



TERRY E. BRANSTAD, GOVERNOR

DEPARTMENT OF HUMAN SERVICES

CHARLES M. PALMER, DIRECTOR

June 11, 1996

GENERAL LETTER NO. 8-B-36

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

SUBJECT: Employees' Manual, Title 8, Chapter B, *Application Processing*, Title page, revised; Contents page 1, revised; and pages 1 through 24, new.

Summary

This general letter transmits the revised 8-B, *Application Processing*.

The existing chapter VIII-B, *General Eligibility Requirements*, has been reorganized and rewritten to incorporate the Department's updated manual format and writing style. Most of the information from the existing chapter has moved to other chapters. A comparison chart is provided as a reference.

Effective Date

August 1, 1996

Material Superseded

Remove all existing pages from the Employees' Manual, Title VIII, Chapter B, and destroy them.

Also obsolete interpretative memo MS-VIII-89-28, "Correct Aid Types For Pending and Approval of an Application for Medicaid When Income is Less than SSI Limits."

Additional Information

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

8-B Comparison Chart

<i>Current Section and Subsection Title</i>	<i>New Chapter</i>	<i>New Section</i>	<i>New Subsection</i>
Citizenship and Alienage	C/L	Citizenship (C), Determining Eligibility for Aliens (L)	Nonfinancial Eligibility (L)
Documentation	L	Determining Eligibility for Aliens	Nonfinancial Eligibility
Verification	L	Determining Eligibility for Aliens	Nonfinancial Eligibility
Residency	C	Residency	--
Client Over Age 21	C	Residency	Determining Residency for Persons Aged 21 or Over
Client Under Age 21	C	Residency	Determining Residency for Persons Under Age 21
Medicaid-Eligible Person Moves to Iowa	C	Residency	When a Medicaid-Eligible Person Moves to Iowa
Residing in a Public Institution	C	Residents of Institutions	Residents of Public Nonmedical Institutions
Institution Residents Eligible Due to Levings Ruling	C	Residents of Institutions	SSI-Related Eligibility Under Levings Rule
Furnishing a Social Security Number	C	Social Security Number	--
Verification of the Social Security Number	C	Social Security Number	Acting on an Error Report
Pursuing Other Case Benefits	C	Benefits From Other Sources	--
Verifying Intent to Apply	C	Benefits From Other Sources	--
Reports Indicating Possible Income or Resources	G	Changes in Household Circumstances	Acting on Changes Received Through IEVS
Verification of Benefits	E	Overview	Verification of Income
Trusts	D	Trusts	--
Use of Other Medical Resources	C	Cooperation	--
Third Party Defined	C	Cooperation	Cooperation With Third-Party Liability Unit
Reporting Medical Resources	G	Client Reporting Requirements	Reporting Changes

<i>Current Section and Subsection Title</i>	<i>New Chapter</i>	<i>New Section</i>	<i>New Subsection</i>
Establishing Availability of Group Health Insurance	C	Cooperation	Cooperation with the HIPP Unit
Accident-Related Injuries	C	Cooperation	Cooperation with Third-Party Liability Unit
Third Party Payments	C	Cooperation	Cooperation with Third-Party Liability Unit
Failure to Cooperate	C	Cooperation	Failure to Cooperate With HIPP or TPL
Good Cause for Failure to Cooperate	C	Cooperation	Failure to Cooperate With HIPP or TPL
Recipient's Responsibilities	--	--	--
Supplying Information	G	Client Reporting Requirements	Providing Information and Verification
Cooperating with Quality Control or the Food Stamp Investigation Section	C	Cooperation	Cooperation with Investigations and Quality Control
Reporting Changes	G	Client Reporting Requirements	Reporting Changes
Cooperation In Establishing Paternity and Obtaining Support	C	Cooperation With Support Recovery	--
(Subsections under this heading have been replaced with cross-references to 4-C.)			
Penalties for Failure to Cooperate	C	Cooperation With Support Recovery	Failure to Cooperate in Obtaining Support
Assignment of Support Payments	C	Assignment of Medical Support	--
Referrals to the Child Support Recovery Unit	B	Referrals to CSRU	--
Transfer of Assets	D	Transfer of Assets	--
Exempted Transfers	D	Transfer of Assets	Transfers That Do Not Cause Penalty
Compensation in Services or Support	D	Transfer of Assets	Rebuttal of Transfer of Assets
Period of Ineligibility	D	Transfer of Assets	Penalties for Transferring Assets
Continuing Eligibility	G	Automatic Redetermination	--

<i>Current Section and Subsection Title</i>	<i>New Chapter</i>	<i>New Section</i>	<i>New Subsection</i>
Death of Recipient	G	Changes in Household Circumstances	Death of a Recipient
Eligibility	G	Changes in Household Circumstances	Death of a Recipient
Estate Recovery	D	Estate Recovery	--
Long-Term Care Asset Preservation	D	SSI-Related Resource Policies	Long Term Care Asset Preservation



TERRY E. BRANSTAD, GOVERNOR

DEPARTMENT OF HUMAN SERVICES

CHARLES M. PALMER, DIRECTOR

January 7, 1997

GENERAL LETTER NO. 8-B-37

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

SUBJECT: Employees' Manual, Title 8, Chapter B, *Application Processing*, Contents (page 1), revised; pages 13, 17 and 18, revised; and pages 18a and 18b, new.

Summary

This explains changes in the SSI program's effective date of approval policies and explains how those changes effect Medicaid eligibility.

Effective Date

Upon receipt.

Material Superseded

Remove Contents (page 1), and pages 13, 17 and 18, all dated June 11, 1996, from Employees' Manual, Title 8, Chapter B, and destroy them.

Additional Information

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



February 11, 1997

GENERAL LETTER NO. 8-B-38

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

SUBJECT: Employees' Manual, Title 8, Chapter B, *Application Processing*, Contents (page 1), revised; pages 1, 3, 4, 5, 6, and 11 through 16, revised; and pages 16a, 25, 26, and 27, new.

Summary

This general letter transmits the following changes in 8-B due to changes in the rules in the Iowa Administrative Code.

- ◆ Adds a section on “representation” which identifies the two types of representation recognized by the Department for purposes of seeking Medicaid eligibility.
 - Responsible person.
 - Authorized representative.
- ◆ Defines and describes the scope of such representation.
- ◆ Clarifies the responsibilities of the applicant or recipient who has named an authorized representative.
- ◆ Adds a provision to allow an individual or organization that does not otherwise qualify as a responsible person to act as a responsible person for the incompetent, physically incapacitated, or deceased person if no one who fits the description of a responsible person can be found.
- ◆ Defines an authorization to represent and what is considered to determine the period of time the authorization covers.
- ◆ Clarifies who must sign an application before eligibility can be approved.
- ◆ Specifies that a written notice be issued when initially scheduling interviews and allows rescheduling requested by the applicant or the authorized representative to be agreed upon verbally without written confirmation.

- ◆ Specifies additional instances when a phone interview may be conducted rather than a face-to-face interview:
 - The applicant has moved out of state and can't be expected to commute to attend the interview.
 - An application is filed because rehabilitative treatment services are being provided.
- ◆ Specifies that failure to attend an interview is cause to deny an application.
- ◆ Provides that rescheduling of interviews is to be granted only when the applicant is making every effort to cooperate in attending.
- ◆ Specifies the Department's policy on faxed applications.

Effective Date

March 1, 1997

Material Superseded

Remove the following pages from Employees' Manual, Title 8, Chapter B, and destroy them:

<u>Page</u>	<u>Date</u>
Contents (page 1)	January 7, 1997
1, 3-6, 11, 12	June 11, 1996
13, 14	January 7, 1997
15, 16	June 11, 1996,

This release supersedes any previous instruction an authorized representative including Interpretive Memo MS-VIII-94-3, *Authorized Representative*, issued June 8, 1994.

Additional Information

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



TERRY E. BRANSTAD, GOVERNOR

DEPARTMENT OF HUMAN SERVICES

CHARLES M. PALMER, DIRECTOR

May 6, 1997

GENERAL LETTER NO. 8-B-39

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

SUBJECT: Employees' Manual, Title 8, Chapter B, *Application Processing*, page 8, revised.

Summary

The MA-2124 has been revised and the name changed to more accurately reflect what happens with an SSI recipient who wants Medicaid. The new name is *Medicaid Questionnaire for SSI Persons*.

Also the questions on the form have been revised based on reformatting to go along with handling through X-Pert as well as for requests from the field. Information the clients attests to is revised to make the material more understandable for the client.

The *Important Notice to Property Owners and Renters* is part of the MA-2124-0 when issued on ABC. Workers will no longer have to send these out separately to SSI clients.

Effective Date

April 28, 1997

Material Superseded

Remove page 8, dated June 11, 1996, from Employees' Manual, Title 8, Chapter B, and destroy it.

Additional Information

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



December 2, 1997

GENERAL LETTER NO. 8-B-40

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

SUBJECT: Employees' Manual, Title 8, Chapter B, *Application Processing*, Contents (page 1), revised; Contents (page 2), new; pages 1, 2, 3, 6, 11, 15, 16, 16a, 19, 20, 23, and 24, revised; and page 6a, new.

X-PERT Implementation

This general letter transmits changes for implementation of the X-PERT system, including:

- ◆ New application forms.
- ◆ Changes in the application process for households selected for the X-PERT system.
- ◆ Information on converting ongoing cases to X-PERT.

The X-PERT system will be implemented in phases until statewide conversion of FIP, food, and Medicaid cases is completed. The changes apply only to the counties where X-PERT is implemented.

Processing Applications

For cases selected for X-PERT, consider an application filed the day an applicant submits form 470-3112, *Application for Assistance Part 1* (or form 470-3122, Spanish), or form 470-2927, *Health Services Application* (or form 470-2927(S), Spanish) with a name, address and signature.

Consider the application complete when:

- ◆ The applicant has submitted a complete *Application for Assistance Part 1*, form 470-3112 (or form 470-3122, Spanish), or form 470-2927, *Health Services Application* (or form 470-2927(S), Spanish); 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-2207-0 (or form PA-2230-0, Spanish) or form 470-2927 (or form 470-2927(S), Spanish) or 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-2207-0 (or form PA-2230-0, Spanish) or form 470-2927 (or form 470-2927(S), Spanish) or 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 the application. If, during the interview, an 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 checked when initially filing *Part I*.

However, the *Health Services Application* is a valid application form only for Medicaid. So, if, during the interview, the applicant who filed a *Health Services Application* asks to apply for additional programs, provide the household with an *Application for Assistance Part I*. The applicant must complete this and file it with the county office. This will establish a separate filing date for the *Application for Assistance Part I*.

Ongoing Cases

To review cases on X-PERT and those not on X-PERT, use form PA-2140-0, *Public Assistance Eligibility Report*, or form 470-2882, *Review/Recertification Eligibility Document*, or form 470-3118, *Medically Needy Recertification/State Supplementary and Medicaid Review*, as appropriate.

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 may be affected as a result of correcting the errors.

When converting cases outside review time, you may need additional information from the recipient to complete the conversion. To obtain the information, you may require the recipient to appear for an interview. Cancel assistance if the recipient fails to appear for the interview when so requested or fails to provide the requested information. Use notice reason 406 (failure to appear for an interview) or notice reason 206 (failure to provide information) in that instance.

Separated Spouses

In a recent case, the Polk County Court District Court issued a decision which reversed the Department's final appeal decision. The appellant had applied for Medicaid. At the time of his application, the appellant was no longer living with his wife and their child.

The Department's position was that since the appellant was applying for retroactive coverage during a month when he was a member of that household, the cooperation of the appellant's wife was necessary in determining eligibility and benefits. The court disagreed and determined that the appellant had cooperated and that it was unreasonable to require the cooperation of a spouse who was no longer in the household.

Do not deny an application when the client is unable to provide verification from a spouse who is no longer in the household. Interview the client to obtain the best information available. Ask the client to provide information that would help to verify what the client is telling you about the spouse. Determine eligibility from the information provided. If the client fails to provide the requested information, deny the application.

The reference to the work transition period (WTP) has been removed.

Effective Date

The X-PERT changes are effective upon implementation in the counties.

All other changes are effective upon receipt.

Material Superseded

Remove the following pages from the Employees' Manual, Title 8, Chapter B, and destroy them:

<u>Page</u>	<u>Date</u>
Contents (page 1)	February 11, 1997
1	February 11, 1997
2	June 11, 1996
3, 6, 11, 15, 16, 16a, 19, 20, 23, 24	February 11, 1997

Additional Information

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

Continue to use form PA-2207-0, *Public Assistance Application* (or form PA-2230-0, Spanish), form 470-2927, *Health Services Application* (or form 470-2927(S), Spanish), and form PA-1107-0, *Application for Medical Assistance or State Supplementary Assistance*, for Medicaid cases not selected for X-PERT.

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



January 6, 1998

GENERAL LETTER NO. 8-B-41

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

SUBJECT: Employees' Manual, Title 8, Chapter B, *Application Processing*, Contents (page 1) revised; pages 2, 4, 8, 11, 12, 14, 16, 16a, 17 through 20, and 24, revised.

Family Medical Assistance Program (FMAP)

Before the passage of the Personal Responsibility and Work Opportunity Act of 1996 (PRWOA), people who received cash assistance under the Family Investment Program (FIP) were automatically eligible to receive Medicaid, unless they had a Medicaid qualifying trust or had transferred assets.

Due to the new five-year lifetime limit to receive cash assistance, the PRWOA removed the link between FIP and Medicaid, so that a person's eligibility for Medicaid was not dependent upon receipt of cash assistance.

The Family Medical Assistance Program (FMAP) replaces the coverage group for people who previously received Medicaid because they received FIP. Medicaid coverage groups for families and children will now be referred to as "FMAP-related" instead of "FIP-related."

Parents in a FMAP related household who worked over 100 hours no longer have to wait 30 days to become eligible. Eligibility is effective on the first day of the month when eligibility was established any time during the month.

Concurrent with the implementation of X-PERT the Department is implementing an automated process to send and track the receipt of the MA-2124 form, *Medicaid Information Questionnaire for SSI Persons*, for certain new SSI cases and to establish Medicaid eligibility when no further information is needed from the client. This process will occur whether or not you are using X-PERT for your eligibility work.

A new screen on XABC, called SDXT, has been developed for tracking the receipt of the MA-2124 form. Another new feature is that this screen will cause mainframe to send form 470-3193, *SSI Medicaid Reminder*, to the client when the receipt of the MA-2124 is not recorded on SDXT. To access SDXT after signing on to CICS, enter "XABC," then "SDXT" from the menu.

See 14-E, *SSI State Data Exchange*, for a description of the new process.

When your case is not selected for the automated process and you do not use the X-PERT process yet, IABC is available for you to record the Medicaid eligibility. Also, you can enter "V" in the retroactive Medicaid field on IABC, TD05 to send the reminder letter to your client when you have previously sent the MA-2124 and it has not been returned.

Effective Date

The automated process to send and track the MA 2124 and the use of the *SSI Reminder Notice*, will be effective when X-PERT is implemented.

Policies relating to the delinking of Medicaid from FIP cash assistance are effective retroactively to December 1, 1997.

Eliminating the 30 day wait for two-parent households is effective January 1, 1998.

Material Superseded

Remove the following pages from the Employees' Manual, Title 8, Chapter B, and destroy them:

<u>Page</u>	<u>Date</u>
Contents (page 1)	December 2, 1997
2	December 2, 1997
4	February 11, 1997
6	December 2, 1997
8	May 6, 1997
11	December 2, 1997
12, 14	February 11, 1997
16, 16a,	December 2, 1997
17, 18, 18a, 18b	January 7, 1997
20, 24	December 2, 1997

Additional Information

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



December 22, 1998

GENERAL LETTER NO. 8-B-42

ISSUED BY: Insurance Purchasing Unit, Bureau of Health Care Purchasing and Quality Management, Division of Medical Services

SUBJECT: Employees' Manual, Title 8, Chapter B, *Application Processing*, Contents (pages 1 and 2), revised; pages 1 through 5, 12, 13, 14, 23, and 24, revised; and pages 4a and 24a, new.

The Healthy And Well Kids in Iowa (HAWK-I) Program

The Balanced Budget Act of 1997 (Public Law 105-32) added a new Title XXI to the Social Security Act. Title XXI provides funding to states to create health care programs for targeted low-income, uninsured children. States can use Title XXI funding to:

- ◆ Expand existing Medicaid programs,
- ◆ Create a non-Medicaid program, or
- ◆ Take a combination approach.

In 1998, the Iowa Legislature passed House File 2517, which directs the Department to develop a combination approach for providing coverage to uninsured children. "Phase one" was a Medicaid expansion that was implemented on July 1, 1998. "Phase two" is the implementation of the Healthy And Well Kids in Iowa (HAWK-I) program, which is a non-Medicaid health insurance program for children.

The Department has contracted with Eligibility Services Incorporated (ESI) to administer the HAWK-I program. As the third-party administrator of the HAWK-I program, ESI will accept applications, screen applications for Medicaid eligibility, determine eligibility to participate in the HAWK-I program, determine if the family is required to pay a premium, and assist the family in enrolling in a health plan.

This General Letter transmits the policies and procedures to be followed when:

- ◆ A HAWK-I applicant is potentially eligible for Medicaid.
- ◆ A Medicaid applicant is potentially eligible for HAWK-I.

It was the intent of the General Assembly that families be allowed to move between the two programs as easily as possible. Additionally, families should not be required to fill out another application form in order to establish eligibility for the other program if they apply for one program and are not eligible. House File 2517 also mandated that a short application form be developed for the HAWK-I program. To meet this expectation, the Employees' Manual has been revised to specify that:

- ◆ The *Healthy and Well Kids in Iowa (HAWK-I) Application*, forms 470-3526 or 470-3591 (Spanish), is considered an application for Medicaid when the third party administrator determines that Medicaid eligibility may exist and refers the application to the county office.
- ◆ The third party administrator will send the *Medicaid Supplement to the HAWK-I Application*, forms 470-3564 or 470-3592 (Spanish), to the family at the same time the HAWK-I application is referred to the county office for a Medicaid eligibility determination. This form is a supplement to the HAWK-I application and asks additional questions needed for the Medicaid eligibility determination (i.e. resource information, absent parent information, etc.).
- ◆ Applications for both Medicaid and HAWK-I may be filed with Eligibility Services Inc. (ESI), the administrator of the HAWK-I program.
- ◆ If a HAWK-I application is filed with the county office, the application must be date-stamped and forwarded to ESI within two working days.

Effective Date

January 1, 1999

Material Superseded

Remove the following pages from the Employees' Manual, Title 8, Chapter B, and destroy them:

<u>Page</u>	<u>Date</u>
Contents (page 1)	January 6, 1998
Contents (page 2)	December 2, 1997
1	December 2, 1997
2	January 6, 1998
3	December 2, 1997
4	January 6, 1998
5	February 11, 1997
12	January 6, 1998
13	February 11, 1997
14	January 6, 1998
23	December 2, 1997
24	January 6, 1998

Additional Information

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



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

DEPARTMENT OF HUMAN SERVICES
CHARLES M. PALMER, DIRECTOR

February 9, 1999

GENERAL LETTER NO. 8-B-43

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

SUBJECT: Employees' Manual, Title 8, Chapter B, *Application Processing*, pages 7 and 15, revised.

Summary

Policy has been changed in the length of time a client has to supply information or verification. Current policy requires a client to supply information or verification within five working days. With this change clients will be required to supply information or verification within ten calendar days.

All references that state that information or verification be provided within five calendar days have been changed to ten calendar days.

Correct reference to ten calendar days for length of time a person has to apply for SSI or SSDI to read ten working days.

Effective Date

Upon receipt of this manual material.

Material Superseded

Remove the following pages from Employees' Manual, Title 8, Chapter B, and destroy them:

<u>Page</u>	<u>Date</u>
7	June 11, 1996
15	December 2, 1997

Additional Information

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



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

DEPARTMENT OF HUMAN SERVICES
JESSIE K. RASMUSSEN, DIRECTOR

June 22, 1999

GENERAL LETTER NO. 8-B-44

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

SUBJECT: Employees' Manual, Title 8, Chapter B, *Application Processing*, Contents (page 1), revised; pages 11 through 16 and 16a, revised; and pages 16b, 16c, and 16d, new.

Summary

The Seventy-Eighth Session of the Iowa General Assembly directed the Department to eliminate the face-to-face interview as a Medicaid eligibility requirement for children under age 21. In addition, it directed the Department to in no way delay the Medicaid eligibility determination of children while waiting for any adults in the eligible group to attend their required face-to-face interview.

This letter transmits changes to the section on interviews, specifying that a face-to-face interview can only be required of adults, and that failure to attend a face-to-face interview will serve as a basis for denial for only adults. Failure of adults to attend their face-to-face interview is not a basis of denial for children under age 21.

This letter also transmits changes to the processing standards section. This section is split into two subsections, one that discusses processing standards applicable to all Medicaid applications and another subsection that discusses processing standards specific to applications that include children.

Effective Date

July 1, 1999

For applications processed on or after July 1, 1999, failure to attend a face-to-face interview is not a reason to deny Medicaid to children under age 21, even if the interview was scheduled to occur before July 1, 1999.

Material Superseded

Remove the following pages from Employees' Manual, Title 8, Chapter B, and destroy them:

<u>Page</u>	<u>Date</u>
Contents (page 1)	December 22, 1998
11	January 6, 1998
12-14	December 22, 1998
15	February 9, 1999
16, 16a	January 6, 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

August 10, 1999

GENERAL LETTER NO. 8-B-45

ISSUED BY: Bureau of Health Care Purchasing and Quality Management,
Division of Medical Services

SUBJECT: Employees' Manual, Title 8, Chapter B, *Application Processing*, Contents
(page 1), revised; and pages 2, 3, 4a, 5, 6, 24, and 24a, revised.

Summary

This chapter has been revised to incorporate the new procedures that ESI will follow when referring HAWK-I applications to the Medicaid program when the applicant appears to be eligible for Medicaid.

Previously, ESI referred applications to the DHS office in the county where the applicant resided. With the elimination of the face-to-face interview requirement for children, it is now possible to process these applications elsewhere. As a result, income maintenance staff will be colocated with ESI to process HAWK-I applications that are being referred to Medicaid.

These IM workers will make the eligibility determination and then forward the information to the appropriate county office. The IM worker will assign a separate FBU to the case to identify it as a referral from the HAWK-I program. If another case for the family exists (i.e. a food stamp case), the county IM worker will merge the two cases and close the referred case record so that two monthly reports are not generated.

Information about processing X-PERT applications is removed from the chapter.

Effective Date

August 1999

Material Superseded

Remove the following pages from Employees' Manual, Title 8, Chapter B, and destroy them:

<u>Page</u>	<u>Date</u>
Contents (page 1)	June 22, 1999
2, 3, 4a, 5	December 22, 1998
6, 6a	December 2, 1997
24, 24a	December 22, 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

October 5, 1999

GENERAL LETTER NO. 8-B-46

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

SUBJECT: Employees' Manual, Title 8, Chapter B, *Application Processing* page 16,
revised.

Summary

Revisions on page 16 change policy for the day that FMAP applicants must receive the written *Notice of Decision*. When you process applications, determine eligibility as soon as possible. Issue the *Notice of Decision* no later than the 30th day following the application date. When the 30th day falls on a weekend or holiday, make system entries no later than the next working day.

Effective Date

November 1, 1999

Material Superseded

Remove page 16, dated June 22, 1999, from Employees' Manual, Title 8, Chapter B, and destroy it.

Additional Information

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



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

DEPARTMENT OF HUMAN SERVICES
JESSIE K. RASMUSSEN, DIRECTOR

November 2, 1999

GENERAL LETTER NO. 8-B-47

ISSUED BY: Insurance Purchasing Unit, Bureau of Health Care Purchasing and
Quality Management, Division of Medical Services

SUBJECT: Employees' Manual, Title 8, Chapter B, *Application Processing*, page 24a,
revised.

Summary

This General Letter transmits a change in how income is considered when determining eligibility for the HAWK-I program and removes a reference to the face-to-face interview. When considering family income to compare to the income limit, apply a 20% deduction to earned income.

Effective Date

Apply the new income guidelines to all HAWK-I applications filed on or after November 1, 1999, for coverage December 1, 1999, or later.

Material Superseded

Remove from the Employees' Manual, Title 8, Chapter G, page 24a, dated August 10, 1999, and destroy it.

Additional Information

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



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

DEPARTMENT OF HUMAN SERVICES
JESSIE K. RASMUSSEN, DIRECTOR

February 1, 2000

GENERAL LETTER NO. 8-B-48

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

SUBJECT: Employees' Manual, Title 8, Chapter B, *Application Processing*, Table of contents (page 1), revised; pages 1, 2, 3, 4, 4a, 5, 6, 13 through 16, 16a, 16b, 16c, 19 through 24, and 24a, revised; and page 4b, new.

Summary

Page 1 is revised to clarify when a separate application for Medicaid is not required.

Page 2 is revised to allow children applying for subsidized adoption to use the *Health Services Application*.

Pages 3 and 4 are revised to clarify that the HAWK-I application along with the Medicaid supplement constitutes a Medicaid application for the entire family.

Page 14 is revised to:

- ◆ Add a reference to a pamphlet describing the new coverage group for people with disabilities who are employed.
- ◆ Clarify that a voter registration form should be sent when a family moves within Iowa.

Page 15 is revised to clarify the worker's and the applicant's responsibility when third-party information is needed for eligibility purposes.

Page 19 is revised to clarify that a client may request retroactive Medicaid on the most recently approved Medicaid application, even if Medicaid eligibility for the same retroactive period was previously denied for failure to supply requested information.

Page 20 is revised to reflect the ABC system limitations on the beginning date of eligibility correctly.

Example 3 on page 23 is revised to reflect the children are eligible under CMAP once FMAP is canceled.

Page 24 is revised to remove the paragraph stating that no REFER2 entry regarding pregnancy and due date regarding pregnancy and due date is necessary for FMAP if the client is also a FIP participant.

Page 24a is revised to clarify that depreciation of capital assets is an allowable deduction from self-employment income for HAWK-I but not an allowable deduction for Medicaid.

Other pages are revised for minor language changes.

Effective Date

Upon receipt.

Material Superseded

Remove the following pages from the Employees' Manual, Title 8, Chapter G, and destroy them.

<u>Page</u>	<u>Date</u>
Contents (page 1)	August 10, 1999
1	December 22, 1998
2, 3	August 10, 1999
4	December 22, 1998
4a, 5, 6	August 10, 1999
13-15	June 22, 1999
16	October 5, 1999
16a-16c	June 22, 1999
19	January 6, 1997
20	January 6, 1998
21, 22	June 11, 1996
23	December 22, 1998
24	August 10, 1999
24a	November 2, 1999

Additional Information

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



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

DEPARTMENT OF HUMAN SERVICES
JESSIE K. RASMUSSEN, DIRECTOR

June 13, 2000

GENERAL LETTER NO. 8-B-49

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

SUBJECT: Employees' Manual, Title 8, Chapter B, *Application Processing*, Contents (page 1), revised; pages 2, 3, 4, 4a, 4b, 5, 6, 8, 9, 11, 12, 16b, 16c, 16d, 17, 21, and 24a, revised; and page 16e, new.

Summary

Pages 3 and 4 are revised to reflect that the copy of the *HAWK-I Application*, along with the *Medicaid Supplement to the HAWK-I Application*, is considered an application for the children.

Pages 11 and 12 are revised to clarify that interviews are not required for people under age 21.

Page 16b is revised that a *HAWK-I Application*, along with the *Medicaid Supplement to the HAWK-I Application*, will now be considered only an application for children.

Page 16c is revised to add an example reflecting a HAWK-I referral to Medicaid and clarify Example 2.

Page 24a is revised to change the third party administrator for HAWK-I to MAXIMUS effective June 1, 2000.

Page 24a is revised to increase the income limit for HAWK-I referrals to 200% of the federal poverty level.

Other pages are revised to correct references and form numbers.

Effective Date

June 1, 2000. MAXIMUS replaces ESI as the third party administrator of the HAWK-I program.

July 1, 2000. The income limit changes to 200% of the federal poverty level for pregnant women and infants under the MAC coverage group and for the HAWK-I program. This applies to benefits issued on or after July 1, 2000.

All other changes are effective upon receipt.

Material Superseded

Remove the following pages from Employees' Manual, Title 8, Chapter B, and destroy them:

<u>Page</u>	<u>Date</u>
Contents (p. 1)	February 1, 2000
2-4, 4a, 4b, 5, 6	February 1, 2000
8	January 6, 1998
9	June 11, 1996
11, 12	June 22, 1999
16b, 16c	February 1, 2000
16d	June 22, 1999
17	January 6, 1998
21, 24a	February 1, 2000

Additional Information

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



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

DEPARTMENT OF HUMAN SERVICES
JESSIE K. RASMUSSEN, DIRECTOR

December 5, 2000

GENERAL LETTER NO. 8-B-50

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

SUBJECT: Employees' Manual, Title 8, Chapter B, *APPLICATION PROCESSING*, pages 2, 5, 7, 11, 14, 16, 17, 22, and 23, revised; and page 22a, new.

Summary

FMAP-related programs will no longer require that a child be deprived of parental care and support to be eligible for Medicaid.

Page 5 is revised to add where the application is processed when a person is in a PMIC.

Page 11 is revised to remove references to telephone interviews for children. Page 14 is revised to remove references to a semi-annual review and the PAER.

Page 22 is revised to match FIP's section on referral to CSRU. Page 22a is revised to add when to make a referral on foster care cases.

Page 2, 5, 7, 16, and 17 are revised to update form numbers. Page 23 is revised to delete a legal reference.

Effective Date

January 1, 2001

Material Superseded

Remove the following pages from Employees' Manual, Title 8, Chapter B, and destroy them.

<u>Page</u>	<u>Date</u>
2, 5	June 13, 2000
7	February 9, 1999
11	June 13, 2000
14, 16	February 1, 2000
17	June 13, 2000
22, 23	February 1, 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

May 22, 2001

GENERAL LETTER NO. 8-B-51

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

SUBJECT: Employees' Manual, Title 8, Chapter B, *APPLICATION PROCESSING*, pages 22 and 22a, revised.

Summary

Page 22 is revised to state that IM workers will link both absent and custodial parents to the ICAR case for a child in foster care. If the ICAR referrals have not been made, the IM staff will make the necessary referral.

Page 22a is revised to remove the incorrect policy statement regarding referrals to CSRU on foster care cases, as well as clarify when a referral is made for a child in subsidized adoption who enters foster care.

Effective Date

Immediately.

Material Superseded

Remove from Employees' Manual, Title 8, Chapter B, pages 22 and 22a, both dated December 5, 2000, and destroy them.

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

June 26, 2001

GENERAL LETTER NO. 8-B-52

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

SUBJECT: Employees' Manual, Title 8, Chapter B, *APPLICATION PROCESSING*, pages 2 and 4b, revised.

Summary

Pages 2 and 4b are revised to indicate the application form to be used and where the application may be filed for a women who needs treatment for breast or cervical cancer.

Effective Date

July 1, 2001

Material Superseded

Remove the following pages from Employees' Manual, Title 8, Chapter B, and destroy them:

<u>Page</u>	<u>Date</u>
2	December 5, 2000
4b	June 13, 2000

Additional Information

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



December 18, 2001

GENERAL LETTER NO. 8-B-53

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

SUBJECT: Employees' Manual, Title 8, Chapter B, *APPLICATION PROCESSING*, Contents (page 1), revised; pages 2, 3, 4, 5, 16, 16a, and 24a, revised.

Summary

The *Health Services Application*, form 470-2927 or 470-2927(S), is revised and will be used for the following programs:

- ◆ FMAP-related Medicaid coverage groups
- ◆ Home- and community-based waiver services
- ◆ Medical facility care
- ◆ Medically Needy coverage
- ◆ SSI-related Medicaid coverage groups
- ◆ State Supplementary Assistance programs

The *Public Assistance Application*, form 470-0462 or 470-0466(S), shall be used when the person wants to apply for FIP or food stamps along with FMAP-related coverage groups or Refugee Medical Assistance.

The references to forms 470-0442, *Application for Medical Assistance or State Supplementary Assistance*; 470-3118, *Medically Needy Recertification/State Supplementary and Medicaid Review*, and 470-2779, *Foster Care Medicaid Application*, have been removed.

When reading the acronym HAWK-I, many people read the "I" as a Roman numeral one and refer to the program as "hawk-one." This has caused confusion for the public. Therefore, to facilitate name recognition and to "brand" the program, the acronym for the Healthy and Well Kids in Iowa program is being changed from HAWK-I to *hawk-i*.

Page 24a is revised to modify the referral process to *hawk-i* by allowing a referral when a family has insurance coverage.

Page 3 is revised to clarify what to do if applicants indicate they have insurance.

Page 16 is revised to amend the time when applicants must report changes from "working" days to "calendar" days. This is consistent with FIP policy.

Page 16a is revised to clarify that an eligibility decision for a child should not be held up when requesting information needed that only affects an adult's eligibility.

Effective Date

January 1, 2002

Material Superseded

Remove the following pages from Employees' Manual, Title 8, Chapter B, and destroy them:

<u>Page</u>	<u>Date</u>
Contents (page 1)	June 13, 2000
2	June 26, 2001
3, 4	June 13, 2000
5, 16	December 5, 2000
16a	February 1, 2000
24a	June 13, 2000

Additional Information

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



September 17, 2002

GENERAL LETTER NO. 8-B-54

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

SUBJECT: Employees' Manual, Title 8, Chapter B, APPLICATION PROCESSING, Contents (page 1), revised; pages 4b, 5, 6, 16e, 17, and 18, revised; and pages 4c and 16f, new.

Summary

This chapter has been revised to:

- Clarify that applications are processed at full-time offices.
Change the date of application for applications received or left at a closed office to the next day which is not a weekend or state holiday following the day that office was last open.
Clarify policy and procedures for using the redesigned Medicaid for Employed People with Disabilities (MEPD) billing system, implemented June 1, 2002. As the new billing system assigns payments of premium in a specified order, months of coverage from the positive date to the month that eligibility was approved that are not wanted by the client must be "blocked" on the billing system.

Effective Date

October 1, 2002

Material Superseded

Remove the following pages from Employees' Manual, Title 8, Chapter B, and destroy them:

Table with 2 columns: Page and Date. Rows include Contents (page 1), 4b, 5, 6, 16e, 17, and 18 with their respective dates.

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

January 21, 2003

GENERAL LETTER NO. 8-B-55

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

SUBJECT: Employees' Manual, Title 8, Chapter B, *APPLICATION PROCESSING*, page 24a, revised.

Summary

This section dealing with referrals to the *hawk-i* program has been revised to more clearly indicate when a referral is to be made and how to make the referral.

Effective Date

Upon receipt.

Material Superseded

Remove the following page from Employees' Manual, Title 8, Chapter B, and destroy it:

<u>Page</u>	<u>Date</u>
24a	December 18, 2001

Additional Information

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



STATE OF IOWA

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

DEPARTMENT OF HUMAN SERVICES
KEVIN W. CONCANNON, DIRECTOR

August 19, 2003

GENERAL LETTER NO. 8-B-56

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

SUBJECT: Employees' Manual, Title 8, Chapter B, *APPLICATION PROCESSING*, page 13, revised.

Summary

Page 13 is revised to instruct when form 470-0306 or 470-0307(Spanish), *Application for Food Stamps*, is provided to a Medicaid recipient and to update a cross-reference.

Effective Date

Upon receipt.

Material Superseded

Remove the following page from Employees' Manual, Title 8, Chapter B, and destroy it:

<u>Page</u>	<u>Date</u>
13	February 1, 2000

Additional Information

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



STATE OF IOWA

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

DEPARTMENT OF HUMAN SERVICES
KEVIN W. CONCANNON, DIRECTOR

April 27, 2004

GENERAL LETTER NO. 8-B-57

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

SUBJECT: Employees' Manual, Title 8, Chapter B, *APPLICATION PROCESSING*, page 24a, revised.

Summary

The following clarifications have been made regarding the *hawk-i* referral process:

- ◆ The reference to the hardship criteria for dropping a child's health insurance has been removed. Families paying less than 5% of their gross income toward their health insurance are no longer assessed a six-month waiting period before *hawk-i* coverage can begin.
- ◆ The instructions not to refer a child to *hawk-i* if family income (gross earnings – 20% + unearned income) exceeds 200% or if the child is a dependent of a state of Iowa employee have been removed. All children who are only conditionally eligible for Medically Needy should be referred to the *hawk-i* program for an official determination of *hawk-i* eligibility, regardless of the amount of income or parental employment, to ensure that the family's appeal rights are protected.
- ◆ The name of the form used to make referrals to the *hawk-i* program has been changed to *Referral to the hawk-i Program*. The form number, 470-3565, remains unchanged.
- ◆ Instructions regarding the documents that must accompany the *Referral to the hawk-i Program*, form 470-3565, have been revised. The referral form needs to be accompanied only by the notice of decision that contains the income calculation establishing Medicaid ineligibility under coverage groups other than Medically Needy.

Effective Date

Upon receipt.

Material Superseded

Remove 24a, dated January 21, 2003, from Employees' Manual, Title 8, Chapter B, and destroy it.

Additional Information

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



STATE OF IOWA

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

DEPARTMENT OF HUMAN SERVICES
KEVIN W. CONCANNON, DIRECTOR

January 28, 2005

GENERAL LETTER NO. 8-B-58

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

SUBJECT: Employees' Manual, Title 8, Chapter B, *APPLICATION PROCESSING*,
pages 3, 4, 4a, 4b, 5, and 6, revised.

Summary

A faxed application shall be treated as an original application. An original signature is no longer required. A *hawk-i Electronic Application Summary and Signature Page*, form 470-4016, is also acceptable as a Medicaid application.

Effective Date

February 1, 2005

Material Superseded

Remove the following pages from Employees' Manual, Title 8, Chapter B, and destroy them:

<u>Page</u>	<u>Date</u>
3, 4	December 18, 2001
4a	June 13, 2000
4b, 5, 6	September 17, 2002

Additional Information

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



January 20, 2006

GENERAL LETTER NO. 8-B-59

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

SUBJECT: Employees' Manual, Title 8, Chapter B, *APPLICATION PROCESSING*,
pages 3, 11 through 14, 16c, 16d, 20, and 24, revised.

Summary

This chapter is revised to:

- ◆ Change policy to accept a woman's statement that she is pregnant as verification of the pregnancy.
- ◆ Change all references from "Food Stamps" to "Food Assistance."
- ◆ Add Comm. 209, *Information About Your Privacy Rights*, to the list of information to be given to applicants or anyone inquiring about the Medicaid program.
- ◆ Update the names and the numbers of forms and pamphlets to reflect the current versions.
- ◆ Correct a cross-reference and update an organizational name.

Effective Date

February 1, 2006

Material Superseded

Remove the following pages from Employees' Manual, Title 8, Chapter B, and destroy them:

<u>Page</u>	<u>Date</u>
3	January 28, 2005
11	December 5, 2000
12	June 13, 2000
13	August 19, 2003
14	December 5, 2000
16c, 16d	June 13, 2000
20, 24	February 1, 2000

Additional Information

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



STATE OF IOWA

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

DEPARTMENT OF HUMAN SERVICES
KEVIN W. CONCANNON, DIRECTOR

February 3, 2006

GENERAL LETTER NO. 8-B-60

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

SUBJECT: Employees' Manual, Title 8, Chapter B, *APPLICATION PROCESSING*,
pages 2, 3, 4b, 4c, 11, 12, 13, 17, 18, 22a, 24a, and 27, revised.

Summary

This chapter is revised to:

- ◆ Incorporate the procedures for a woman applying for the Iowa Family Planning Network (IFPN).
- ◆ Remove a reference to MEV forms.

Effective Date

February 1, 2006

Material Superseded

Remove the following pages from Employees' Manual, Title 8, Chapter B, and destroy them:

<u>Page</u>	<u>Date</u>
2	December 18, 2001
3	January 20, 2006
4b	January 28, 2005
4c	September 17, 2002
11-13	January 20, 2006
17, 18	September 17, 2002
22a	May 22, 2001
24a	April 27, 2004
27	February 11, 1997

Additional Information

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



STATE OF IOWA

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

DEPARTMENT OF HUMAN SERVICES
KEVIN W. CONCANNON, DIRECTOR

January 19, 2007

GENERAL LETTER NO. 8-B-61

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

SUBJECT: Employees' Manual, Title 8, Chapter B, *APPLICATION PROCESSING*,
pages 10, 13, and 14, revised; and page 10a, new.

Summary

This chapter is revised to:

- ◆ Clarify the steps to follow when processing a Medicaid application when there is a current Social Security disability application.
- ◆ Change instructions for the income maintenance worker to now hand out the combined English and Spanish version of Comm. 255 and Comm. 255(S), "Important information about the HIPP Program," instead of Comm. 91, The Health Insurance Premium Payment (HIPP) Program for Iowa Medicaid Recipients."
- ◆ Change some form names to reflect current version.

Effective Date

Upon receipt.

Material Superseded

Remove the following pages from Employees' Manual, Title 8, Chapter B, and destroy them:

<u>Page</u>	<u>Date</u>
10	June 11, 1996
13	February 3, 2006
14	January 20, 2006

Additional Information

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



July 27, 2007

GENERAL LETTER NO. 8-B-62

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

SUBJECT: Employees' Manual, Title 8, Chapter B, **APPLICATION PROCESSING**,
Contents (page 1), revised; pages 1, 4, 10a, 11 through 16, 16a through 16d, and
27, revised.

Summary

This chapter is revised to:

- ◆ Eliminate the requirement for an interview for all coverage groups. Interviews may be requested when needed to clarify information needed to determine eligibility. Required pamphlets and information must still be given to clients.
- ◆ Add language to clarify some examples.
- ◆ Update form names and numbers.

Effective Date

August 1, 2007

Material Superseded

Remove the following pages from Employees' Manual, Title 8, Chapter B, and destroy them:

<u>Page</u>	<u>Date</u>
Contents (page 1)	September 17, 2002
1	February 1, 2000
4	January 28, 2005
10a	January 19, 2007
11, 12	February 3, 2006
13, 14	January 19, 2007
15	February 1, 2000
16, 16a	December 18, 2001
16b	June 13, 2000
16c, 16d	January 20, 2006
27	February 2, 2006

Additional Information

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



February 1, 2008

GENERAL LETTER NO. 8-B-63

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

SUBJECT: Employees' Manual, Title 8, Chapter B, **APPLICATION PROCESSING**,
Contents (pages 1 and 2), revised; pages 3, 7 through 10, 10a, 13, 21, 22, 25, 26,
and 27, revised; and page 28, new.

Summary

This chapter is revised to:

- ◆ Add Comm. 258 and Comm. 258(S), *Verifying Citizenship and Identity*, to the list given to all persons applying for Medicaid.
- ◆ Change names of the following forms:
 - 470-2304 and 470-0364 from *Medicaid Information Questionnaire for SSI Persons* to *SSI Medicaid Information*. Reference to the Spanish versions, 470-2304(S) and 470-0364(S), has also been added to the text. Since the forms have been revised, there are text changes on references to form page numbers and processing instructions for manually issuing the form.
 - 470-0363 from *Certification by SSA District Office to County Department of Social Services Re Eligibility of SSI Applicant* to *Certification of Eligibility of SSI Applicant*.
- ◆ Note under the use of form 470-2304 and 470-0364 that Comm. 121, *Important Notice to Property Owners and Renters*, is attached.
- ◆ Simplify the example letter for retroactive months and intervening months.
- ◆ Update references from “Medicaid recipient” to “Medicaid member.”

Effective Date

January 1, 2008

Material Superseded

Remove the following pages from Employees' Manual, Title 8, Chapter B, and destroy them.

<u>Page</u>	<u>Date</u>
Contents (p.1)	July 27, 2007
Contents (p.2)	December 22, 1998

3	February 3, 2006
7	December 5, 2000
8, 9	July 13, 2000
10	January 19, 2007
10a, 13, 14	July 27, 2007
21	July 13, 2000
22	May 22, 2001
24a	February 3, 2006
25, 26	February 11, 1997
27	July 27, 2007

Additional Information

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



STATE OF IOWA

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

DEPARTMENT OF HUMAN SERVICES
EUGENE I. GESSOW, DIRECTOR

October 17, 2008

GENERAL LETTER NO. 8-B-64

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

SUBJECT: Employees' Manual, Title 8, Chapter B, *APPLICATION PROCESSING*,
pages 4a, 4b, 4c, 5 and 6, revised.

Summary

This chapter is revised to:

- ◆ Specify that when both parents or a parent and stepparent are in the home, either may sign the application.
- ◆ Specify that an application may be submitted electronically.

Effective Date

November 1, 2008

Material Superseded

Remove the following pages from Employees' Manual, Title 8, Chapter B, and destroy them.

<u>Page</u>	<u>Date</u>
4a	January 28, 2005
4b, 4c	February 3, 2006
5, 6	January 28, 2005

Additional Information

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



February 13, 2009

GENERAL LETTER NO. 8-B-65

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

SUBJECT: Employees' Manual, Title 8, Chapter B, **APPLICATION PROCESSING**,
Contents (page 1), revised; pages 3, 4, 4a, 4b, 10, 10a, 17, and 18, revised.

Summary

This chapter is revised to:

- ◆ Clarify that the *Health and Financial Support Application* may be used for all Medicaid coverage groups, including State Supplementary Assistance.
- ◆ Reference Chapter 8-O, **IOWACARE**, for applications that may be used for IowaCare.
- ◆ Clarify “Restricting Months of Beginning Eligibility for MEPD” to state that an applicant may choose between MEPD and Medically Needy for “back months” before the date the MEPD approval was entered on the Automated Benefit Calculation system.
- ◆ Delete the requirement to contact the Disability Determination Services claim examiner to track a disability referral.
- ◆ Clarify that there is not any retroactive eligibility for qualified Medicare beneficiary coverage and that IowaCare has only one month of retroactive eligibility.

Effective Date

Upon receipt.

Material Superseded

Remove the following pages from Employees' Manual, Title 8, Chapter B, and destroy them.

<u>Page</u>	<u>Date</u>
Contents (page 1)	February 1, 2008
3	February 1, 2008
4	July 27, 2007
4a, 4b	October 17, 2008
10, 10a	February 1, 2008
17, 18	February 3, 2006

Additional Information

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



STATE OF IOWA

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

DEPARTMENT OF HUMAN SERVICES
EUGENE I. GESSOW, DIRECTOR

April 3, 2009

GENERAL LETTER NO. 8-B-66

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

SUBJECT: Employees' Manual, Title 8, Chapter B, *APPLICATION PROCESSING*,
pages 15 and 16, revised.

Summary

This chapter is revised to clarify that an applicant who provides a signed release to a specific individual or organization for specific information has met the requirements for supplying requested information or verification.

Effective Date

Upon receipt.

Material Superseded

Remove the following pages from Employees' Manual, Title 8, Chapter B, and destroy them:

<u>Page</u>	<u>Date</u>
15, 16	July 27, 2007

Additional Information

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



STATE OF IOWA

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

DEPARTMENT OF HUMAN SERVICES
CHARLES J. KROGMEIER, DIRECTOR

October 9, 2009

GENERAL LETTER NO. 8-B-67

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

SUBJECT: Employees' Manual, Title 8, Chapter B, **APPLICATION PROCESSING**,
Title (page), revised; Contents (page 1), revised; pages 1 through 28,
revised; and pages 29 through 41, new.

Summary

This chapter is revised to:

- ◆ Clarify procedures for processing *hawk-i* applications when there may be eligibility for Medicaid.
- ◆ Update the list of clinics that process eligibility for the Iowa Family Planning Network coverage group.
- ◆ Update references to form 470-2826, *Supplemental Insurance Questionnaire*, to the new name of *Insurance Questionnaire*.
- ◆ Re-format the sections "Concurrent Medicaid and Social Security Disability Determination," "Establishing Beginning Months of Eligibility for MEPD," and "Authorized Representative," to use policy, procedure, and comment headings.
- ◆ Clarify that voter registration forms need to be mailed out when the applicant is not interviewed face to face.
- ◆ Clarify procedures for determining eligibility for the retroactive period.
- ◆ Add information under the section, "Authorized Representative," about sending *MEPD Billing Statements* to authorized representatives.

Effective Date

Upon receipt.



STATE OF IOWA

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

DEPARTMENT OF HUMAN SERVICES
CHARLES J. KROGMEIER, DIRECTOR

January 8, 2010

GENERAL LETTER NO. 8-B-68

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

SUBJECT: Employees' Manual, Title 8, Chapter B, **APPLICATION PROCESSING**, Contents (page 1), revised; page 14, revised; and pages 14a, 14b, and 14c, new.

Summary

Medicare beneficiaries may now apply for Medicare Savings Programs at the same time they apply for *Extra Help with Medicare Prescription Drug Plan Costs* through the Social Security Administration (SSA). Medicare Savings Programs (MSP) include qualified Medicare beneficiaries (QMB), specified low-income beneficiaries (SLMB), expanded specified low-income beneficiaries (E-SLMB), and qualified disabled working persons (QDWP).

After SSA determines eligibility for Extra Help, SSA electronically sends the data from the application to the Department, regardless of whether the application was approved for Extra Help. Data received from SSA shall be treated as a signed application for MSP. The date SSA received the application is also the date of the MSP application when establishing the effective date of eligibility.

The date the Department receives the data from SSA starts the 30-day period for processing the MSP application. Central Office will send form 470-4846, *Medicare Savings Programs Additional Information Request*, to the applicant to confirm that the data provided by SSA is correct and to ask the additional questions needed to determine eligibility for MSP.

The applicant will be given 10 calendar days to return the form. If the form is not returned, a notice of denial will automatically be system-generated.

Effective Date

January 1, 2010

Material Superseded

This material replaces the following pages from Employees' Manual, Title 8, Chapter B:

<u>Page</u>	<u>Date</u>
Contents (p. 1)	October 9, 2009
14	October 9, 2009

Additional Information

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



STATE OF IOWA

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

DEPARTMENT OF HUMAN SERVICES
CHARLES J. KROGMEIER, DIRECTOR

March 26, 2010

GENERAL LETTER NO. 8-B-69

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

SUBJECT: Employees' Manual, Title 8, Chapter B, **APPLICATION PROCESSING**,
Contents (page 1), revised; Contents (page 2), new; pages 13, 14, 20
and 21, revised; and pages 20a through 20d, new.

Summary

This chapter is revised to:

- ◆ Add instructions on how to treat returned mail and that moving within Iowa is not required to be reported.
- ◆ Add the new policy on the 14-day grace period.

Effective Date

March 1, 2010

Material Superseded

This material replaces the following pages from Employees' Manual, Title 8, Chapter B:

<u>Page</u>	<u>Date</u>
Contents (page 1)	January 8, 2010
13, 14, 20, 21	October 9, 2009

Additional Information

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



STATE OF IOWA

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

DEPARTMENT OF HUMAN SERVICES
CHARLES J. KROGMEIER, DIRECTOR

April 9, 2010

GENERAL LETTER NO. 8-B-70

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

SUBJECT: Employees' Manual, Title 8, Chapter B, **APPLICATION PROCESSING**,
page 20c, revised.

Summary

This chapter is revised to correct the procedure when partial information is provided under "Grace Period Following the Denial of an Application."

Effective Date

March 1, 2010.

Material Superseded

This material replaces Employees' Manual, Title 8, Chapter B, page 20c, dated March 26, 2010.

Additional Information

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



STATE OF IOWA

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

DEPARTMENT OF HUMAN SERVICES
CHARLES J. KROGMEIER, DIRECTOR

September 17, 2010

GENERAL LETTER NO. 8-B-71

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

SUBJECT: Employees' Manual, Title 8, Chapter B, **APPLICATION PROCESSING**,
Contents (page 1), revised; pages 1, 2, 3, 7, 10, 11, 20b, 24, 25, 26,
29, 30, 33 through 36, and 38, revised.

Summary

Chapter 8-B is revised to:

- ◆ Add references to express-lane eligibility under "Filing a Medical Application," "Effective Date of Eligibility," and "Determining Eligibility for the Retroactive Period."
- ◆ Add an exception to the time limit for approving or denying the retroactive portion of a Medicaid application. This change is being made because of a related change to the definition of "reasonable opportunity period" for verifying citizenship made in Chapter 8-C, **NONFINANCIAL ELIGIBILITY**.
- ◆ Clarify the assignment of medical support to the Department that is mandated by Iowa Code section 249A.6. The applications have been changed to reflect that this assignment is a requirement of Medicaid eligibility.
- ◆ Update the list of family planning agencies.
- ◆ Update the list of coverage that does not offer retroactive eligibility to include HCBS waivers and PACE.
- ◆ Update **hawk-i** program address and fax number.
- ◆ Correct form names and numbers.

Effective Date

June 1, 2010

Material Superseded

This material replaces the following pages from Employees' Manual, Title 8, Chapter B:

<u>Page</u>	<u>Date</u>
Contents (page 1)	March 26, 2010
1-3, 7, 10, 11	October 9, 2009
20b	March 26, 2010
24-26, 29, 30, 33-36, 38	October 9, 2009

Additional Information

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



Iowa Department of Human Services

Terry E. Branstad
Governor

Kim Reynolds
Lt. Governor

Charles M. Palmer
Director

October 7, 2011

GENERAL LETTER NO. 8-B-72

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

SUBJECT: Employees' Manual, Title 8, Chapter B, **APPLICATION PROCESSING**,
Title page, revised; Contents (pages 1 and 2), revised; pages 5, 8, 19,
20b, and 33 through 41, revised; and pages 42 and 43, new.

Summary

Chapter 8-B is revised to:

- ◆ Clarify that if an authorized representative files an application on behalf of a client, the client or a responsible person acting on behalf of the client must also sign the application before eligibility may be approved.
- ◆ Remove instructions for recording applications received in 470-0554, *Application Register*. This form is no longer used.
- ◆ Change policy and procedures for child support referrals due to changes in the Iowa Administrative Code. Child support referrals are no longer required for fathers in the home when paternity has not been established.
- ◆ Give the current procedures for making **hawk-i** referrals via the ABC system.
- ◆ Update legal references.

Effective Date

Upon receipt.

Material Superseded

This material replaces the following pages from Employees' Manual, Title 8, Chapter B:

<u>Page</u>	<u>Date</u>
Title page	October 9, 2009
Contents (page 1)	September 17, 2010
Contents (page 2)	March 26, 2010
5, 8, 19	October 9, 2009
20b, 33-36	September 17, 2010
37	October 9, 2009
38	September 17, 2010
39-41	October 9, 2009

Additional Information

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



Iowa Department of Human Services

Terry E. Branstad
Governor

Kim Reynolds
Lt. Governor

Charles M. Palmer
Director

July 20, 2012

GENERAL LETTER NO. 8-B-73

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

SUBJECT: Employees' Manual, Title 8, Chapter B, **APPLICATION PROCESSING**,
Contents (page 1), revised; pages 15, 20a through 20d, 21 through 24,
and 39, revised; and page 20e, new.

Summary

Chapter 8-B is revised to:

- ◆ Provide standard procedures for processing IowaCare eligibility from a Medicaid application.
- ◆ Change policy that required interviews to be scheduled in writing. Interviews may now be scheduled verbally.
- ◆ Correct a legal reference for Grace Period.

Effective Date

Upon receipt.

Material Superseded

This material replaces the following pages from Employees' Manual, Title 8, Chapter B:

<u>Page</u>	<u>Date</u>
Contents (page 1)	October 7, 2011
15	October 9, 2009
20a	March 26, 2010
20b	October 7, 2011
20c	April 9, 2010
20d, 21	March 26, 2010
22, 23	October 9, 2009
24	September 17, 2010
39	October 7, 2011

Additional Information

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

April 19, 2019

GENERAL LETTER NO. 8-B-74

ISSUED BY: Iowa Medicaid Enterprise

SUBJECT: Employees' Manual, Title 8, Chapter B, **Medicaid Application Processing**, Title page, revised; Contents (page 1), revised; and pages 14b, 14c, 21 through 24, 26, 29, 31, and 32, revised.

Summary

Chapter 8-B is revised to update retroactive eligibility language to reference the change in the definition of "retroactive period" listed in 8-A, Administration.

Effective Date

July 1, 2018

Material Superseded

This material replaces the following pages from Employees' Manual, Title 8, Chapter B:

<u>Page</u>	<u>Date</u>
Title page	October 7, 2011
Contents (page 1)	July 20, 2012
14b, 14c	January 8, 2010
20d, 20e, 21-24	July 20, 2012
26, 29	September 17, 2010
31, 32	October 9, 2009

Additional Information

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

December 18, 2020

GENERAL LETTER NO. 8-B-75

ISSUED BY: Iowa Medicaid Enterprise

SUBJECT: Employees' Manual, Title 8, Chapter B, ***Application Processing***, Contents page 1, revised; Contents page 2, removed; pages 1-3, 4, 5, 6, 7, 8, 9, 10 and 11, 12, 13 and 14, revised; 14a, removed; 14b and 14c, removed; 15, 16-18, 19, 20, revised; 20a-20c, removed; 21-24, 25, 26, 27 and 28, 29, 30, 31 and 32, 33-36, revised; 37-38, 39, and 40-43, removed.

Summary

Chapter 8-B is revised to:

- ◆ Update the manual to use correct language and definitions as provided in rules based on changes with the Affordable Care Act (ACA).
- ◆ Update legal references and form names.
- ◆ Revise manual to bring policy and procedures up-to-date.
- ◆ Remove references to the Hawki referral process.

Effective Date

Immediately.

Material Superseded

<u>Page</u>	<u>Date</u>
Contents page 1	April 19, 2019
Contents page 2	October 07, 2011
Pages 1-3	September 17, 2010
Page 4	October 09, 2009
Page 5	October 07, 2011
Page 6	October 09, 2009
Page 7	September 17, 2010
Page 8	October 07, 2011
Page 9	October 09, 2009
Pages 10, 11	September 17, 2010
Page 12	October 09, 2009
Pages 13, 14	March 26, 2010
Page 14a	January 08, 2010
Pages 14b, 14c	April 19, 2019
Page 15	July 20, 2012
Pages 16 – 18	October 09, 2009

Page 19	October 07, 2011
Page 20	March 26, 2010
Page 20a – 20c	July 20, 2012
Pages 21 – 24	April 19, 2019
Page 25	September 17, 2010
Page 26	April 19, 2019
Pages 27, 28	October 09, 2009
Page 29	April 19, 2019
Page 30	September 17, 2010
Pages 31, 32	April 19, 2019
Pages 33 – 38	October 07, 2011
Page 39	July 20, 2011
Page 40 – 43	October 07, 2011

Additional Information

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