-2385 *Case Record Tracking Sheet*, revised
- 470-2960 *Changes: How and When to Tell Us*, revised
- 470-2960(S) *Changes: How and When to Tell Us (Spanish)*, revised
- RC-0033 *Desk Aid*, revised
- 470-4365 *Disposal of Assets Penalty Notice of Decision*, new
- 470-4381 *Documentation of Citizenship and Identity*, new
- Comm. 2 *Facts About the Food Assistance Program*, revised
- Comm. 3 *Facts About the Food Assistance Program (Spanish)*, revised
- 470-3534 *FIP Diversion Application*, revised
- RC-0085 *Guide for Citizenship and Identification*, new
- 470-0462 *Health and Financial Support Application*, revised
- 470-0466 *Health and Financial Support Application (Spanish)*, revised
- 470-2927 *Health Services Application*, revised
- 470-2927(S) *Health Services Application (Spanish)*, revised
- 470-4165 *IowaCare Billing Statement*, revised
- 470-4185 *IowaCare Premium Notice Reminder*, revised
- 470-4310 *IowaCare Refund Notice*, new

470-4364	<i>IowaCare Renewal Application</i> , new
470-4364(S)	<i>IowaCare Renewal Application (Spanish)</i> , new
470-4376	<i>Medicaid for Independent Young Adults Change Report</i> , new
470-3118	<i>Medicaid Review (system)</i> , revised
470-3118(M)	<i>Medicaid Review (manual)</i> , new
470-3686	<i>MEPD Income Worksheet</i> , revised
470-2588	<i>Notice of Attribution of Resources</i> , revised
470-3915	<i>Notice of Decision: Child Care Assistance</i> , revised
470-0490	<i>Notice of Decision: Medical Assistance or State Supplementary Assistance</i> , revised
470-4139	<i>Notice of Income Offset Against State Warrants</i> , revised
470-4140	<i>Notice of Income (Payroll) Offset</i> , revised
RC-0008	<i>Overpayment Recovery Codes</i> , revised
470-3491	<i>Proof of Your Medicaid Coverage</i> , revised
Comm. 262	<i>Proving U.S. Citizenship and Identification</i> , new
Comm. 262(S)	<i>Proving U.S. Citizenship and Identification (Spanish)</i> , new
Comm. 263	<i>Questions and Answers for Medicaid Applicants and Recipients</i> , new
Comm. 263(S)	<i>Questions and Answers for Medicaid Applicants and Recipients (Spanish)</i> , new
470-2920	<i>Request for Replacement of Spoiled Food</i> , revised
470-0397	<i>Request for Special Update</i> , revised
470-2577	<i>Resources Upon Entering a Medical Facility</i> , revised
470-2881	<i>Review/Recertification Eligibility Document (system)</i> , revised
470-2881(M)	<i>Review/Recertification Eligibility Document (manual)</i> , revised
470-4083(M)	<i>Review/Recertification Eligibility Document (Spanish)</i> , revised
Comm. 233	<i>Rights and Responsibilities</i> , revised
Comm. 233(S)	<i>Rights and Responsibilities (Spanish)</i> , revised
RC-0023	<i>Things to Bring to Your Food Assistance Interview</i> , revised
RC-0023(S)	<i>Things to Bring to Your Food Assistance Interview (Spanish)</i> , new
470-4299	<i>Verification of Emergency Health Care Services</i> , new
470-2224	<i>Verification of Paid Medical Bills</i> , revised
Comm. 258	<i>Verifying Citizenship and Identity</i> , new
Comm. 258(S)	<i>Verifying Citizenship and Identity (Spanish)</i> , new

Summary

This appendix is revised to:

- ◆ Add the following forms used to help Medicaid applicants and recipients prove their U.S. citizenship status and identity, based on requirements of the Deficit Reduction Act:
 - 470-4374, *Affidavit Concerning Documentation of Citizenship*
 - 470-4374(S), *Affidavit Concerning Documentation of Citizenship (Spanish)*
 - 470-4373, *Affidavit of Citizenship*
 - 470-4373(S), *Affidavit of Citizenship (Spanish)*

- 470-4386, *Affidavit of Identity for a Child Under 16*
- 470-4386(S), *Affidavit of Identity for a Child Under 16* (Spanish)
- Comm. 264, *Birth Certificate Request by States*
- Comm. 264(S), *Birth Certificate Request by States* (Spanish)
- 470-4381, *Documentation of Citizenship and Identity*
- RC-0085, *Guide for Citizenship and Identification*
- Comm. 262, *Providing U.S. Citizenship and Identification*
- Comm. 262(S), *Providing U.S. Citizenship and Identification* (Spanish)
- Comm. 263, *Questions and Answers for Medicaid Applicants and Recipients*
- Comm. 263(S), *Questions and Answers for Medicaid Applicants and Recipients* (Spanish)
- Comm. 258, *Verifying Citizenship and Identity*
- Comm. 258(S), *Verifying Citizenship and Identity* (Spanish)
- ◆ Update the following forms to revise the examples of race:
 - 470-0306, *Application for Food Assistance*
 - 470-0307, *Application for Food Assistance* (Spanish)
 - 470-0462, *Health and Financial Support Application*
 - 470-0466, *Health and Financial Support Application* (Spanish)
- ◆ Update the calendar on form 470-2385, *Case Record Tracking Sheet*, for 2007.
- ◆ Update the following forms to reflect the 2006 Food Assistance guidelines:
 - 470-2960, *Changes: How and When to Tell Us*
 - 470-2960(S), *Changes: How and When to Tell Us* (Spanish)
 - RC-0033, *Desk Aid*
 - Comm. 2, *Facts About the Food Assistance Program*
 - Comm. 3, *Facts About the Food Assistance Program* (Spanish)
- ◆ Correct the address of the Iowa Department of Inspections and Appeals, Overpayment Recovery Unit in the instructions for forms 470-2616, *Demand Letter for FIP/RCA Agency Error Overissuance*, and 470-3490, *Demand Letter for FIP/RCA Client Error Overissuance*.
- ◆ Add form 470-4365, *Disposal of Assets Penalty Notice of Decision*, which is used to notify Medicaid applicants that a penalty has been imposed due to a transfer of assets for less than fair market value.
- ◆ Update the Appeals Section web site address on the following forms:
 - 470-3534, *FIP Diversion Application*
 - 470-2588, *Notice of Attribution of Resources*
 - 470-3915, *Notice of Decision: Child Care Assistance*
 - 470-0490, *Notice of Decision: Medical Assistance or State Supplementary Assistance*
 - 470-4139, *Notice of Income Offset Against State Warrants*
 - 470-4140, *Notice of Income (Payroll) Offset*
 - 470-2920, *Request for Replacement of Spoiled Food*
 - 470-2577, *Resources Upon Entering a Medical Facility*

- ◆ Remove form 427-560A, *Front End Investigations*, as the form is no longer used.
 - ◆ Change the instructions for form 470-0462, *Health and Financial Support Application*, and its Spanish translation, form 470-0466(S), to remove references to Comm. 133, *FIP Requirements for Minor Parents*, from the list of pamphlets that are issued with the application. Comm. 133 is issued at the application interview to families that include a minor parent or pregnant teen.
 - ◆ Update forms 470-2927 and 470-2927(S), *Health Services Application*, to add references to providing proof of U.S. citizenship and identification and add a statement about annuities.
 - ◆ Update form 470-4165, *IowaCare Billing Statement*, and form 470-4185, *IowaCare Premium Notice Reminder*, to correct the coupon that is sent back with the premium payments to allow for electronic processing of the payments.
 - ◆ Add form 470-4310, *IowaCare Refund Notice*, which is used to notify an IowaCare member that the member is eligible for a refund of IowaCare premiums.
 - ◆ Add form 470-4364, *IowaCare Renewal Application*, which is mailed from Central Office to an IowaCare member before the end of the certification period. Workers may print a Spanish translation of this form, 470-4364(S), from the sample in the on-line manual and mail it to Spanish-speaking members.
 - ◆ Add form 470-4376, *Medicaid for Independent Young Adults Change Report*, to be provided to people receiving benefits under the Medicaid for independent young adults coverage group.
 - ◆ Add the system-generated version of form 470-3118, *Medicaid Review*, which is used for:
 - SSI-related Medicaid reviews,
 - State Supplementary Assistance reviews,
 - SSI-related and FMAP-related Medically Needy recertifications, and
 - Reporting income on a six-month basis for MEPD.
- The manual version of the form is updated to add an (M) after the form number to designate that it is the version that is filled out by manually, not system-generated.
- ◆ Revise form 470-3686, *MEPD Income Worksheet*. Countable family income for Medicaid for employed people with disabilities must be less than 250% of the poverty level for the family size. Currently the on-line worksheet calculates 250% based on the countable income. This calculation didn't always match the 250% poverty level table.
- The worksheet has been changed to compare the net countable income to the 250% table. The revised worksheet will show the countable family income amount, the 250% poverty amount limit for the family size, and indicate whether the household meets the 250% test.
- ◆ Change the instructions for form 470-2220, *Notarized Statement for Child Support Recovery Office*. The form is no longer routinely completed. CSRU will request a copy of the form when it is needed.
 - ◆ Change the instructions for form 470-0481, *Notification to the Bureau of Refugee Services*, to update the list of purposes for the form.

- ◆ Update RC-0008, *Overpayment Recovery Codes*, to add a new program code and two new cause codes that will be used for overpayments established for the IowaCare program.
- ◆ Change the name of form 470-3491, *Medicaid Certificate of Coverage*, to *Proof of Your Medicaid Coverage*. The form has also been simplified to make it easier to read and understand.
- ◆ Update form 470-2881 and 470-2881(M), *Review/Recertification Eligibility Document*, to make a change necessary for the Department to be in compliance with the federal Office of Civil Rights. The Spanish version, form 470-4083(M), is also updated.
- ◆ Update Comm. 233 and Comm. 233(S), *Rights and Responsibilities*, to add a statement that a consumer can ask for a phone interview for Food Assistance if the consumer is unable to get to the local office.
- ◆ Change the name of RC-0023, *Food Assistance Intake Fact Sheet*, to *Things to Bring to Your Food Assistance Interview*. This form has also been simplified to make it easier to read and understand.

A Spanish version of this form is now also available, RC-0023(S). This version can be printed from the on-line manual or photocopied from the sample in the paper manual.

Effective Date

The Deficit Reduction Act, which established Medicaid citizenship verification requirements, was effective July 1, 2006.

The Food Assistance income guidelines change effective October 1, 2006.

All other changes are effective upon receipt.

Material Superseded

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

<u>Page</u>	<u>Date</u>
Contents (p. 1)	May 5, 2006
Contents (p. 2)	July 15, 2005
Contents (pp. 3-7)	May 5, 2006
Contents (p. 8)	July 15, 2005
Contents (p. 9)	October 28, 2005
Contents (pp. 10, 11)	May 5, 2006
12, 17	October 28, 2005
470-0306 (after p. 20)	11/05
470-0307	11/05
36c	March 25, 2005
37, 38	March 12, 2002
44	December 17, 2004
470-2385	10/05

470-2960 (after p. 50)	10/05
470-2960(S)	10/05
59, 60	August 10, 1999
RC-0033 (before p. 69)	4/06
76	July 20, 2004
80	August 5, 2003
81, 82	October 3, 2000
Comm. 2 (after p. 104)	10/05
Comm. 3	10/05
470-3534 (after p. 108b)	3/04
118	January 20, 2004
RC-0023	10/05
427-560A	No date
127, 128, 128a, 128b, 129	March 25, 2005
470-0462	11/05
470-0466	11/05
136a, 136b	October 28, 2005
470-2927 (after p. 138)	3/05
470-2927(S)	5/05
470-4165 (before p. 173)	7/05
470-4185	8/05
174c	May 5, 2006
470-3491	10/02
193, 194	December 19, 2000
195-197	July 15, 2005
470-3118	12/05
201	December 2, 2005
470-3686 (after p. 218)	3/00
220	April 18, 2000
234	July 2, 2002
470-2588	1/06
235	May 5, 2006
470-3915 (after p. 242b)	7/04
470-0490 (before p. 247)	9/03
470-4139 (before p. 259)	3/05
470-4140 (after p. 260)	2/05
278	January 20, 2004
RC-0008 (after p. 280b)	3/05
324, 325	October 7, 2003
326	July 15, 2005
470-2920	5/04
470-0397 (after p. 364)	6/01
470-2577 (before p. 371)	5/03
470-2881	4/06
470-2881(M)	10/05
470-4083(M)	10/05

Comm. 233 (after p. 378)	12/05
Comm. 233(S)	12/05
415	July 15, 2005
416, 421	July 31, 2001
422	May 5, 2006
423	March 23, 2004
424	December 2, 2005
425	July 15, 2005
426, 427	September 24, 2002
428	July 15, 2005
470-2224	8/94
429	July 15, 2005
430	June 25, 1996

Additional Information

Comm. 262 and Comm. 264 were mailed in June 2006 to recipients who had reviews in July, August, and September 2006. Monthly mailings began in July 2006 for October reviews and will continue through March 2007 for June 2007 reviews.

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