



TERRY E. BRANSTAD, GOVERNOR

DEPARTMENT OF HUMAN SERVICES

CHARLES M. PALMER, DIRECTOR

December 24, 1996

GENERAL LETTER NO. 6-B-4

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

SUBJECT: Employees' Manual, Title V, Chapters A through G, obsolete; Employees' Manual, Title 6, Chapter B, *State Supplementary Assistance*, Title page, revised; Contents (page 1), revised; Contents (pages 2 and 3), new; pages 1 through 3, revised; and pages 4 through 79, new.

Summary

This general letter transmits the new Title 6-B, *State Supplementary Assistance*. Chapters A through G of Title V have been rewritten and reorganized to reflect the Department's new manual format. Chapter B of Title V has already been incorporated into chapters B through G of Title 8.

Changes have been made to reflect the new COLA adjustment effective January 1, 1997. A change has also been made to remove the reference in the prior Employees' Manual that indicated a stepparent or stepchild could not be a dependent relative. A stepparent or stepchild may be considered as a dependent relative.

Effective Date

Upon receipt.

Material Superseded

Remove from Employees' Manual, Title 6, Chapter B, and destroy:

<u>Page</u>	<u>Date</u>
Title Page	June 27, 1995
Contents and pages 1-3	September 19, 1995

The following interpretative memos are obsolete:

- ◆ MS-V-87-6, dated 10-30-87, *Decision for SSI Affecting State Supplementary Assistance.*
- ◆ MS-V-86-10, dated 8-7-96, *Income Eligibility and Client Participation for In-Home Health-Related Cases When a Blind Allowance is Received.*
- ◆ MS-V-91-8, dated 10-10-91, *SSA/RCF Applications with Pending or Appealing Disability Determinations.*

Additional Information

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



January 21, 1997

GENERAL LETTER NO. 6-B-5

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

SUBJECT: Employees' Manual, Title 6, Chapter B, *State Supplementary Assistance*, Contents (pages 1, 2, and 3), revised; pages 5, 10, 21, 22, 33, 34, 40, 59, and 60, revised; and pages 22a, 34a, 40a, and 60a, new.

Effective Date of SSI Approval

This letter explains changes made to the SSI program's effective date of approval policies and how those changes affect the State Supplementary Assistance program. These changes are being implemented in accordance with Public Law 104-193.

Beginning with determinations made on or after August 22, 1996, the effective date of approval under the SSI program is the later of:

- ◆ The month following the month of application for SSI, or
- ◆ The month following the month the client first meets all SSI eligibility factors. Examples:

1. Mr. A files for SSI on January 15. Mr. A meets all SSI eligibility criteria for January. SSI payment is approved effective February 1.
2. Mr. B files for SSI on January 15. Mr. B does not meet all SSI eligibility criteria until February (turns 65 in February). Mr. B's SSI is approved beginning March 1 (the month following the month that all SSI eligibility factors are first met).

The SSI program's effective date of approval policy change does not affect persons who are already receiving SSI at the time of their State Supplementary Assistance application and does not affect persons who have income that exceeds SSI payment standards.

Previously, when a person simultaneously applied for SSI and State Supplementary Assistance, the effective date of State Supplementary Assistance approval could be no earlier than the effective month of SSI approval.

As the effective date of SSI approval will now effectively be delayed one month after “eligibility,” the earliest effective date of State Supplementary Assistance approval for the RCF and IHRC categories may now be the month before the effective date of SSI approval.

Examples:

Mr. C entered an RCF on February 1 and applied for RCF State Supplementary Assistance on February 2. Mr. C has income less than the SSI payment standards. The IM worker instructs him to apply for SSI as soon as possible. Mr. C applies for SSI on February 15. The Social Security Administration approves SSI effective March 1.

In order for SSI to begin March 1, the Social Security Administration must have determined that Mr. C met all SSI eligibility criteria for the month of February. If not for the SSI “effective date of approval” policy change, SSI payment would have been made for February 15 (date of SSI application) through February 28. State Supplementary Assistance may be approved beginning February 1.

For persons who are already receiving SSI at the time of their State Supplementary Assistance application for dependent relative or family-life home benefits, payment will begin as of the date that DHS certifies that the person meets all eligibility criteria.

A person who is not receiving SSI at the time of their dependent relative or family-life home application is required to apply for SSI, even if the person’s income exceeds SSI payment standards. The effective date of State Supplementary Assistance will be determined by the Social Security Administration and will be the later of:

- ◆ The month following the month of application for SSI, or
- ◆ The month following the month the client first meets all State Supplementary Assistance eligibility factors (as certified by DHS).

Continue to indicate the date of application or, if later, the date that all State Supplementary Assistance eligibility criteria are first met on form SS-1601, *State Supplementary Assistance Certification or Termination*. The Social Security Administration will determine the appropriate effective date of approval. Examples:

1. Mr. D, who is not an SSI recipient, applies for the SSA dependent person program on November 15. Mr. D applies for SSI (a requirement to receive SSA dependent person payments) on November 20. DHS certifies to the Social Security Administration that Mr. D meets all SSA dependent person eligibility criteria as of December 1. The Social Security Administration will begin payment effective January 1 (the month following the month that all eligibility criteria are met).
2. Mr. E, who is not an SSI recipient, applies for the SSA dependent person program on November 15. Mr. E applies for SSI (a requirement to receive SSA dependent person payments) on December 15. DHS certifies to the Social Security Administration that Mr. E meets all SSA dependent person eligibility criteria as of December 1. The Social Security Administration will begin payment effective January 1 (the month following the month of the SSI application).

Effective Date

Upon receipt.

Material Superseded

Remove from Title 6, Chapter B, and destroy Contents (pages 1, 2, and 3), and pages 5, 10, 21, 22, 33, 34, 40, 59, and 60, all dated December 24, 1996.

Additional Information

Contact your regional benefit payment administrator if you need additional information.



TERRY E. BRANSTAD, GOVERNOR

DEPARTMENT OF HUMAN SERVICES

CHARLES M. PALMER, DIRECTOR

March 18, 1997

GENERAL LETTER NO. 6-B-6

ISSUED BY: Bureau of Eligibility, Division of Medical Services

SUBJECT: Employees' Manual, Title 6, Chapter B, *State Supplementary Assistance*, pages 41 and 76, revised.

Summary

Page 41 is revised to reflect a 7.98% increase in the maximum rates for in-home health-related care. The maximum rate for an individual has increased from \$414.11 to \$447.16 per month. The maximum reimbursement rate for a couple when both need care is increased from \$828.22 to \$894.32 per month.

Page 76 is revised to reflect a 7.98% increase in the flat and maximum per diem rates for residential care. The maximum cost-related per diem rate is increased from \$21.54 to \$23.26 per day. The flat per diem rate is increased from \$15.41 to \$16.64 per day.

Effective Date

April 1, 1997

Material Superseded

Remove from Employees' Manual, Title 6, Chapter B, pages 41 and 76, dated December 24, 1996, and destroy them.

Additional Information

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



DEPARTMENT OF HUMAN SERVICES

TERRY E. BRANSTAD, GOVERNOR

CHARLES M. PALMER, DIRECTOR

November 25, 1997

GENERAL LETTER NO. 6-B-7

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

SUBJECT: Employees' Manual, Title 6, Chapter B, *State Supplementary Assistance*, Contents (page 3), revised; and pages 4, 59, and 76-79, revised.

Summary

These changes reflect the changes in policy related to reserve bed day coverage for RCF residents. Residents now have 20 days of hospital leave in a month. The instruction about how to handle over payments and under payments with the new fiscal agent are also outlined.

This general letter also transmits changes for implementation of the X-PERT system. The changes include new application forms and changes in the application process for households selected for the X-PERT system. The letter also contains information on converting ongoing cases to X-PERT.

Instructions for X-PERT Implementation

The X-PERT system will be implemented in phases until statewide conversion of FIP, food stamps, State Supplementary Assistance and Medicaid cases is completed.

At this time the RCF program will be the only program on X-PERT. At a later date more State Supplementary Assistance programs will be added to the X-PERT system.

Processing Applications

For cases selected for X-PERT, the application process consists of three parts. Assistance cannot be approved unless the applicant completes all three parts.

Consider an application filed the day an applicant submits form 470-3112, *Application for Assistance, Part 1* (or form 470-3122, Spanish) with a name, address and signature.

Consider the application complete when:

- ◆ The applicant has submitted a complete *Application for Assistance, Part I*; and
- ◆ The interview has been held and the applicant has been provided with the system-generated *Summary of Facts*, form 470-3114, for review; and.
- ◆ The applicant has signed the *Summary Signature Page*, form 470-3113 (or form 470-3123, Spanish).

If an applicant files an *Application for Assistance, Part I*, form 470-3112 (or form 470-3122, Spanish), in error, give the applicant the appropriate application form to complete. Do not approve assistance unless the applicant completes the correct application form. However, the date of application is the date the applicant filed the *Application for Assistance, Part I*, with the applicant's name, address and signature.

Likewise, if an applicant selected for X-PERT submits an identifiable form PA-1107-0 in error, give the applicant an *Application for Assistance, Part I*, to complete. The date of application is the date the applicant filed form PA-1107-0. However, do not approve assistance unless the applicant completes the three-part X-PERT application process.

A household may not check all programs for which it wants to apply on Part I of the *Application for Assistance*. If, during the interview, the applicant, who filed an *Application for Assistance, Part I*, asks to apply for additional programs, allow the household to check the appropriate boxes on Part I. The filing date for any additional program is the same date as the filing date for the programs the applicant had checked when initially filing Part I.

Ongoing Cases

To review cases on X-PERT and those not on X-PERT, use form 470-3118, *Medically Needy Recertification/State Supplementary and Medicaid Review*.

Conversion of ongoing cases to the X-PERT system at times other than review is considered a procedural change rather than a review. Correct errors you discover during the conversion process. Eligibility or benefit level may be affected as a result of correcting the errors.

Effective Date

July 1, 1997 for the change on reserve bed day coverage.

X-PERT changes are effective when the county converts to X-PERT.

Material Superseded

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

<u>Page</u>	<u>Date</u>
Contents (page 3)	January 21, 1997
4, 59	December 24, 1996
76	March 18, 1997
77-79	December 24, 1996

Additional Information

Refer to 6-Appendix for copies of the new X-PERT forms and specific instructions for their use and completion.

Continue to use form PA-1107-0, *Application for Medical Assistance or State Supplementary Assistance*, for cases not selected for X-PERT.

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



TERRY E. BRANSTAD, GOVERNOR

DEPARTMENT OF HUMAN SERVICES

CHARLES M. PALMER, DIRECTOR

December 16, 1997

GENERAL LETTER NO. 6-B-8

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

SUBJECT: Employees' Manual, Title 6, Chapter B, *State Supplementary Assistance*, pages 17, 19, 23 through 28, 31, 34a, 35, 43, 44, 45, 48 through 51, 54, 61, 62, 64, 65, 66, and 68 through 75, revised.

Summary

This chapter has been revised to reflect the 1998 Social Security cost of living allowance (COLA) increase of 2.1%.

Effective Date

January 1, 1998

Material Superseded

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

<u>Page</u>	<u>Date</u>
17, 19, 23-28, 31	December 24, 1996
34a	January 1, 1997
35, 43, 44, 45, 48-51, 54, 61, 62, 64-66, and 68-75	December 24, 1996

Additional Information

Refer questions about this general letter to your regional (benefit payment **or** service **or** collections) administrator.



TERRY E. BRANSTAD, GOVERNOR

DEPARTMENT OF HUMAN SERVICES

CHARLES M. PALMER, DIRECTOR

December 15, 1998

GENERAL LETTER NO. 6-B-9

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

SUBJECT: Employees' Manual, Title 6, Chapter B, *State Supplementary Assistance*, pages 19, 23, 25 through 28, 31, 34a, 35, 38, 39, 40, 41 through 45, 48 through 51, 54, 61, 62, 65, 66, and 68 through 76, revised.

Summary

This chapter has been revised to reflect the 1999 Social Security cost of living allowance (COLA) increase of 1.3%.

Page 76 is revised to reflect a 2.47% increase in the flat and maximum per diem rates for residential care. The maximum cost-related per diem rate is increased from \$23.26 to \$23.83 per day. The flat rate per diem is increased from \$16.64 to \$17.05 per day.

Page 41 is revised to reflect a 2.47% increase in the maximum rates for in-home-health-related care. The maximum rate for an individual has increased from \$447.16 to \$458.20 per month. The maximum reimbursement for a couple when both need care is increased from \$894.32 to \$916.40 per month.

Pages 38 and 39 are revised to refer to form number 470-0506 for the *Service Report Form*, instead of "PA-5905-6."

Effective Date

January 1, 1999

Material Superseded

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

<u>Page</u>	<u>Date</u>
19, 23, 25-28, 31, 34a, 35,	December 16, 1997
38, 39	December 24, 1996
40	January 21, 1997
41	March 18, 1997
42-45, 48-51, 54, 61, 62, 65, 66, and 68-75	December 16, 1997
76	November 25, 1997

Additional Information

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



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

DEPARTMENT OF HUMAN SERVICES
JESSIE K. RASMUSSEN, DIRECTOR

December 14, 1999

GENERAL LETTER NO. 6-B-10

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

SUBJECT: Employees' Manual, Title 6, Chapter B, *State Supplementary Assistance*, pages 4, 10, 19, 23, 25 through 28, 31, 34a, 35, 41, 43, 44, 45, 48 through 51, 54, 62, 65, 66, and 68 through 76, revised.

Summary

This chapter has been revised to reflect the 2000 Social Security cost of living allowance (COLA) increase of 2.4%.

Page 76 is revised to reflect an increase in the flat and maximum per diem rates for residential care. The maximum cost-related per diem rate is increased from \$23.83 to \$24.26 per day. The flat rate per diem is increased from \$17.05 to \$17.36 per day.

Page 41 is revised to reflect an increase in the maximum rates for in-home-health-related care. The maximum rate for an individual has increased from \$458.20 to \$466.49 per month. The maximum reimbursement for a couple when both need care is increased from \$916.40 to \$932.98 per month.

Page 4 is revised to delete references to X-PERT.

Effective Date

January 1, 2000

Material Superseded

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

<u>Page</u>	<u>Date</u>
4	November 25, 1997
10	January 21, 1997
19, 23, 25-28, 31, 34a, 35, 41, 43, 44, 45, 48-51, 54, 62, 65, 66, and 68-76	December 15, 1998

Additional Information

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



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

DEPARTMENT OF HUMAN SERVICES
JESSIE K. RASMUSSEN, DIRECTOR

July 18, 2000

GENERAL LETTER NO. 6-B-11

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

SUBJECT: Employees' Manual, Title 6, Chapter B, *STATE SUPPLEMENTARY ASSISTANCE*, pages 3, 4, 20, 21, 22, 22a, 29 through 34, 34a, 35 through 38, 41, 52, 59, 70, 76, and 79, revised.

Summary

Page 41 is revised to reflect an increase in the maximum rates for in-home health-related care. The maximum rate for an individual has increased from \$466.49 to \$471.06 per month. The maximum reimbursement for a couple when both need care is increased from \$932.98 to \$942.12 per month.

Page 76 is revised to reflect an increase in the flat and maximum per diem rates for residential care. The maximum cost-related per diem rate is increased from \$24.26 to \$24.50 per day. The flat rate per diem is increased from \$17.36 to \$17.50 per day.

Other pages are revised to update form numbers and references.

Effective Date

August 1, 2000

Material Superseded

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

<u>Page</u>	<u>Date</u>
3	December 24, 1996
4	December 14, 1999
20	December 24, 1996
21, 22, 22a	January 21, 1997
29, 30	December 24, 1996
31	December 14, 1999
32	December 24, 1996

33, 34	January 21, 1997
34a, 35	December 14, 1999
36, 37	December 24, 1996
38	December 15, 1998
41	December 14, 1999
52	December 24, 1996
59	November 25, 1997
70, 76	December 14, 1999
79	November 25, 1997

Additional Information

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



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

DEPARTMENT OF HUMAN SERVICES
JESSIE K. RASMUSSEN, DIRECTOR

October 17, 2000

GENERAL LETTER NO. 6-B-12

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

SUBJECT: Employees' Manual, Title 6, Chapter B, *STATE SUPPLEMENTARY ASSISTANCE*, pages 5, 6, 7, 60a, 76, and 78, revised.

Summary

Page 76 is revised to reflect a one month increase in the maximum per diem rate for residential care. The maximum cost-related per diem rate is increased from \$24.50 to \$29.34 per day for the month of November 2000 only.

Other pages are changed to update form numbers and references.

Effective Date

November 1, 2000

Material Superseded

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

<u>Page</u>	<u>Date</u>
5	January 21, 1997
6, 7	December 24, 1996
60a	January 21, 1997
76	July 18, 2000
78	November 25, 1997

Additional Information

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



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

DEPARTMENT OF HUMAN SERVICES
JESSIE K. RASMUSSEN, DIRECTOR

December 12, 2000

GENERAL LETTER NO. 6-B-13

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

SUBJECT: Employees' Manual, Title 6, Chapter B, *STATE SUPPLEMENTARY ASSISTANCE*, pages 2, 14, 19, 21, 23, 25 through 28, 31, 32, 34, 34a, 35, 37, 39, 43, 44, 45, 48 through 51, 54, 59, 61, 62, 65, 66, and 68 through 75, revised.

Summary

This chapter has been revised to reflect:

- ◆ The 2001 Social Security cost of living allowance (COLA) increase of 3.5%.
- ◆ Updated form numbers.

Effective Date

January 1, 2001

Material Superseded

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

<u>Page</u>	<u>Date</u>
2, 14	December 24, 1996
19	December 14, 1999
21	July 18, 2000
23, 25-28	December 14, 1999
31, 32, 34, 34a, 35, 37	July 18, 2000
39	December 15, 1998
43, 44, 45, 48-51, 54	December 14, 1999
59	July 18, 2000
61	December 15, 1998
62, 65, 66, 68, 69	December 14, 1999
70	July 18, 2000
71-75	December 14, 1999

Additional Information

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



STATE OF IOWA

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

DEPARTMENT OF HUMAN SERVICES
JESSIE K. RASMUSSEN, DIRECTOR

April 17, 2001

GENERAL LETTER NO. 6-B-14

ISSUED BY: Bureau of Eligibility Services
Division of Medical Services

SUBJECT: Employees' Manual, Title 6, Chapter B, *STATE SUPPLEMENTARY ASSISTANCE*, pages 4, 41, 52, 64, and 76, revised.

Summary

Page 4 is revised to clarify policy as it relates to faxed applications.

Page 41 is revised to reflect the increase in the maximum reimbursement rate for in-home health-related care. The maximum reimbursement rate is increased from \$471.06 to \$483.31 per month effective May 1, 2001.

Page 52 is revised to indicate that the county office now enters in-home health-related care payments.

Page 64 is revised to clarify that spouses are treated separately if neither is receiving SSI before entering an RCF.

Page 76 is revised to reflect the increase in the maximum per diem rate for residential care. The maximum cost-related per diem rate is increased from \$24.50 to \$25.14 per day and the flat per diem rate is increased from \$17.50 to \$17.96 per day, effective May 1, 2001.

Effective Date

May 1, 2001

Material Superseded

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

<u>Page</u>	<u>Date</u>
4, 41, 52	July 18, 2000
64	December 16, 1997
76	October 17, 2000

Additional Information

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



STATE OF IOWA

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

DEPARTMENT OF HUMAN SERVICES
JESSIE K. RASMUSSEN, DIRECTOR

July 24, 2001

GENERAL LETTER NO. 6-B-15

ISSUED BY: Bureau of Eligibility, Division of Medical Services

SUBJECT: Employees' Manual, Title 6, Chapter B, *STATE SUPPLEMENTARY ASSISTANCE*, pages 19, 25, 31, 34a, 35, 41, 44, 45, 48 through 51, 54, 62, 66, 68, 69, 70, and 72 through 76, revised.

Summary

This chapter has been revised to reflect:

- ◆ The 2001 Social Security Consumer Price Index correction cost-of-living adjustment (CPIC COLA).
- ◆ The increase in the maximum reimbursement rate for in-home health-related care. The maximum reimbursement rate is increased from \$483.31 per month to \$498.29 per month effective August 1, 2001.
- ◆ The increase in the maximum per diem rate for residential care. The maximum cost-related per diem rate is increased from \$25.14 to \$25.92 per day and the flat per diem rate is increased from \$17.96 to \$18.52 per day, effective August 1, 2001.

Effective Date

August 1, 2001

Material Superseded

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

<u>Page</u>	<u>Date</u>
19, 25, 31, 34a, 35	December 12, 2000
41	April 17, 2001
44, 45, 48-51, 54, 62, 66, 68, 69, 70, 72-75	December 12, 2000
76	April 17, 2001

Additional Information

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



STATE OF IOWA

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

DEPARTMENT OF HUMAN SERVICES
JESSIE K. RASMUSSEN, DIRECTOR

September 4, 2001

GENERAL LETTER NO. 6-B-16

ISSUED BY: Bureau of Eligibility, Division of Medical Services

SUBJECT: Employees' Manual, Title 6, Chapter B, *STATE SUPPLEMENTARY ASSISTANCE*, pages 25 and 72, revised.

Summary

This chapter is revised to:

- ◆ Correct the description of the income limit for a dependent person's income on page 25.
- ◆ Correct the deduction given to the spouse's income in example 5 on page 72.

Effective Date

Upon receipt.

Material Superseded

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

<u>Page</u>	<u>Date</u>
25, 72	July 24, 2001

Additional Information

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



STATE OF IOWA

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

DEPARTMENT OF HUMAN SERVICES
JESSIE K. RASMUSSEN, DIRECTOR

October 9, 2001

GENERAL LETTER NO. 6-B-17

ISSUED BY: Bureau of Eligibility, Division of Medical Services

SUBJECT: Employees' Manual, Title 6, Chapter B, *STATE SUPPLEMENTARY ASSISTANCE*, pages 22a and 26 through 28, revised.

Summary

This chapter is revised to:

- ◆ Correct a cross-reference.
- ◆ Change the amount diverted for an ineligible child when determining eligibility for dependent person.

Effective Date

Upon receipt.

Material Superseded

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

<u>Page</u>	<u>Date</u>
22a	July 18, 2000
26-28	December 12, 2000

Additional Information

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



November 20, 2001

GENERAL LETTER NO. 6-B-18

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

SUBJECT: Employees' Manual, Title 6, Chapter B, STATE SUPPLEMENTARY ASSISTANCE, pages 4, 19, 20, 21, 23, 25 through 28, 30, 31, 33, 34a, 35 through 38, 43, 44, 45, 48 through 52, 54, 59, 62, 66, 68 through 75, and 79, revised.

Summary

This chapter has been revised to reflect:

- The 2002 Social Security cost of living allowance (COLA) increase of 2.6%.
The change to the use of form 470-2927 or 470-2927(S), Health Services Application, for State Supplementary Assistance applications and reviews instead of form 470-0442, Application for Medical Assistance or State Supplementary Assistance.

Effective Date

January 1, 2002

Material Superseded

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

Table with 2 columns: Page and Date. Lists pages 4, 19, 20, 21, 23, 25, 26, 27, 28, 30, 31, 33, 34a, 35, 36, 37, 38 and their respective replacement dates.

43	December 12, 2000
44, 45, 48-51	July 24, 2001
52	April 17, 2001
54	July 24, 2001
59	December 12, 2000
62, 66, 68, 69, 70	July 24, 2001
71	December 12, 2000
72	September 4, 2001
73, 74, 75	July 24, 2001
79	July 18, 2000

Additional Information

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



STATE OF IOWA

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

DEPARTMENT OF HUMAN SERVICES
JESSIE K. RASMUSSEN, DIRECTOR

April 16, 2002

GENERAL LETTER NO. 6-B-19

ISSUED BY: Unit of Health Support, Division of Financial, Health, & Work Supports

SUBJECT: Employees' Manual, Title 6, Chapter B, *STATE SUPPLEMENTARY ASSISTANCE*, pages 3 and 4, revised.

Summary

This chapter has been revised to reflect the elimination of burial benefits effective April 1, 2002.

Effective Date

April 1, 2002

Material Superseded

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

<u>Page</u>	<u>Date</u>
3	July 18, 2000
4	November 20, 2001

Additional Information

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



STATE OF IOWA

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

DEPARTMENT OF HUMAN SERVICES
JESSIE K. RASMUSSEN, DIRECTOR

May 14, 2002

GENERAL LETTER NO. 6-B-20

ISSUED BY: Unit of Health Support, Division of Financial, Health, & Work Supports

SUBJECT: Employees' Manual, Title 6, Chapter B, *STATE SUPPLEMENTARY ASSISTANCE*, pages 23, 25 through 28, 31, 34a, and 35, revised.

Summary

This chapter has been revised to reflect increases in the family-life home and dependent person income standards, retroactive to January 1, 2002. These payments are administered for the Department by the Social Security Administration.

Effective Date

Upon receipt.

Material Superseded

Remove from Employees' Manual, Title 6, Chapter B, pages 23, 25 through 28, 31, 34a, and 35, all dated November 20, 2001, and destroy them.

Additional Information

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



December 17, 2002

GENERAL LETTER NO. 6-B-21

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

SUBJECT: Employees' Manual, Title 6, Chapter B, *STATE SUPPLEMENTARY ASSISTANCE*, pages 19, 23, 25 through 28, 31, 34a, 35, 41, 43, 44, 45, 48 through 51, 54, 57, 61, 62, 65, 66, 68 through 76, revised.

Summary

This chapter is revised to reflect:

- ◆ The 2003 Social Security cost of living allowance (COLA) increase of 1.4%.
- ◆ New unit, bureau, and division names on pages 57, 61 and 76.

Effective Date

January 1, 2003

Material Superseded

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

<u>Page</u>	<u>Date</u>
19	November 20, 2001
23, 25-28, 31, 34a, 35	May 14, 2002
41	July 24, 2001
43, 44, 45, 48-51, 54	November 20, 2001
57	December 24, 1996
61	December 12, 2000
62	November 20, 2001
65	December 12, 2000
66, 68-75	November 20, 2001
76	July 24, 2001

Additional Information

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



December 2, 2003

GENERAL LETTER NO. 6-B-22

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

SUBJECT: Employees' Manual, Title 6, Chapter B, *STATE SUPPLEMENTARY ASSISTANCE*, pages 10, 19, 23, 25 through 28, 31, 34a, 35, 43, 44, 45, 48 through 51, 54, 62, 65, 66, 68 through 75, and 78, revised.

Summary

This chapter is revised to reflect:

- ◆ The 2004 Social Security cost of living allowance (COLA) increase of 2.1%.
- ◆ Removal of wording on page 10 indicating that trusts are not counted for State Supplementary Assistance eligibility.
- ◆ Removal of a reference to "Consultec" as the fiscal agent.

Effective Date

January 1, 2004

Material Superseded

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

<u>Page</u>	<u>Date</u>
10	December 14, 1999
19, 23, 25-28, 31, 34a, 35, 43-45, 48-51, 54, 62, 65, 66, 68-75	December 17, 2002
78	October 17, 2000

Additional Information

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



January 20, 2004

GENERAL LETTER NO. 6-B-23

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

SUBJECT: Employees' Manual, Title 6, Chapter B, *STATE SUPPLEMENTARY ASSISTANCE*, pages 41, and 76, revised.

Summary

This chapter is revised to reflect:

- ◆ The decrease in the maximum reimbursement rate for in-home health-related care. The maximum reimbursement rate is decreased from \$503.67 per month to \$480.55 per month effective February 1, 2004.
- ◆ The decrease in the maximum per diem rate for residential care. The maximum cost-related per diem rate is decreased from \$26.20 to \$25.00 per day and the flat per diem rate is decreased from \$18.72 to \$17.86 per day, effective February 1, 2004.

Effective Date

February 1, 2004

Material Superseded

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

<u>Page</u>	_____
<u>Date</u>	_____
41, 76	December 17, 2002

Additional Information

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



STATE OF IOWA

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

DEPARTMENT OF HUMAN SERVICES
KEVIN W. CONCANNON, DIRECTOR

October 8, 2004

GENERAL LETTER NO. 6-B-24

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

SUBJECT: Employees' Manual, Title 6, Chapter B, *STATE SUPPLEMENTARY ASSISTANCE*, Contents (page 1), revised, Contents (page 4), new; pages 1 through 6, 9, 17, 18, 32, 34a, and 79, revised; and pages 80 through 85, new.

Summary

This chapter is revised to:

- ◆ Add the new supplement for Medicare and Medicaid eligibles. This supplement is retroactive to October 1, 2003.
- ◆ Remove subsections "Current Recipients as of August 22, 1996" and "Issuing Notice" under "Nonfinancial Eligibility: Eligibility for Aliens," because this information is obsolete.

Effective Date

Upon receipt.

Material Superseded

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

<u>Page</u>	<u>Date</u>
Contents (page 1)	January 21, 1997
1	December 24, 1996
2	December 12, 2000
3, 4	April 16, 2002
5, 6	October 17, 2000
9	December 24, 1996
17	December 16, 1997
18	December 24, 1996
32	December 12, 2000
34a	December 2, 2003
79	November 20, 2001

Additional Information

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



STATE OF IOWA

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

DEPARTMENT OF HUMAN SERVICES
KEVIN W. CONCANNON, DIRECTOR

December 10, 2004

GENERAL LETTER NO. 6-B-25

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

SUBJECT: Employees' Manual, Title 6, Chapter B, *STATE SUPPLEMENTARY ASSISTANCE*, pages 19, 23, 25 through 28, 31, 34a, 35, 43, 44, 45, 48 through 52, 54, 61, 62, 65, 66, and 68 through 76, revised.

Summary

This chapter is revised to reflect the 2005 Social Security cost of living allowance (COLA) increase of 2.7%.

Effective Date

January 1, 2005

Material Superseded

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

<u>Page</u>	<u>Date</u>
19, 23, 25-28, 31	December 2, 2003
34a	October 8, 2004
35, 43-45, 48-51	December 2, 2003
52	November 20, 2001
54	December 2, 2003
61	December 17, 2002
62, 65, 66, 68-75	December 2, 2003
76	January 20, 2004

Additional Information

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



STATE OF IOWA

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

DEPARTMENT OF HUMAN SERVICES
KEVIN W. CONCANNON, DIRECTOR

February 18, 2005

GENERAL LETTER NO. 6-B-26

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

SUBJECT: Employees' Manual, Title 6, Chapter B, *STATE SUPPLEMENTARY ASSISTANCE*, page 4, revised.

Summary

A faxed application shall be treated as an original application. An original signature is no longer required.

Effective Date

February 1, 2005

Material Superseded

Remove the following page from Employees' Manual, Title 6, Chapter B, and destroy it:

<u>Page</u>	<u>Date</u>
4	October 8, 2004

Additional Information

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



STATE OF IOWA

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

DEPARTMENT OF HUMAN SERVICES
KEVIN W. CONCANNON, DIRECTOR

June 17, 2005

GENERAL LETTER NO. 6-B-27

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

SUBJECT: Employees' Manual, Title 6, Chapter B, *STATE SUPPLEMENTARY ASSISTANCE*, page 84, revised.

Summary

To be eligible for the supplement for Medicare and Medicaid eligibles, a person's income must now exceed 120% of the federal poverty level instead of 135%.

Effective Date

July 1, 2005

Material Superseded

Remove the following page from Employees' Manual, Title 6, Chapter B, and destroy it:

<u>Page</u>	<u>Date</u>
84	October 8, 2004

Additional Information

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



STATE OF IOWA

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

DEPARTMENT OF HUMAN SERVICES
KEVIN W. CONCANNON, DIRECTOR

December 16, 2005

GENERAL LETTER NO. 6-B-28

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

SUBJECT: Employees' Manual, Title 6, Chapter B, **STATE SUPPLEMENTARY ASSISTANCE**, pages 19, 23 through 28, 30, 31, 34a, 35, 36, 43, 44, 45, 46, 49 through 52, 54, 57, 61, 62, 65, 66, 68 through 76, 78, 79, and 85, revised.

Summary

This chapter is revised to:

- ◆ Reflect the 2006 Social Security cost of living adjustment (COLA) of 4.1%
- ◆ Change references from “fiscal agent” to the Iowa Medicaid Enterprise (IME).
- ◆ Clarify the policy for annual review of in-home health-related care.
- ◆ Change the form used for State Supplementary Assistance reviews to form 470-3118 or 470-3118(S), *Medicaid Review*.

Effective Date

COLA changes are effective January 1, 2006.
All other changes are effective December 1, 2005.

Material Superseded

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

<u>Page</u>	<u>Date</u>
19, 23	December 10, 2004
24	December 16, 1997
25-28	December 10, 2004
30	November 20, 2001
31, 34a, 35	December 10, 2004
36	November 20, 2001
43-45	December 10, 2004
46	December 24, 1996
49-52, 54	December 10, 2004
57	December 17, 2002

61, 62, 65, 66, 68-76
78
79, 85

December 10, 2004
December 2, 2003
October 8, 2004

Additional Information

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



STATE OF IOWA

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

DEPARTMENT OF HUMAN SERVICES
KEVIN W. CONCANNON, DIRECTOR

March 24, 2006

GENERAL LETTER NO. 6-B-29

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

SUBJECT: Employees' Manual, Title 6, Chapter B, *STATE SUPPLEMENTARY ASSISTANCE*, pages 45, 46, 67, 68, and 69, revised; and page 46a, new.

Summary

This chapter is revised to allow Medicare Part D expenses of the client to be used as an unmet medical need deduction when calculating the client participation for residential care facility (RCF) assistance and in-home health-related care (IHHRC) assistance.

Effective Date

Upon receipt.

Material Superseded

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

<u>Page</u>	<u>Date</u>
45, 46	December 16, 2005
67	December 24, 1996
68, 69	December 16, 2005

Additional Information

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



STATE OF IOWA

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

DEPARTMENT OF HUMAN SERVICES
KEVIN W. CONCANNON, DIRECTOR

July 28, 2006

GENERAL LETTER NO. 6-B-30

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

SUBJECT: Employees' Manual, Title 6, Chapter B, *STATE SUPPLEMENTARY ASSISTANCE*, pages 79, 80, 83, 84, and 85, revised.

Summary

This chapter is revised to:

- ◆ Clarify that Medicaid recipients are only eligible for the Supplement for Medicare and Medicaid Eligibility (SMME) if they are eligible for full Medicaid benefits.
- ◆ Correct legal references and a form number.

Effective Date

Upon receipt.

Material Superseded

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

<u>Page</u>	<u>Date</u>
79	December 16, 2005
80, 83	October 8, 2004
84	June 17, 2005
85	December 16, 2005

Additional Information

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



December 15, 2006

GENERAL LETTER NO. 6-B-31

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

SUBJECT: Employees' Manual, Title 6, Chapter B, STATE SUPPLEMENTARY
ASSISTANCE, Contents (page 1), revised; pages 19 through 22, 22a, 23
through 31, 34a, 35, 39, 43, 44, 45, 49, 50, 51, 54, 62, 63, 65, 66, and 69
through 76, revised.

Summary

This chapter is revised to:

- ◆ Reflect the 2007 Social Security cost of living adjustment (COLA) of 3.3%.
◆ Change the section name from "DEPENDENT PERSON ALLOWANCE" to
"DEPENDENT PERSON PROGRAM," and change language used within the section for
consistency.
◆ Clarify eligibility of a parent for a dependent person payment.
◆ Change language under the section, "Income (RCF): Income Limits," to clarify that
calculated client participation is compared to the cost of care to determine income eligibility
for residential care facility assistance
◆ Eliminate the requirement to provide a copy of the front page of an in-home health-related
care application to the service unit.

Effective Date

COLA changes are effective January 1, 2007.
All other changes are effective December 1, 2006.

Material Superseded

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

Table with 2 columns: Page, Date. Rows include Contents (page 1), 19, 20, 21, 22, 22a with corresponding dates from 2001 to 2005.

23-28	December 16, 2005
29	July 18, 2000
30, 31, 34a, 35	December 16, 2005
39	December 12, 2000
43, 44	December 16, 2005
45	March 24, 2005
49-51, 54, 62	December 16, 2005
63	December 24, 1996
65, 66	December 16, 2005
69	March 24, 2006
70-76	December 16, 2005

Additional Information

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



December 21, 2007

GENERAL LETTER NO. 6-B-32

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

SUBJECT: Employees' Manual, Title 6, Chapter B, STATE SUPPLEMENTARY
ASSISTANCE, pages 19, 23 through 28, 31, 34a, 35, 43, 44, 45, 49 through 54,
62, 65, 66, and 69 through 76, revised.

Summary

This chapter is revised to reflect the 2008 Social Security cost of living adjustment (COLA) of 2.3%, which has resulted in the following increases:

- The income limit and payment standard for a dependent relative is \$325 per month.
The income limits for dependent relative eligibility are:
\$962 for an eligible individual
\$1281 for an eligible couple.
The family-life home income limit is \$799.
The maximum family-life home payment is \$708.
The maximum residential care per diem rate is \$26.95.
The personal needs allowance for residential care facility and family-life home is \$91.

Effective Date

Effective January 1, 2008.

Material Superseded

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

Table with 2 columns: Page, Date. Rows include page ranges and their corresponding dates.

Additional Information

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



STATE OF IOWA

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

DEPARTMENT OF HUMAN SERVICES
EUGENE I. GESSOW, DIRECTOR

January 16, 2009

GENERAL LETTER NO. 6-B-33

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

SUBJECT: Employees' Manual, Title 6, Chapter B, *STATE SUPPLEMENTARY ASSISTANCE*, Contents (page 2), revised; pages 19, 23 through 28, 31, 34a, 35, 43, 44, 45, 49 through 52, 54, 62, 65, 66, and 69 through 76, revised.

Summary

This chapter is revised to reflect the 2009 Social Security cost of living adjustment (COLA) of 5.8%, which has resulted in the following State Supplementary Assistance increases:

- ◆ The income limit and payment standard for a dependent relative is \$344 per month.
- ◆ The income limits for dependent relative eligibility are:
 - \$1,018 for an eligible individual
 - \$1,355 for an eligible couple.
- ◆ The family-life home income limit is \$836.
- ◆ The maximum family-life home payment is \$742.
- ◆ The maximum residential care per diem rate is \$28.14.
- ◆ The personal needs allowance for residential care facility and family-life home is \$94.

Effective Date

January 1, 2009.

Material Superseded

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

<u>Page</u>	<u>Date</u>
Contents (page 2)	January 21, 1997
19, 23-28, 31, 34a, 35, 43-45, 49-52, 54, 62, 65, 66, 69-76	December 21, 2007

Additional Information

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



STATE OF IOWA

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

DEPARTMENT OF HUMAN SERVICES
CHARLES M. PALMER, DIRECTOR

January 28, 2011

GENERAL LETTER NO. 6-B-34

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

SUBJECT: Employees' Manual, Title 6, Chapter B, **STATE SUPPLEMENTARY ASSISTANCE**, pages 31, 34a, 35, 47, 65, 66, and 69 through 75, revised.

Summary

This chapter is revised to reflect changes that took effect last year, on April 1, 2010. These changes were the decrease in the personal needs allowances for residential care facility and family life home assistance and the consequent decrease in the family-life home income limit.

- ◆ The family-life home income limit is \$835.
- ◆ The personal needs allowance for residential care facility and family-life home is \$93.

Effective Date

April 1, 2010

Material Superseded

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

<u>Page</u>	<u>Date</u>
31, 34a, 35	January 16, 2009
47	December 24, 1996
65, 66, 69-75	January 16, 2009

Additional Information

These figures have been issued on RC-0018, *Supplemental Security Income Payment Standards*. Refer questions about this general letter to your area income maintenance administrator.



Iowa Department of Human Services

Terry E. Branstad
Governor

Kim Reynolds
Lt. Governor

Charles M. Palmer
Director

August 24, 2012

GENERAL LETTER NO. 6-B-35

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

SUBJECT: Employees' Manual, Title 6, Chapter B, **STATE SUPPLEMENTARY ASSISTANCE**, Title page, revised; Contents (pages 1, 2, and 3), revised; pages 1 through 85, revised; and page 86, new.

Summary

This chapter is revised to reflect the 2012 Social Security cost of living adjustment (COLA) of 3.6%, which has resulted in the following State Supplementary Assistance increases:

- ◆ The income limit and payment standard for a dependent relative is \$357 per month.
- ◆ The income limits for dependent relative eligibility are:
 - \$1,055 for an eligible individual.
 - \$1,405 for an eligible couple.
- ◆ The family-life home income limit is \$860.
- ◆ The maximum family-life home payment is \$765.
- ◆ The maximum residential care per diem rate is \$28.92.
- ◆ The personal needs allowance for residential care facility and family-life home is \$95.

The entire chapter has also been converted to the current manual format and updated organizational names and references.

Effective Date

January 1, 2012

Material Superseded

This material replaces the entire Chapter B from Employees' Manual, Title 6, which includes the following pages:

<u>Page</u>	<u>Date</u>
Title page	December 24, 1996
Contents (p. 1)	December 15, 2006
Contents (p. 2)	January 16, 2009
Contents (p. 3)	November 25, 1997
Contents (p. 4)	October 8, 2004

1-3	October 8, 2004
4	February 18, 2005
5, 6	October 8, 2004
7	October 17, 2000
8	December 24, 1996
9	October 8, 2004
10	December 2, 2003
11-13	December 24, 1996
14	December 12, 2000
15, 16	December 24, 1996
17, 18	October 8, 2004
19	January 16, 2009
20-22, 22a	December 15, 2006
23-28	January 16, 2009
29, 30	December 15, 2006
31	January 28, 2011
32	October 8, 2004
33	November 20, 2001
34	December 12, 2000
34a, 35	January 28, 2011
36	December 16, 2005
37, 38	November 20, 2001
39	December 15, 2006
40	December 15, 1998
40a	January 21, 1997
41	January 20, 2004
42	December 15, 1998
43-45	January 16, 2009
46, 46a	March 24, 2006
47	January 28, 2011
48	December 10, 2004
49-52	January 16, 2009
53	December 21, 2007
54	January 16, 2009
55, 56	December 24, 1996
57	December 16, 2005
58	December 24, 1996
59	November 20, 2001
60	January 21, 1997
60a	October 17, 2000
61	December 16, 2005
62	January 16, 2009
63	December 15, 2006
64	April 17, 2001
65, 66	January 28, 2011
67, 68	March 24, 2006
69-75	January 28, 2011
76	January 16, 2009
77	November 25, 1997
78	December 16, 2005

79, 80
81, 82
83-85

July 28, 2006
October 8, 2004
July 28, 2006

Additional Information

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



Iowa Department of Human Services

Terry E. Branstad
Governor

Kim Reynolds
Lt. Governor

Charles M. Palmer
Director

January 4, 2013

GENERAL LETTER NO. 6-B-36

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

SUBJECT: Employees' Manual, Title 6, Chapter B, **STATE SUPPLEMENTARY ASSISTANCE**, pages 18, 22 through 27, 30, 35, 36, 44, 45, 46, 50 through 53, 57, 58, 64, 67, 68, and 71 through 78, revised.

Summary

This chapter is revised to reflect the 2013 Social Security cost of living adjustment (COLA) of 1.7%, which has resulted in the following State Supplementary Assistance increases:

- ◆ The income limit and payment standard for a dependent relative is \$364 per month.
- ◆ The income limits for dependent relative eligibility are:
 - \$1,074 for an eligible individual.
 - \$1,430 for an eligible couple.
 - The deduction for an ineligible child is \$356.
- ◆ The family-life home income limit is \$872.
- ◆ The maximum family-life home payment is \$774.
- ◆ The maximum residential care per diem rate is \$29.30.
- ◆ The personal needs allowance for residential care facility and family-life home is \$98.
- ◆ The blind supplement remains at \$22, but the income limits are increased due to the increased SSI payments:
 - \$732 for an individual.
 - \$1,088 for a couple, one of whom is blind.
 - \$1,110 for a couple, both of whom are blind.
- ◆ The home maintenance allowance for in-home health-related care has increased to the new SSI standard amounts:
 - \$710 for an individual.
 - \$1,066 for a couple.

Effective Date

January 1, 2013

Material Superseded

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

<u>Page</u>	<u>Date</u>
18, 22-27, 30, 35, 36, 44-46, 50-53, 57, 58, 64, 67, 68, 71-78	August 24, 2012

Additional Information

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



Iowa Department of Human Services

Terry E. Branstad
Governor

Kim Reynolds
Lt. Governor

Charles M. Palmer
Director

February 6, 2015

GENERAL LETTER NO. 6-B-37

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

SUBJECT: Employees' Manual, Title 6, Chapter B, **STATE SUPPLEMENTARY ASSISTANCE**, pages 4, 18, 20 through 27, 30, 32, 35, 36, 38, 39, 40, 44, 45, 46, 50 through 54, 57, 58, 60, 64, 67, 68, and 71 through 78, revised.

Summary

This chapter is revised to reflect the 2015 Social Security cost of living adjustment (COLA) of 1.7%, which has resulted in the following State Supplementary Assistance increases:

- ◆ The income limit and payment standard for a dependent relative is \$377 per month.
- ◆ The income limits for dependent relative eligibility are:
 - \$1,110 for an eligible individual.
 - \$1,477 for an eligible couple.
 - The deduction for an ineligible child is \$367.
- ◆ The family-life home income limit is \$895.
- ◆ The maximum family-life home payment is \$794.
- ◆ The maximum residential care per diem rate is \$30.05.
- ◆ The personal needs allowance for residential care facility and family-life home is \$101.
- ◆ The blind supplement remains at \$22, but the income limits are increased due to the increased SSI payments:
 - \$755 for an individual.
 - \$1,122 for a couple, one of whom is blind.
 - \$1,144 for a couple, both of whom are blind.
- ◆ The home maintenance allowance for in-home health-related care has increased to the new SSI standard amounts:
 - \$733 for an individual.
 - \$1,100 for a couple.

Effective Date

January 1, 2015

Material Superseded

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

<u>Page</u>	<u>Date</u>
4	August 24, 2012
18	January 4, 2013
20, 21	August 24, 2012
22-27, 30	January 4, 2013
32	August 24, 2012
35, 36	January 4, 2013
38-40	August 24, 2012
44-46, 50-53	January 4, 2013
54	August 24, 2012
57, 58	January 4, 2013
60	August 24, 2012
64, 67, 68, 71-78	January 4, 2013

Additional Information

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



Iowa Department of Human Services

Terry E. Branstad
Governor

Kim Reynolds
Lt. Governor

Charles M. Palmer
Director

January 1, 2016

GENERAL LETTER NO. 6-B-38

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

SUBJECT: Employees' Manual, Title 6, Chapter B, **STATE SUPPLEMENTARY ASSISTANCE**, pages 30, 36, 67, and 71 through 77, revised.

Summary

Chapter 6-B is revised to reflect the increased personal needs allowance for residential care facility assistance and family life home assistance effective January 1, 2016.

- ◆ The maximum family-life home payment is \$792.
- ◆ The personal needs allowance for residential care facility and family-life home is increased to \$103.

Effective Date

January 1, 2016

Material Superseded

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

<u>Page</u>	<u>Date</u>
30, 36, 67, 71-77	February 6, 2015

Additional Information

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



Iowa Department of Human Services

Terry E. Branstad
Governor

Kim Reynolds
Lt. Governor

Charles M. Palmer
Director

February 17, 2017

GENERAL LETTER NO. 6-B-39

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

SUBJECT: Employees' Manual, Title 6, Chapter B, **STATE SUPPLEMENTARY ASSISTANCE**, pages 18, 22 through 27, 30, 35, 36, 44, 45, 46, 50 through 53, 57, 58, 64, 67, 68, and 71 through 78, revised.

Summary

This chapter is revised to reflect the 2017 Social Security cost of living adjustment (COLA) of 0.3%, which has resulted in the following State Supplementary Assistance increases:

- ◆ The income limit and payment standard for a dependent relative is \$379 per month.
- ◆ The income limits for dependent relative eligibility are:
 - \$1,114 for an eligible individual.
 - \$1,482 for an eligible couple.
 - The deduction for an ineligible child is \$368.
- ◆ The family-life home income limit is \$897.
- ◆ The maximum family-life home payment is \$797.
- ◆ The maximum residential care per diem rate is \$30.11.
- ◆ The personal needs allowance for residential care facility and family-life home is \$100.
- ◆ The blind supplement remains at \$22, but the income limits are increased due to the increased SSI payments:
 - \$757 for an individual.
 - \$1,125 for a couple, one of whom is blind.
 - \$1,147 for a couple, both of whom are blind.
- ◆ The home maintenance allowance for in-home health-related care has increased to the new SSI standard amounts:
 - \$735 for an individual.
 - \$1,103 for a couple.

Effective Date

January 1, 2017

Material Superseded

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

<u>Page</u>	<u>Date</u>
18, 22-27	February 6, 2015
30	January 1, 2016
35	February 6, 2015
36	January 1, 2016
44-46, 50-53, 57, 58, 64	February 6, 2015
67	January 1, 2016
68	February 6, 2015
71-77	January 1, 2016
78	February 6, 2015

Additional Information

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



Iowa Department of Human Services

Kim Reynolds
Governor

Adam Gregg
Lt. Governor

Jerry R. Foxhoven
Director

February 16, 2018

GENERAL LETTER NO. 6-B-40

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

SUBJECT: Employees' Manual, Title 6, Chapter B, **State Supplementary Assistance**, pages 18, 19, 22 through 27, 30, 35, 36, 44, 45, 46, 50 through 53, 57, 58, 64, 67, 68, and 71 through 78, revised.

Summary

This chapter is revised to reflect the 2018 Social Security cost of living adjustment (COLA) of 2.0 percent, which has resulted in the following State Supplementary Assistance increases:

- ◆ The income limit and payment standard for a dependent relative is \$387 per month.
- ◆ The income limits for dependent relative eligibility are:
 - \$1,137 for an eligible individual.
 - \$1,512 for an eligible couple.
 - The deduction for an ineligible child is \$375.
- ◆ The family-life home income limit is \$912.
- ◆ The maximum family-life home payment is \$813.
- ◆ The maximum residential care per diem rate is \$30.60.
- ◆ The personal needs allowance for residential care facility and family-life home is \$99.
- ◆ The blind supplement remains at \$22, but the income limits are increased due to the increased SSI payments:
 - \$772 for an individual.
 - \$1,147 for a couple, one of whom is blind.
 - \$1,169 for a couple, both of whom are blind.
- ◆ The home maintenance allowance for in-home health-related care has increased to the new SSI standard amounts:
 - \$750 for an individual.
 - \$1,125 for a couple.

Effective Date

January 1, 2018

Material Superseded

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

<u>Page</u>	<u>Date</u>
18	February 17, 2017
19	August 24, 2012
22-27, 30, 35, 36, 44-46, 50-53, 57, 58, 64, 67, 68, 71-78	February 17, 2017

Additional Information

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

April 19, 2019

GENERAL LETTER NO. 6-B-41

ISSUED BY: Iowa Medicaid Enterprise

SUBJECT: Employees' Manual, Title 6, Chapter B, **State Supplementary Assistance**, Title page, revised; and pages 3, 14, 18, 19, 21 through 27, 30, 33, 35, 36, 37, 44, 45, 46, 50 through 53, 59, 64, 67, 68, and 71 through 78, revised.

Summary

This chapter is revised to reflect the 2019 Social Security cost of living adjustment (COLA) of 2.8 percent, which has resulted in the following State Supplementary Assistance increases:

- ◆ The income limit and payment standard for a dependent relative is \$398 per month.
- ◆ The income limits for dependent relative eligibility are:
 - \$1,169 for an eligible individual.
 - \$1,555 for an eligible couple.
 - The deduction for an ineligible child is \$386.
- ◆ The family-life home income limit is \$933.
- ◆ The maximum family-life home payment is \$830.
- ◆ The maximum residential care per diem rate is \$31.27.
- ◆ The personal needs allowance for residential care facility and family-life home is \$103.
- ◆ The blind supplement remains at \$22, but the income limits are increased due to the increased SSI payments:
 - \$793 for an individual.
 - \$1,179 for a couple, one of whom is blind.
 - \$1,201 for a couple, both of whom are blind.
- ◆ The home maintenance allowance for in-home health-related care has increased to the new SSI standard amounts:
 - \$771 for an individual.
 - \$1,157 for a couple.
- ◆ Update retroactive eligibility language to reference the change in the definition of "retroactive period" as listed in 8-A.

Effective Date

July 1, 2018, for changing the definition of retroactive period.
January 1, 2019, for COLA changes.

Material Superseded

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

<u>Page</u>	<u>Date</u>
Title page	August 24, 2012
3, 14	August 24, 2012
18, 19	February 16, 2018
21	February 6, 2015
22-27, 30	February 16, 2018
33	August 24, 2012
35, 36	February 16, 2018
37	August 24, 2012
44-46, 50-53	February 16, 2018
59	August 24, 2012
64, 67, 68, 71-78	February 16, 2018

Additional Information

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

September 4, 2020

GENERAL LETTER NO. 6-B-42

ISSUED BY: Iowa Medicaid Enterprise

SUBJECT: Employees' Manual, Title 6, Chapter B, **State Supplementary Assistance**, 2, 3, 4, 5-9, 13, 16, 18-19, 20, 22-27, 28-29, 30, 31, 32, 33, 34, 35-37, 38, 39, 42, 44-46, 49, 51-53, 54, 58, 59, 60, 61-63, 64, 66, 67, 68, 71-78, 79-83, and 86, revised.

Summary

Chapter 6-B is revised to:

- ◆ Reflect the 2020 Social Security cost of living adjustment (COLA) of 1.6 percent, which has resulted in State Supplementary Assistance increases to:
 - The income limit and payment standard for dependent relatives
 - The income limit for dependent relative eligibility
 - Family-life home income limit
 - Maximum family-life home payment
 - Maximum residential care per diem rate
 - Personal needs allowance for residential care facility and family-life home
 - Blind supplement income limits
 - Home maintenance allowance for in-home health-related care
- ◆ Update legal references
- ◆ Revise manual to bring policy and procedures up-to-date.

Effective Date

January 1, 2020 for COLA changes.

Immediately for all other changes.

Material Superseded

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

<u>Page</u>	<u>Date</u>
2	August 24, 2012
3	April 19, 2019
4	February 6, 2015
5-9, 13, 16	August 24, 2012
18-19	April 19, 2019
20	February 6, 2015
22-27	April 19, 2019
28-29	August 24, 2012
30	April 19, 2019
31	August 24, 2012
32	February 6, 2015
33	April 19, 2019
34	August 24, 2012
35-37	April 19, 2019
38, 39	February 6, 2015
42	August 24, 2012
44-46	April 19, 2019
49	August 24, 2012
51-53	April 19, 2019
54	February 6, 2015
58	February 16, 2018
59	April 19, 2019
60	February 6, 2015
61-63	August 24, 2012
64	April 19, 2019
66	August 24, 2012
67, 68, 71-78	April 19, 2019
79-83, 86	August 24, 2012

Additional Information

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

February 4, 2022

GENERAL LETTER NO. 6-B-43

ISSUED BY: Iowa Medicaid Enterprise

SUBJECT: Employees' Manual, Title 6, Chapter B, **State Supplementary Assistance**, 16, 18, 19, 22-27, 30, 31, 35-37, 44-46, 47, 50, 51-53, 60, 64, 66-68, 71-78, 80, 82, 83 revised.

Summary

Chapter 6-B is revised to reflect the 2022 Social Security cost of living adjustment (COLA) of 5.9 percent, which has resulted in the following State Supplementary Assistance increases:

- ◆ The income limit and payment standard for a dependent relative is \$436 per month.
- ◆ The income limits for dependent relative eligibility are:
 - \$1,277 for an eligible individual.
 - \$1,697 for an eligible couple.
 - The deduction for an ineligible child is \$420.
- ◆ The family-life home income limit is \$1,003.
- ◆ The maximum family-life home payment is \$892.
- ◆ The maximum residential care per diem rate is \$33.53.
- ◆ The personal needs allowance for residential care facility and family-life home is \$111.
- ◆ The blind supplement remains at \$22, but the income limits are increased due to the increased SSI payments:
 - \$863 for an individual
 - \$1,283 for a couple, one of whom is blind
 - \$1,305 for a couple, both of whom are blind
- ◆ The home maintenance allowance for in-home health-related care has increased to the new SSI standard amounts:
 - \$841 for an individual
 - \$1,261 for a couple

The following information is being provided for documentation purposes only and without revisions to the pages in the manual.

◆ **Summary of 2021 COLA Changes, effective January 1, 2021**

- The 2021 Social Security cost of living adjustment (COLA) of 1.3 percent, which resulted in the following State Supplementary Assistance increases.

- The income limit and payment standard for a dependent relative is \$411 per month.
- The income limits for dependent relative eligibility are:
 - ◊ \$1,205 for an eligible individual.
 - ◊ \$1,602 for an eligible couple.
 - ◊ The deduction for an ineligible child is \$397.
- The family-life home income limit is \$956.
- The maximum family-life home payment is \$850.
- The maximum residential care per diem rate is \$32.01.
- The personal needs allowance for residential care facility and family-life home is \$106.
- The blind supplement remains at \$22, but the income limits are increased due to the increased SSI payments:
 - ◊ \$816 for an individual.
 - ◊ \$1,213 for a couple, one of whom is blind.
 - ◊ \$1,235 for a couple, both of whom are blind.
- The home maintenance allowance for in-home health-related care has increased to the new SSI standard amounts:
 - ◊ \$794 for an individual.
 - ◊ \$1,191 for a couple.

◆ **Summary of 2020 COLA Changes, effective January 1, 2020**

- The 2020 Social Security cost of living adjustment (COLA) of 1.6 percent, which has resulted in the following State Supplementary Assistance increases.
- The income limit and payment standard for a dependent relative is \$405 per month.
- The income limits for dependent relative eligibility are:
 - ◊ \$1,188 for an eligible individual.
 - ◊ \$1,580 for an eligible couple.
 - ◊ The deduction for an ineligible child is \$392.
- The family-life home income limit is \$945.
- The maximum family-life home payment is \$841.
- The maximum residential care per diem rate is \$31.66.
- The personal needs allowance for residential care facility and family-life home is \$104.
- The blind supplement remains at \$22, but the income limits are increased due to the increased SSI payments:
 - ◊ \$805 for an individual.
 - ◊ \$1,197 for a couple, one of whom is blind.
 - ◊ \$1,219 for a couple, both of whom are blind.

- The home maintenance allowance for in-home health-related care has increased to the new SSI standard amounts:
 - ◇ \$783 for an individual.
 - ◇ \$1,175 for a couple.

Effective Date

January 1, 2022.

Material Superseded

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

<u>Page</u>	<u>Date</u>
16, 18, 19, 22-27, 30, 31, 35-37, 44-46	September 4, 2020
47	August 24, 2012
50	April 19, 2019
51-53, 60, 64, 66-68, 71-78, 80, 82, 83	September 4, 2020

Additional Information

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

March 31, 2023

GENERAL LETTER NO. 6-B-44

ISSUED BY: Iowa Medicaid

SUBJECT: Employees' Manual, Title 6, Chapter B, **State Supplementary Assistance**, Title Page, Contents 1-3, 1, 2-9, 10-12, 13, 14, 15, 16, 17, 18 and 19, 20, 21, 22-27, 28 and 29, 30 and 31, 32-34, 35-37, 38 and 39, 40, 41, 42, 43, 44-47, 48, 49, 50-53, 54, 55 and 56, 57, 58 and 59, 60, 61-63, 64, 65, 66 and 67, revised; 68, 69 and 70, 71-78, 79, 80, 81, 82 and 83, 84 and 85, 86, removed.

Summary**Summary of 2023 COLA Changes**

This chapter is revised to reflect the 2023 Social Security cost of living adjustment (COLA) of 8.7 percent, which has resulted in the following State Supplementary Assistance increases:

- The income limit and payment standard for a dependent relative is \$474 per month.
- The income limits for dependent relative eligibility are:
 - \$1,388 for an eligible individual.
 - \$1,845 for an eligible couple.
 - The deduction for an ineligible child is \$457.
- The family-life home income limit is \$1076.
- The maximum family-life home payment is \$956.
- The maximum residential care per diem rate is \$35.89.
- The personal needs allowance for residential care facility and family-life home is \$120.
- The blind supplement remains at \$22, but the income limits are increased due to the increased SSI payments:
 - \$936 for an individual.
 - \$1,393 for a couple, one of whom is blind.
 - \$1,415 for a couple, both of whom are blind.
- The home maintenance allowance for in-home health-related care has increased to the new SSI standard amounts:
 - \$914 for an individual.
 - \$1,371 for a couple.

Effective Date

January 1, 2023.

Material Superseded

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

<u>Page</u>	<u>Date</u>
Title Page	April 19, 2019
Contents 1-3	August 24, 2012
1	August 24, 2012
2-9	September 4, 2020
10-12	August 24, 2012
13	September 4, 2020
14	April 19, 2019
15	August 24, 2012
16	February 4, 2022
17	August 24, 2012
18 and 19	February 4, 2022
20	September 4, 2020
21	April 19, 2019
22-27	February 4, 2022
28 and 29	September 4, 2020
30 and 31	February 4, 2022
32-34	September 4, 2020
35-37	February 4, 2022
38 and 39	September 4, 2020
40	February 6, 2015
41	August 24, 2012
42	September 4, 2020
43	August 24, 2012
44-47	February 4, 2022
48	August 24, 2012
49	September 4, 2020
50-53	February 4, 2022
54	September 4, 2020
55 and 56	August 24, 2012
57	February 16, 2018
58 and 59	September 4, 2020
60	February 4, 2022
61-63	September 4, 2020
64	February 4, 2022
65	August 24, 2012
66 and 67	February 4, 2022
68	February 4, 2022
69 and 70	August 24, 2012
71-78	February 4, 2022
79	September 4, 2020
80	February 4, 2022
81	September 4, 2020
82 and 83	February 4, 2022
84 and 85	August 24, 2012
86	September 4, 2020

Additional Information

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

February 9, 2024

GENERAL LETTER NO. 6-B-45

ISSUED BY: Iowa Medicaid

SUBJECT: Employees' Manual, Title 6, Chapter B, **State Supplementary Assistance**, 14, 18-22, 24, 28, 35 and 36, 39-41, 50, 52, 53, 55-61, 65-67, revised.**Summary**

This chapter is revised to reflect the 2024 Social Security cost of living adjustment (COLA) of 3.2 percent, which has resulted in the following State Supplementary Assistance increases:

- The income limit and payment standard for a dependent relative is \$490 per month.
- The income limits for dependent relative eligibility are:
 - \$1,433 for an eligible individual.
 - \$1,905 for an eligible couple.
 - The deduction for an ineligible child is \$472.
- The family-life home income limit is \$1,105.
- The maximum family-life home payment is \$982.
- The maximum residential care per diem rate is \$36.82.
- The personal needs allowance for residential care facility and family-life home is \$123.
- The blind supplement remains at \$22, but the income limits are increased due to the increased SSI payments:
 - \$965 for an individual.
 - \$1,437 for a couple, one of whom is blind.
 - \$1,459 for a couple, both of whom are blind.
- The home maintenance allowance for in-home health-related care has increased to the new SSI standard amounts:
 - \$943 for an individual.
 - \$1,415 for a couple.

Effective Date

January 1, 2024.

Material Superseded

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

<u>Page</u>	<u>Date</u>
14, 18-22, 24, 28, 35 and 36, 39-41, 50, 52, 53, 55-61, 65-67	March 31, 2023

Additional Information

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