



DEPARTMENT OF HUMAN SERVICES

TERRY E. BRANSTAD, GOVERNOR

CHARLES M. PALMER, DIRECTOR

June 18, 1996

GENERAL LETTER NO. 8-C-41

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

SUBJECT: Employees' Manual, Title 8, Chapter C, *Nonfinancial Eligibility*, Title page, revised; Contents, pages 1 and 2, revised; and page 3, new; and pages 1 through 68, new.

Summary

This general letter transmits the revised 8-C, *Nonfinancial Eligibility*.

The existing chapter VIII-C, *FIP-Related Coverage Groups*, has been rewritten and incorporated into other chapters. A comparison chart is provided as a reference.

There is no new policy information in 8-C.

Effective Date

August 1, 1996

Material Superseded

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

Also obsolete the following interpretative memos:

- ◆ MS-IV-90-1, "Establishing Residency for Medicaid, ADC, and Food Stamps for Persons Who Enter Iowa for the Purpose of Employment"
- ◆ MS-VIII-93-2, "Newborns Considered in Household Size"
- ◆ MS-VIII-92-14, "Cooperation with CSRU, HIPP, and TPL"
- ◆ MS-VIII-92-9, "Facility Questions Concerning Out-of-State Placement"
- ◆ MS-VIII-90-4, "Medicaid Eligibility for Children of Non-Resident Mothers, Who Are Born in Iowa and Subsequently Place for Adoption in Another State"
- ◆ MS-VIII-87-4, "Establishing the date of conception for pregnant women"
- ◆ EA-IV-89-4, "Verification of Newborns' Social Security Numbers through the Infant Enumeration Process"

Additional Information

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

8-C Comparison Chart

<i>Current Section and Subsection Title</i>	<i>New Chapter</i>	<i>New Section</i>	<i>New Subsection</i>
General Factors of Eligibility	F	FIP-Related Coverage Groups	--
Choice of Coverage Groups	F	FIP-Related Coverage Groups	--
Application Required	G	Additional FIP-Related Case Maintenance	Adding a New Member to an Existing FIP-Related Case
Automatic Redetermination	G	Automatic Redetermination	--
Interviews	B	Interviews	--
Applicant's Responsibility to Report Changes	B	Processing Standards	--
Review and Monthly Reporting	G	Additional FIP-related Case Maintenance	Monthly Reporting/The Eligibility Review
Household Size	C	Nonfinancial FIP-Related Eligibility	Eligible Group
Verification of Pregnancy	C	Nonfinancial FIP-Related Eligibility	Verification of Pregnancy
Cooperation in Establishing Paternity and Obtaining Support	C	Cooperation	Cooperation With Support Recovery
Resources	D	FIP-Related Resource Policies	--
Income	E	Income Policies for FIP-Related Coverage Groups	--
Date of Decision	B	Processing Standards	--
Effective Date of Change	G	Client Reporting Requirements	Reporting Changes
Categories of Eligibility	--	--	--
FIP Participants	F	FIP-Related Coverage Groups	--
Deemed FIP Participants	F	FIP-Related Coverage Groups	Deemed FIP Participants
Persons Ineligible for FIP Due to Filing Unit	F	FIP-Related Coverage Groups	People Who Are Ineligible for FIP
Family Medical Assistance Program	F	FIP-Related Coverage Groups	Family Medical Assistance Program
Persons Eligible for FIP Except for 1972 Social Security Increase	F	FIP-Related Coverage Groups	People Who Are Ineligible for FIP
Persons Eligible for FIP if Not in a Medical Institution	F	FIP-Related Coverage Groups	People Who Are Ineligible for FIP

<i>Current Section and Subsection Title</i>	<i>New Chapter</i>	<i>New Section</i>	<i>New Subsection</i>
Persons in a Medical Institution Eligible Under a Special Income Standard	F	FIP-Related Coverage Groups	People in a Medical Institution Under 300% Income Limit
Extended Medicaid Due to Receipt of Support	F	FIP-Related Coverage Groups	People Who Are Ineligible for FIP
Transitional Medicaid	F	FIP-Related Coverage Groups	Transitional Medicaid
Child Medical Assistance Program	F	FIP-Related Coverage Groups	Child Medical Assistance Program
Foster Care	F	FIP-Related Coverage Groups	Foster Care Recipients
Subsidized Adoption	F	FIP-Related Coverage Groups	Adoption Subsidy Recipients
Continuous Eligibility for Pregnant Women	F	Pregnant or Postpartum Women and Newborns	Continuous Eligibility for Pregnant and Postpartum Women
Postpartum Eligibility	F	Pregnant or Postpartum Women and Newborns	Continuous Eligibility for Pregnant and Postpartum Women
Newborn Child of Medicaid-Eligible Mothers	F	Pregnant or Postpartum Women and Newborns	Newborn Children of Medicaid-Eligible Mothers
Mothers and Children	F	FIP-Related Coverage Groups	Mothers and Children Program
Medically Needy	--	--	--

October 8, 1996

GENERAL LETTER NO. 8-C-42

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

SUBJECT: Employees' Manual, Title 8, Chapter C, *Nonfinancial Eligibility*, Contents (page 2), revised; pages 39 and 63 through 65, revised; and page 62a, new.

Summary

A minor parent and the dependent child in the minor parent's care are not required to live with the minor parent's adult parent or legal guardian to receive Medicaid.

This general letter also transmits new instructions for how to handle an order for additional medical tests written by an administrative law judge during a disability appeal. The Bureau of Disability Determination Services (DDS) within the Division of Vocational Rehabilitation Services is responsible for obtaining any ordered tests.

Also attached is a section relating to situations in which a recipient has been approved for Medicaid or State Supplementary Assistance based on the Department's determination, but Social Security later denies the recipient as not disabled. This is information from 5-B that was inadvertently not included in the rewrite of Title 8. This is not new policy.

Effective Date

Upon receipt.

Material Superseded

Remove from Title 8, Chapter C, Contents (page 2) and pages 39 and 63 through 65, all dated June 18, 1996, and destroy them.

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

December 3, 1996

GENERAL LETTER NO. 8-C-43

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

SUBJECT: Employees' Manual, Title 8, Chapter C, *Nonfinancial Eligibility*, page 45, revised.

Summary

When a woman's eligibility is dependent upon pregnancy, an advanced registered nurse practitioner who is a certified nurse midwife may verify the pregnancy, the number of fetuses and the date of conception.

Effective Date

January 1, 1997

Material Superseded

Remove from the Employees' Manual, Title 8, Chapter C, page 45, dated June 18, 1996, and destroy it.

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

March 4, 1997

GENERAL LETTER NO. 8-C-44

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

SUBJECT: Employees' Manual, Title 8, Chapter C, *Nonfinancial Eligibility*, Contents (pages 1, 2, and 3), revised; pages 1, 2, 3, and 63, revised; and page 2a, new.

Summary

The section on benefits from other sources has been revised to identify two categories: one for income benefits and one for medical benefits. A legal citation has been changed on page 63.

Effective Date

Upon receipt.

Material Superseded

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

<u>Page</u>	<u>Date</u>
Manual letter 8-C-27	October 8, 1996
Contents (page 1)	June 18, 1996
Contents (page 2)	October 8, 1996
Contents (page 3)	June 18, 1996
1, 2, and 3	June 18, 1996
63	October 8, 1996

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

April 15, 1997

GENERAL LETTER NO. 8-C-45

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

SUBJECT: Employees' Manual, Title 8, Chapter C, *Nonfinancial Eligibility*, Contents (page 1), revised, and pages 2a, 3, 4, 48, and 49, revised.

Summary

Revisions have been made to Chapter C to reflect the change in citizenship and alien requirements and in the definition of a child's disability due to the Personal Responsibility and Work Opportunity Act of 1996, P.L 104-193.

Effective Date

Upon receipt.

Material Superseded

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

<u>Page</u>	<u>Date</u>
Contents (page 1)	March 4, 1997
2a, 3	March 4, 1997
4, 48, 49	June 18, 1996

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

August 19, 1997

GENERAL LETTER NO. 8-C-46

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

SUBJECT: Employees' Manual, Title 8, Chapter C, *Nonfinancial Eligibility*, Contents (page 3), revised; pages 63 through 68 revised; and pages 69 through 71, new.

Summary

P.L. 104-193 requires that a child's disability be reviewed when the child turns 18. (This includes children who are disabled due to blindness.) Disability must be redetermined using adult criteria. This letter incorporates this change for disability reviews and provides further clarification about when the Department is required to have disability reviewed.

This change became effective August 22, 1996. Therefore, all children who have turned 18 on or after August 22, 1996, whose disability review is the responsibility of the Department's need to have disability evaluated under adult criteria.

Instructions

Review SSI-related cases to identify those children who:

- ◆ Have turned age 18 on or after August 22, 1996, and
- ◆ Whose disability needs to be reviewed by the Department

This includes:

- ◆ Children whose disability was determined by the Department.
- ◆ Children whose disability was determined by Social Security for SSI, and who subsequently lost SSI eligibility for a nondisability reason but remained Medicaid-eligible based on disability.

A printout, entitled *Children Age 18, May Need Disability Reviewed*, will be sent to the field to assist in identifying those cases needing review at this time. Send those cases needing a review to DDS following the procedures in this chapter under **Disability Reviews**.

Submit cases identified for review to DDS by September 12. On the *Disability Transmittal*, form 470-2472 in the comments section, specify that this is a review due to a child turning age 18.

A system change has been requested so that in the future, a message will be sent to the worker before a child turns 18.

Effective Date

Upon receipt.

Material Superseded

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

<u>Page</u>	<u>Date</u>
Contents (page 3)	March 4, 1997
62a	October 8, 1996
63	March 4, 1997
64, 65	October 8, 1996
66, 67, 68	June 18, 1996

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

January 6, 1998

GENERAL LETTER NO. 8-C-47

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

SUBJECT: Employees' Manual, Title 8, Chapter C, *Nonfinancial Eligibility*, Contents pages (1 through 3) revised; (Contents page 4), new; pages 1 through 71 revised; and pages 72 through 118, new.

Summary

Since Title XIX was added to the Social Security Act in 1965, families who were eligible for cash assistance under the Family Investment Program (FIP) were automatically eligible to receive Medicaid with a few exceptions. Policies governing the FIP cash program were the basis of eligibility for Medicaid expansions in later years as more coverage groups were created to provide Medicaid to families, pregnant women, and children. These programs came to be known as "FIP-related" coverage groups.

However, when Congress passed the Personal Responsibility and Work Opportunity Act of 1996 P.L. 104-193, there was concern that with all the new flexibility states were being given to administer their FIP cash programs and the five-year lifetime limit on receiving cash assistance, if the link between Medicaid and FIP remained, people would lose Medicaid eligibility and become uninsured. As a result, Congress "delinked" Medicaid from FIP and the term "FIP-related Medicaid" no longer applies.

The intent of "delinking" Medicaid from FIP is to preserve Medicaid eligibility, regardless of changes made in FIP, by "freezing" the Medicaid eligibility policies that were in place as of July 16, 1996. Although the P.L. 104-193 mandates states to maintain the policies that were in place as of July 16, 1996, states do have some latitude as to which July 16, 1996, policies they use. For example, if a state had waivers in place, the state can choose to keep some or all of the waiver policies for Medicaid. Additionally, the state can choose to adopt income and resource policies that are more liberal than the policies that were in place on July 16, 1996.

The Family Medical Assistance Program (FMAP) has been designated as the coverage group under which families (both adults and children) that meet the FIP eligibility criteria in place on July 16, 1996, will receive Medicaid. Since Medicaid eligibility must be determined independently of FIP, the administrative rules and Employees' Manual have been amended so that Medicaid policy can "stand alone." This chapter has been revised to incorporate the applicable nonfinancial policies of FIP into the chapter and references to "FIP-related" are now "FMAP-related."

Cross references to Chapters 8-D, **Resources**, and 8-E, **Income**, have been added to the chapter. However, continue to follow FIP-related policy in Title 4, in addition to current Medicaid policy as appropriate until such time as the FIP income and resource policies are incorporated into Title 8, Employees' Manual.

Also, various sections applying to disability have been revised to incorporate into the manual the provisions of P.L. 104-193 and the Balanced Budget Act of 1997 (BBA), P.L. 105-33.

PL 104-193 revised childhood disability criteria and required that certain children have their disability reevaluated. As a result of these reevaluations, some children lost SSI eligibility and SSI-related Medicaid. The BBA of 1997 provided that children who lost SSI benefits would continue to be eligible for Medicaid as long as they continued to meet the non-medical SSI eligibility criteria. Revisions have been made as follows:

- ◆ Presence of Age, Blindness or Disability: A note has been added to indicate that some people do not have to meet current Social Security disability criteria due to BBA, 1997.
- ◆ Determination of Disability: Exceptions have been added to denote that there are some instances where Medicaid uses disability criteria different from that used by the Social Security Administration to establish childhood disability.
- ◆ Disability Reviews: A new section for reviews has been added. The BBA of 1997 provides that all persons receiving SSI benefits as of August 22, 1996, who are later canceled due to the revised childhood disability criteria under PL 104-193 are eligible to receive Medicaid as long as they continue to meet non-medical SSI eligibility criteria.

This includes both those whose disability was reevaluated due to the revised criteria and those who lose benefits due to a continuing disability review. Therefore, when a child is canceled from SSI as no longer disabled due to a continuing disability review, by the Social Security Administration, RLTS disability must review under the more liberal standards in place before the enactment of PL 104-193.

When you receive an SDX showing SSI cancellation because the person was determined no longer disabled, have disability looked at again to determine if the person would meet disability standards in place before PL 104-193.

Additionally, please note that you will need to track on children turning age 18 that need a Department review of disability under adult criteria. The system will not notify you of the age change.

Effective Date

Policies regarding the delinking of Medicaid from FIP are effective December 1, 1997. All other policies are effective upon receipt of the manual material.

Material Superseded

Remove the entire Employees' Manual, Title 8, Chapter C, and destroy it. This includes:

<u>Page</u>	<u>Date</u>
Title page	June 18, 1996
Manual letter 8-C-29	May 13, 1997
Manual letter 3-C-30	July 1, 1997
Contents (page 1)	April 15, 1997
Contents (page 2)	March 4, 1997
Contents (page 3)	August 19, 1997
1 through 71	varying dates

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

June 16, 1998

GENERAL LETTER NO. 8-C-48

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

SUBJECT: Employees' Manual, Title 8, Chapter C, *Nonfinancial Eligibility*, page 50, revised.

Summary

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 the Title XXI funding to (1) expand existing Medicaid programs, (2) create a non-Medicaid child health care program, or (3) take a combination approach.

The Iowa Legislature passed House File 2517, which directs the Department to develop a combination approach for providing coverage to uninsured children. This General Letter transmits the policy for "phase one" which is a Medicaid expansion.

The Mothers and Children (MAC) program is being expanded to provide coverage to children ages one through age 18 whose family income does not exceed 133% of the federal poverty level. The income limit for pregnant women and infants (under age one) remains at 185% of the federal poverty level.

The Employees' Manual has been revised to remove references to children having to have been born after September 30, 1983.

Effective Date

July 1, 1998

Material Superseded

Remove from Employees' Manual, Title 8, Chapter C, page 50, dated January 6, 1998, and destroy it.

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

December 15, 1998

GENERAL LETTER NO. 8-C-49

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

SUBJECT: Employees' Manual, Title 8, Chapter C, *Nonfinancial Eligibility*, pages 6, 7, 8, 9, and 44, revised.

Summary

On January 1, 1999, the Department will implement the Iowa Plan for Behavioral Health. The Iowa Plan integrates treatment for mental health and substance abuse and combines two previously separate managed care programs:

- ◆ The Mental Health Access Plan (MHAP)
- ◆ The Iowa Managed Substance Abuse Care Plan (IMSACP).

Effective December 31, 1998, the MHAP and IMSACP programs will be terminated.

Due to the transition from MHAP and IMSACP to the Iowa Plan, page 44 is revised to change the reference to "MHAP" to the "Iowa Plan."

Organizational names and form names are also corrected.

Effective Date

January 1, 1999

Material Superseded

Remove from Employees' Manual, Title 8, Chapter C, pages 6-9 and 44, dated January 6, 1998, and destroy them.

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-C-50

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

SUBJECT: Employees' Manual, Title 8, Chapter C, *Nonfinancial Eligibility*, pages 17, 26, and 49, 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. This change makes Medicaid and food stamp policies consistent.

Effective Date

Upon receipt of this manual material.

Material Superseded

Remove from Employees' Manual, Title 8, Chapter C, pages 17, 26, and 49, all dated January 6, 1998, and destroy them.

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 8, 1999

GENERAL LETTER NO. 8-C-51

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

SUBJECT: Employees' Manual, Title 8 Chapter C, *Nonfinancial Eligibility*, pages 104, 106, 108, 110, and 111, revised.

Summary

This general letter transmits a change in when disability is to be reviewed on children who were cancelled from SSI due to revised childhood disability criteria established under the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 but remained eligible for Medicaid due to provisions of the Balanced Budget Act of 1997.

Current policy requires that disability for children eligible under this coverage group is reviewed two years from the date of the child's cancellation from SSI. SSI cancellations could have occurred as early as July 1, 1997. This means that state review of disability on these children could be initiated in July 1999. With this change, reviews of disability for these children are due on the date originally designated through the SSI disability determination.

HCFA has notified states that the Social Security Administration will provide the disability review date originally assigned when disability was established for SSI eligibility. However, the date information is not yet available to Iowa, due to the need for system enhancement to receive it. Once system changes have been made, the information will be transmitted to the field.

Additionally, this General Letter transmits a change in federal regulations on disability raising the amount of monthly earnings used to indicate that a person is engaged in substantial gainful activity. Currently a person is considered to engage in substantial gainful activity when monthly countable earnings are \$500 or more. With this change, substantial gainful activity will be determined when monthly countable earnings are \$700 or more.

Effective Date

July 1, 1999

Material Superseded

Remove from Employees' Manual, Title 8, Chapter C, and destroy pages 104, 106, 108, 110, and 111, all dated January 6, 1998.

Additional Information

Corresponding changes will be made to 8-F, **People Ineligible for SSI or SSA: Due to Reevaluation of Childhood Disability**.

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

September 21, 1999

GENERAL LETTER NO. 8-C-52

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

SUBJECT: Employees' Manual, Title 8, Chapter C, *Nonfinancial Eligibility*, Table of Contents (pages 2 through 4), revised; pages 2, 3, 4, 7, 8, 9, 11 through 18, 25, 26, 27, 29, 43, 45, and 49 through 118, revised; and page 119 through 126, new.

Summary

Chapter 8-C has been revised to remove any reference to quitting, refusing or reducing employment. This change makes Medicaid policy consistent with FIP changes effective June 1, 1999.

A change is updated to reflect a new address when reporting third party liability information.

Additionally the section entitled **When a Client Appeals a Disability Denial** has been revised. When the client appeals a denial of Medicaid eligibility due to a decision on disability made by Disability Determination Services (DDS) for the Department, DDS staff participate in the appeal hearing.

Due to a change in scheduling procedures for disability hearings that require participation by DDS staff, DDS will no longer have access to the copy of the disability file sent to the Appeals Section for inclusion in the appeal record. Therefore, a separate copy of the disability file must be sent to DDS for these hearings.

The section on nonfinancial factors specific to FMAP is moved to the end of the chapter to be consistent with changes in Chapter 8-D and 8-E.

FMAP-related revisions have been made to clarify policy due to delinking. Household composition examples have been added.

A revision has been made to no longer allow a pregnant 18 year old woman eligible under MAC to be a separate eligible group from her parents and siblings. A pregnant woman aged 18 who is not emancipated and is eligible under MAC is considered a child.

Effective Date

Upon receipt.

Material Superseded

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

<u>Page</u>	<u>Date</u>
Contents (pages 2-4)	January 6, 1998
2-4	January 6, 1998
7-9	December 15, 1998
11-13	January 6, 1998
14	January 6, 1997
15, 16	January 6, 1998
17	February 9, 1999
18, 25	January 6, 1998
26	January 9, 1999
27, 29, 43, 45	January 6, 1998
49	February 9, 1999
50	June 16, 1998
51-74	January 6, 1998
75	January 6, 1997
76	January 6, 1998
77	January 6, 1997
78-105	January 6, 1998
106	January 8, 1999
107	January 6, 1998
108	January 8, 1999
109	January 6, 1998
110, 111	June 8, 1999
112-118	January 6, 1998

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

October 12, 1999

GENERAL LETTER NO. 8-C-53

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

SUBJECT: Employees' Manual, Title 8, Chapter C, *Nonfinancial Eligibility*, pages 4, 92, 93, and 110 through 112, revised.

Summary

Page 4 is revised to clarify the circumstances under which a person should be denied or canceled for failing or refusing to apply for or accept other income benefits.

Pages 92 and 93 have been corrected. In the issuance of General Letter 8-C-52, text that was not changed in that issuance was inadvertently omitted. This correction restores the text.

Examples 5 and 6 on pages 110 and 111 have been removed and replaced by a new example 5. The remaining examples have been renumbered to reflect the replacement of two examples with one.

Effective Date

Upon receipt.

Material Superseded

Remove from Employees' Manual, Title 8, Chapter C, pages 4, 92, 93, 110, 111, and 112, all dated September 21, 1999, and destroy them.

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

January 11, 2000

GENERAL LETTER NO. 8-C-54

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

SUBJECT: Employees' Manual, Title 8, Chapter C, *Nonfinancial Eligibility*, Contents (page 3), revised; pages 2, 76, 77, 88, 92, 93, and 114, revised; and page 88a, new.

Summary

Page 2 is revised to clarify that a person does not need to apply for income benefits that would be considered exempt.

Page 76 is revised to indicate that in the MAC coverage group, a person under the age of 19 is considered a child whether married or not.

Page 77 is revised to change the word "children" to "persons."

Page 88 is revised to clarify the factors used to determine deprivation due to unemployment for applicants and recipients.

Page 92 is revised to remove the reference to MAC under the siblings heading.

Page 93 is revised to clarify that a person aged 18 who is a full-time student and expected to complete the program before age 19 is considered a member of the FMAP eligible group.

Page 114 is revised to remove the reference of foreign students possibly meeting residency requirements.

Effective Date

Upon receipt.

Material Superseded

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

<u>Page</u>	<u>Date</u>
Contents (page 3)	September 21, 1999
2, 76, 77, 88	September 21, 1999
92, 93	October 12, 1999
114	September 21, 1999

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

February 15, 2000

GENERAL LETTER NO. 8-C-55

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

SUBJECT: Employees' Manual, Title 8, Chapter C, *Nonfinancial Eligibility*, Table of Contents (page 2), revised; pages 49 through 55, 59 through 62, 65, and 69, revised.

Summary

This general letter revises policy for disability determinations when a person's eligibility is determined under the new coverage group, Medicaid for employed people with disabilities (MEPD). Under MEPD provisions, engaging in or ability to engage in substantial gainful activity as the first step in a disability determination is not applied.

When a person claims to be disabled and could qualify for MEPD, do not consider earned income. Under MEPD, the Department must always make a determination of disability based on medical impairments to decide if a person is disabled for eligibility under MEPD regardless of earned income. Revisions have been made throughout this chapter to reflect this policy change.

Effective Date

March 1, 2000

Material Superseded

Remove from Employees' Manual, Title 8, Chapter C, Table of Contents (page 2), pages 49 through 55, 59 through 62, 65, and 69, all dated September 21, 1999, and destroy them.

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 13, 2000

GENERAL LETTER NO. 8-C-56

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

SUBJECT: Employees' Manual, Title 8, Chapter C, *NONFINANCIAL ELIGIBILITY*,
pages 108 and 109, revised.

Summary

Pages 108 and 109 revised to reflect the increase in the MAC income limit to 200% of the federal poverty level for pregnant women and infants.

Effective Date

July 1, 2000.

Material Superseded

Remove from Employees' Manual, Title 8, Chapter C, pages 108 and 109, both dated September 21, 1999, and destroy them.

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 24, 2000

GENERAL LETTER NO. 8-C-57

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

SUBJECT: Employees' Manual, Title 8, Chapter C, *NONFINANCIAL ELIGIBILITY*,
pages 11, 12, 25, and 111, revised.

Summary

Page 11 is revised to clarify that when Quality Control or Investigations contacts the county office requesting that a person be canceled for noncooperation, the entire Medicaid case is canceled.

Page 25 is revised to clarify that the review of cases with determinations of good cause for not cooperating with CSRU based on changeable circumstances is a review of those circumstances, not a complete semiannual review.

Example 5 on page 111 is revised to remove reference to "benefit month." These two changes are being made due to the elimination of monthly reporting and the six month semiannual review for FMAP-related Medicaid.

Effective Date

Upon receipt.

Material Superseded

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

<u>Page</u>	<u>Date</u>
11, 12, 25	September 21, 1999
111	October 12, 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

December 5, 2000

GENERAL LETTER NO. 8-C-58

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

SUBJECT: Employees' Manual, Title 8, Chapter C, **NONFINANCIAL ELIGIBILITY**, Contents (pages 3 and 4), revised; and pages 3, 6, 11, 19, 24, 43, 45, 51, 70, 76 through 104, 107, 108, 114, and 117 through 123, revised.

Summary

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

The section "Temporary Absence from the Home" is changed to "Absence" and moved to the head of the list of FMAP eligibility factors. Cross-references to this section are revised.

Sections on "Deprivation," including "Deprivation Due to Continued Absence," "When a Parent is Considered Absent," "Deprivation Due to Incapacity," "Deprivation Due to Unemployment," and "When a Parent is Not Considered Unemployed," are deleted.

"Determining the Natural Father" is moved under "Specified Relative." "Questionable Cases" is moved to "Absence." "Verifying Incapacity" is moved under "Incapacitated Stepparent."

References to deprivation are removed and the word "caretaker" is replaced with "specified relative."

Page 24 is revised to remove the reference to the obsolete form SSA-4681, *Case Report on Claim of Good Cause for Refusing to Cooperate in Establishing Paternity and Securing Child Support*. Completion of this form is no longer required.

Page 83 is revised to make a reference to "Absence" under "Eligible Group" and to add a statement that neither an able-bodied stepparent nor a friend in the home disqualifies a child if the child meets the other eligibility factors.

Pages 94 through 96 are revised to add the word "step" before "parent." Page 99 is revised to add information on incapacitated stepparent.

Pages 3, 6, 11, 19, 43, 51, 70, 87, and 118 are revised to update form numbers.

Effective Date

January 1, 2001

Material Superseded

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

<u>Page</u>	<u>Date</u>
Contents (page 3)	January 11, 2000
Contents (page 4)	September 21, 1999
3	September 21, 1999
6	December 15, 1998
11	October 24, 2000
19, 24	January 6, 1998
43, 45	September 21, 1999
51	February 15, 2000
70	September 21, 1999
76, 77	January 11, 2000
78-87	September 21, 1999
88, 88a	January 11, 2000
89-91	September 21, 1999
92, 93	January 11, 2000
94-107	September 21, 1999
108	June 13, 2000
114	January 11, 2000
117-126	September 21, 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 10, 2001

GENERAL LETTER NO. 8-C-59

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

SUBJECT: Employees' Manual, Title 8, Chapter C, **NONFINANCIAL ELIGIBILITY**, Contents (page 2), revised; pages 47, 48, 51, 52, 53, 54, 55, 59 through 70, and 95, revised; and pages 52a and 52b, new.

Summary

This general letter transmits:

- ◆ Clarification that people who are members of an eligible group but who are not requesting Medicaid do not have to provide social security numbers.
- ◆ An increase in the income level that represents substantial gainful activity, from \$700 to \$740 per month, effective January 1, 2001.
- ◆ Revisions throughout the disability section to clarify the steps in the disability determination process completed for the Department by Disability Determination Services. A chart showing the steps followed when disability is determined for Medicaid (other than under MEPD) is added.
- ◆ Clarification of steps in the disability determination process when a disability determination is made for Medicaid for employed people with disabilities (MEPD).
- ◆ Corrections of the word "stepparent" to "parent" on page 95.

Generally, in determining disability for Medicaid and for SSI, the first step is to determine if the person is engaged in substantial gainful activity. If so, the applicant is denied as not disabled without further determination of the person's medical condition.

However, when determining disability under the MEPD coverage group, substantial gainful activity is not considered at that step of the process. A disability determination is completed even if the person works.

If after evaluation of medical impairments, the person is determined to have a severe medical impairment but does not meet or equal a listing of medical impairments, the next two steps of the disability determination process looks at a person's ability to work (substantial gainful activity).

If there is an ability to work, even with the severe impairment, the person is not considered disabled for MEPD. The medical impairment must meet the listings for MEPD.

No reviews are required to find cases denied due to substantial gainful activity, since Medicaid cases with earnings above the level for substantial gainful activity would have been processed under MEPD, and MEPD does not consider substantial gainful activity in the disability process.

Effective Date

The increase in the income level for substantial gainful activity was effective January 1, 2001. Other changes are effective upon receipt.

Material Superseded

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

<u>Page</u>	<u>Date</u>
47, 48	January 6, 1998
51	December 5, 2000
52-55, 59-62	February 15, 2000
63, 64	September 21, 1999
65	February 15, 2000
66-68	September 21, 1999
69	February 15, 2000
70, 95	December 5, 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-C-60

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

SUBJECT: Employees' Manual, Title 8, Chapter C, **NONFINANCIAL ELIGIBILITY**, pages 87 and 88, revised, and page 4a, new.

Summary

Page 4a is added to include language consistent with existing rules for FMAP-related Medicaid programs. This is not a new policy.

Previously, when an alien failed to sign form 470-2549, *Statement of Citizenship Status*, the entire household in which the alien was a member became ineligible for Medicaid. Now the alien status of a person does not affect the eligibility of other household members.

If form 470-2549, *Statement of Citizenship Status*, is not signed when requested, the alien whose signature is required is ineligible for Medicaid (except emergency medical assistance). This person is treated as an ineligible alien. Failure by the alien to sign the requested form does not affect the eligibility of the remaining household members, if otherwise eligible.

Page 87 is clarified to explain that an unborn child is not required to be included in the eligible group unless the mother's pregnancy is a condition of her eligibility.

Effective Date

Upon receipt.

Material Superseded

Remove from Employees' Manual Title 8, Chapter C, and destroy pages 87 and 88, dated December 5, 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

August, 14 2001

GENERAL LETTER NO. 8-C-61

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

SUBJECT: Employees' Manual, Title 8, Chapter C, ***NONFINANCIAL ELIGIBILITY***, pages 9, 12, 18, 19, 20, 24 through 27, 84, 85, 86, 89, 101, and 110, revised; and page 86a, new.

Summary

The manual is being updated to reflect a change in the way we sanction adults who do not cooperate with the department, ineligible adult aliens, and adults who do not have a social security number.

The change will allow the sanctioned adult, the undocumented adult alien, and those adults who are ineligible due to no social security number to remain a part of the household size.

Ineligible children will not be included in the household size, nor will their income or resources be used in determining eligibility of the eligible group.

Effective Date

September 1, 2001

Implementation Instructions

Ongoing: Apply this policy to any ongoing case when you take another action on the case (address change, review, etc.).

Applications: Apply this policy to any application for the month of September 2001 and ongoing.

For months before September 2001, base eligibility determinations on old policy.

Material Superseded

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

<u>Page</u>	<u>Date</u>
9	September 21, 1999
12	October 24, 2000
18	September 21, 1999
19	December 5, 2000
20	January 6, 1998
24	December 5, 2000
25	October 24, 2000
26, 27	September 21, 1999
84, 85, 86, 89, 101	December 5, 2000
110	October 12, 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

December 26, 2001

GENERAL LETTER NO. 8-C-62

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

SUBJECT: Employees' Manual, Title 8, Chapter C, **NONFINANCIAL ELIGIBILITY**, Contents (pages 1 and 4) revised; pages 5 through 12, 15, 48, 60 through 63, 65, 70, 78, 95, 97, 98, 99, 113, 114, and 117, revised; and pages 4b and 112a, new.

Summary

Page 5 is revised to add a clarification that retroactive Medicaid is not available for any month in which an individual was sanctioned for noncooperation.

Page 8 is revised to:

- ◆ Add a clarification that a "considered" person cannot be sanctioned.
- ◆ Allow the IM worker to sanction a client for noncooperating when they do not return verification of the availability of medical resources.

Page 10 is changed to say that good cause can exist when noncooperation occurs with the IM worker, and the IM worker may be responsible for determining if good cause exists for noncooperation.

Pages 11 and 12 are changed to make cooperation with Investigations and Quality Control a separate section.

Page 15 is changed to request (instead of require) cooperation of a person who is not receiving Medicaid.

Page 48 is changed to allow a discrepancy to be resolved when there is not a match with the Social Security Administration.

Pages 61 through 63 are revised to transmit an increase in the income level that represents substantial gainful activity from \$740 to \$780 per month, effective January 1, 2002

Page 70 is changed to remove the requirement that pages from the application be forwarded to the Appeals Section.

Page 78 is clarified that when the entire eligible group is together but not in their home, temporary absence does not exist.

Page 97 is revised to add that if a pregnant woman is establishing eligibility under MAC, the father of the unborn must be a part of the eligible group if he's living with the pregnant woman.

Page 99 is clarified to say that a double stepparent household may request Medicaid for either the mother and her children or the father and his children. But if both parents request Medicaid, they are one eligible group.

Page 113 is revised to add a household example.

Effective Date

January 1, 2002

Material Superseded

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

<u>Page</u>	<u>Date</u>
Contents (page 1)	January 6, 1998
Contents (page 4)	December 5, 2000
5	January 6, 1998
6	December 5, 2000
7, 8	September 21, 1999
9	August 14, 2001
10	January 6, 1998
11	December 5, 2000
12	August 14, 2001
15	September 21, 1999
48, 60-63, 65, 70	April 10, 2001
78	December 5, 2000
95	April 10, 2001
97-99	December 5, 2000
113	September 21, 1999
114, 117	December 5, 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

January 22, 2002

GENERAL LETTER NO. 8-C-63

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

SUBJECT: Employees' Manual, Title 8, Chapter C, **NONFINANCIAL ELIGIBILITY**, pages 8, 78, 112a, 113, 114, and 117, revised.

Summary

This chapter is revised to:

- ◆ Clarify that the IM worker shall send form 470-2844, *Employer's Statement of Earnings*, to HIPP when they have sanctioned a person for noncooperation.
- ◆ Remove language on temporary absence to avoid confusion.
- ◆ Correct example 10 on page 112a.
- ◆ Reprint pages 113, 114, and 117 to correct a printing error.

Effective Date

Upon receipt.

Material Superseded

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

<u>Page</u>	<u>Date</u>
8, 78, 112a, 113, 114, 117	December 26, 2001

Additional Information

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



STATE OF IOWA

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

DEPARTMENT OF HUMAN SERVICES
JESSIE K. RASMUSSEN, DIRECTOR

July 23, 2002

GENERAL LETTER NO. 8-C-64

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

SUBJECT: Employees' Manual, Title 8, Chapter C, ***NONFINANCIAL ELIGIBILITY***,
page 3, revised.

Summary

This chapter is revised to change the minimum period allowed for a client to complete and return form 470-0383, *Notice Regarding Acceptance of Other Benefits*. The minimum time period is changed from five working days to ten calendar days. This change is being made so that the time is consistent with other policies regarding the return of requested information.

Effective Date

Upon receipt.

Material Superseded

Remove from Employees' Manual, Title 8, Chapter C, page 3, dated December 5, 2000, and destroy it.

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

December 10, 2002

GENERAL LETTER NO. 8-C-65

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

SUBJECT: Employees' Manual, Title 8, Chapter C, *NONFINANCIAL ELIGIBILITY*, pages 61 through 63, revised.

Summary

This chapter is revised to transmit an increase in the income level that represents substantial gainful activity from \$780 to \$800 per month, effective January 1, 2003.

Effective Date

January 1, 2003

Material Superseded

Remove from Employees' Manual, Title 8, Chapter C, pages 61 through 63, dated December 26, 2001, and destroy them.

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

September 23, 2003

GENERAL LETTER NO. 8-C-66

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

SUBJECT: Employees' Manual, Title 8, Chapter C, **NONFINANCIAL ELIGIBILITY**,
Contents (pages 1 through 3), revised; and pages 2, 5 through 10, revised.

Summary

This chapter is revised to:

- ◆ Separate the Health Insurance Premium Payment (HIPP) cooperation issues and procedures from Third Party Liability (TPL) cooperation issues and procedures.
- ◆ Update and expand the referral and sanction process for HIPP, including:
 - Adding references in the examples to the newly implemented HIPP electronic referral system.
 - Adding specific instructions for lifting a HIPP sanction.

Effective Date

Upon receipt.

Material Superseded

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

<u>Page</u>	<u>Date</u>
Contents (page 1)	December 26, 2001
Contents (page 2)	April 10, 2001
Contents (page 3)	December 5, 2000
2	January 11, 2000
5-7	December 26, 2001
8	January 22, 2002
9, 10	December 26, 2001

Additional Information

Refer questions about this general letter to your 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 2, 2003

GENERAL LETTER NO. 8-C-67

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

SUBJECT: Employees' Manual, Title 8, Chapter C, *NONFINANCIAL ELIGIBILITY*, pages 61, 62, and 63, revised.

Summary

This chapter is revised to transmit an increase in the income level that represents substantial gainful activity from \$800 to \$810 per month, effective January 1, 2004.

Effective Date

January 1, 2004

Material Superseded

Remove from Employees' Manual, Title 8, Chapter C, pages 61 through 63, dated December 10, 2002, and destroy them.

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 17, 2004

GENERAL LETTER NO. 8-C-68

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

SUBJECT: Employees' Manual, Title 8, Chapter C, *NONFINANCIAL ELIGIBILITY*,
pages 66 and 68, revised.

Summary

This chapter has been revised to reflect the change in the release of information form used for disability determinations. The Department was using form 470-2467, *Authorization for Source to Release Information to the Department of Human Services*, when medical information was required for a disability determination. Due to the Health Insurance Portability and Accountability Act (HIPAA) requirements, this release was determined to be inadequate.

The Department has determined that form 470-3951, *Authorization to Obtain or Release Health Care Information*, is adequate and shall be used for securing medical information for disability determinations. An announcement from the SPIRS Help Desk was issued November 7, 2003, to initially advise field staff of the change.

Effective Date

Immediately.

Material Superseded

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

Page

Date

66, 68

April 10, 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 3, 2004

GENERAL LETTER NO. 8-C-69

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

SUBJECT: Employees' Manual, Title 8, Chapter C, *NONFINANCIAL ELIGIBILITY*,
Contents (pages 2, 3, and 4), pages 3, 4, 5 through 12, 46, 61, 62, 63, 81 through
88, 91, 92, 93, 95, 96, and 110, revised; pages 46a, 46b, and 96a, new.

Summary

Revision to this chapter include:

- ◆ Clarify that you deny or cancel Medicaid for the person who failed or refused to apply or accept income benefits only.
- ◆ Under the sections on cooperation in obtaining medical resources:
 - Clarify that a pregnant minor living independently must cooperate in obtaining medical resources.
 - Clarify that you "sanction" Medicaid rather than "deny" or "cancel" Medicaid when a person is not cooperating.
 - Clarify under TPL that a child is not sanctioned but a minor parent may be sanctioned.
- ◆ Clarify public institution policy for people in halfway houses or community settings.
- ◆ Add a new section for "Sanctions and Appeals."
- ◆ Change the income level that represents substantial gainful activity from \$810 to \$830 per month, effective January 1, 2005.
- ◆ Under the FMAP-related section, "Eligible Group":
 - Change "adult" to "person."
 - Explain that an unborn child is counted in the household size of a "considered" person.
 - Simplify the "Siblings" section.
 - Add that a person eligible for Medicaid under CMAP may be a separate eligible group from household members receiving FMAP or MAC.
 - Clarify that a voluntarily excluded person is not included in the household size.
- ◆ Change "food stamps" to "Food Assistance."
- ◆ Add and correct examples.

Effective Date

January 1, 2005

Material Superseded

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

<u>Page</u>	<u>Date</u>
Contents (pages 2 and 3)	September 23, 2003
Contents (page 4)	December 26, 2001
3	July 23, 2002
4	October 12, 1999
5-10	September 23, 2003
11, 12	December 26, 2001
46	January 6, 1998
61-63	December 2, 2003
81-83	December 5, 2000
84-86, 86a	August 14, 2001
87, 88	May 22, 2001
91-93	December 5, 2000
95	December 26, 2001
96	December 5, 2000
110	August 14, 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

July 15, 2005

GENERAL LETTER NO. 8-C-70

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

SUBJECT: Employees' Manual, Title 8, Chapter C, *NONFINANCIAL ELIGIBILITY*,
pages 47 and 48, revised; page 48a, new.

Summary

This letter transmits a policy allowing an exception to the social security number requirement for persons who do not have a social security number due to religious beliefs.

This change in federal Medicaid policy enables the state to receive federal financial participation for this group of people.

Effective Date

August 1, 2005

Material Superseded

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

<u>Page</u>	<u>Date</u>
47	April 10, 2001
48	December 26, 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

November 18, 2005

GENERAL LETTER NO. 8-C-71

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

SUBJECT: Employees' Manual, Title 8, Chapter C, *NONFINANCIAL ELIGIBILITY*,
pages 9, 41, 48, 60 through 63, and 65 through 73, revised.

Summary

Revisions to Chapter 8-C include:

- ◆ Changing the income level that represents substantial gainful activity from \$830 to \$860 per month, effective January 1, 2006.
- ◆ Changing the addresses for the TPL Unit and the Lien Recovery Unit to the new Iowa Medicaid Enterprise (IME) address.
- ◆ Changing the language under the section, "How Clients Can Apply for a Social Security Number." Proof of an application for a social security number is no longer required for an infant that is born in a hospital and goes home with the mother.
- ◆ Changing the name of form 470-0398 from *Recipient Inquiry* to *Priority Leads Letter*.
- ◆ Considering an application approved for IowaCare in the same way as a denied application when the person is later determined to be disabled.
- ◆ Changing the address for the Disability Determination Services Unit due to a move of the agency to a new location.
- ◆ Changing the language to use when disability is approved by Disability Determination Services and further clarifying disability policy and procedure.

Effective Date

January 1, 2006

Material Superseded

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

<u>Page</u>	<u>Date</u>
9	December 3, 2004
41	January 6, 1998
48	July 15, 2005
60	December 26, 2001
61-63	December 3, 2004
65	December 26, 2001
66	February 17, 2004
67	April 10, 2001
68	February 17, 2004
69	April 10, 2001
70	December 26, 2001
71-73	September 21, 1999

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

January 20, 2006

GENERAL LETTER NO. 8-C-72

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

SUBJECT: Employees' Manual, Title 8, Chapter C, *NONFINANCIAL ELIGIBILITY*,
Contents (page 4), revised, and pages 87, 97, 104 through 110, and 123, revised.

Summary

Policy on verification of pregnancy is revised to allow a woman's statement that she is pregnant as sufficient verification.

Effective Date

February 1, 2006

Material Superseded

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

<u>Page</u>	<u>Date</u>
Contents (p. 4)	December 3, 2004
87	December 3, 2004
97	December 26, 2001
104, 107, 108	December 5, 2000
109	June 13, 2000
110	December 3, 2004
112	October 24, 2000
112	October 12, 1999
112a	January 22, 2002
123	December 5, 2000

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

February 17, 2006

GENERAL LETTER NO. 8-C-73

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

SUBJECT: Employees' Manual, Title 8, Chapter C, *NONFINANCIAL ELIGIBILITY*,
Contents (page 1), revised, and pages 5 through 11, revised.

Summary

This chapter has been revised to incorporate policies to clarify that women eligible under the Iowa Family Planning Network program can be exempt from cooperating with the Third-Party Liability Unit. This exemption can be claimed if the woman is fearful of the woman's spouse or parents discovering the woman is receiving family planning services.

Effective Date

February 1, 2006

Material Superseded

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

<u>Page</u>	<u>Date</u>
Contents (page 1)	September 23, 2003
5-8	December 3, 2004
9	November 18, 2005
10, 11	December 3, 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

December 8, 2006

GENERAL LETTER NO. 8-C-74

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

SUBJECT: Employees' Manual, Title 8, Chapter C, *NONFINANCIAL ELIGIBILITY*,
pages 59, through 63 and 65, revised.

Summary

This chapter is revised to:

- ◆ Change the income level that represents substantial gainful activity from \$860 to \$900 per month, effective January 1, 2007.
- ◆ Remove the organizational reference, "Bureau," from name of the Disability Determination Services (DDS).

Effective Date

January 1, 2007

Material Superseded

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

<u>Page</u>	<u>Date</u>
59	April 10, 2001
60-63, 65	November 18, 2005

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
KEVIN W. CONCANNON, DIRECTOR

January 26, 2007

GENERAL LETTER NO. 8-C-75

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

SUBJECT: Employees' Manual, Title 8, Chapter C, *NONFINANCIAL ELIGIBILITY*,
page 73, revised.

Summary

This chapter is revised to clarify the procedure for Medicaid eligibility based upon a presumptive disability determination.

Effective Date

Upon receipt.

Material Superseded

Remove from Employees' Manual, Title 8, Chapter C, page 73, dated November 18, 2005, and destroy it.

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
KEVIN W. CONCANNON, DIRECTOR

August 31, 2007

GENERAL LETTER NO. 8-C-76

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

SUBJECT: Employees' Manual, Title 8, Chapter C, ***NONFINANCIAL FMAP-RELATED ELIGIBILITY***, Contents (pages 1 and 4), revised, pages 9 through 15, 25, 28, 45, 47, 84, 89, 93 through 96, 96a, 99 through 107, and 123, revised.

Summary

This chapter is revised to:

- ◆ Eliminate the requirement for an interview.
- ◆ Change the earned income deduction from 50% to 58%.

In addition, the following have been corrected, updated, added or clarified:

- ◆ Department of Inspections and Appeals functions.
- ◆ Cooperation with the Child Support Recovery Unit: 18-year-olds may need to cooperate, specified relatives must cooperate, and persons who are eligible for family planning only do not have to cooperate.
- ◆ Acceptance of a person's statement that the person is a resident of Iowa.
- ◆ Change from "newborn child of a Medicaid-eligible mother" to "a child in newborn status" to remove confusion when a child was born in another state to a Medicaid-eligible mother.
- ◆ The "parent with the incapacitated stepparent" as the only person receiving Medicaid.
- ◆ Treatment of a person receiving State Supplementary Assistance (the same as a person receiving SSI).
- ◆ Household composition examples.

Effective Date

Changes in interview requirements and the earned income deduction were effective August 1, 2007. All other changes are effective upon receipt.

Material Superseded

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

<u>Page</u>	<u>Date</u>
Contents (page 1)	February 17, 2006
Contents (page 4)	January 20, 2006
9-11	February 17, 2006
12	December 3, 2004
13, 14	September 21, 1999
15	December 26, 2001
25	August 14, 2001
28	January 6, 1998
45	December 5, 2000
47	July 15, 2005
84	December 3, 2004
89	August 14, 2001
93	December 3, 2004
94	December 5, 2000
95, 96, 96a	December 3, 2004
99	December 26, 2001
100	December 5, 2000
101	August 14, 2001
102, 103	December 5, 2000
104-107, 123	January 20 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
KEVIN W. CONCANNON, DIRECTOR

February 1, 2008

GENERAL LETTER NO. 8-C-77

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

SUBJECT: Employees' Manual, Title 8, Chapter C, ***NONFINANCIAL ELIGIBILITY***,
Contents (pages 1 and 3), pages 4, 4a, 4b, 43, 44, 60 through 63, 65 through 76,
85, 86, 117, and 118 revised; and pages 4c through 4o, new.

Summary

This chapter is revised to:

- ◆ Incorporate citizenship and identity verification policies into the manual.
- ◆ Change the income level that represents substantial gainful activity from \$900 to \$940 per month, effective January 1, 2008.
- ◆ Use the new name of form 470-2304, *SSI Medicaid Information*.
- ◆ Change the information release form used for disability determination referrals to new form 470-4459 or 470-4459(S), *Authorization to Disclose Information to the Department of Human Services*.
- ◆ Remove examples that reference the obsolete monthly *Medical Assistance Eligibility Cards*.
- ◆ Add one legal reference and remove another in the section "Disability Approved by DDS."
- ◆ Simplify the text of the notice example for disability approvals based on a determination by the Disability Determination Services Bureau.
- ◆ Add that the system-generated notice reason code of 824 can be used for denials based upon disability determinations completed by the Social Security Administration.
- ◆ Simplify the text of the notice example for denials following a previous denial of Medicaid due to neither worsening of the claimed disabling condition nor a new disabling condition.
- ◆ Simplify the text of a notice example for denials following a previous denial of Medicaid due to not meeting the criteria for blindness.
- ◆ Remove the requirement to send a copy of an application and form 470-2220, *Notarized statement for Child Support Recovery Office*, to Child Support Recovery Unit (CSRU) when a father is approved for Medicaid and paternity has not been established. CSRU will request the application and the notarized statement if they are needed.

- ◆ Clarify that a parent who is ineligible for nonfinancial reasons must remain a part of the household as a “considered” person, whereas a child who is ineligible for nonfinancial reasons is not part of the household size.

Effective Date

January 1, 2008

Material Superseded

Remove the following pages from Employees’ Manual, Title 8, Chapter C, and destroy them:

<u>Page</u>	<u>Date</u>
Contents (page 1)	August 31, 2007
Contents (page 3)	December 3, 2004
4	December 3, 2004
4a	May 22, 2001
4b	December 26, 2001
43	December 5, 2000
44	December 15, 1998
60-63, 65	December 8, 2006
66-72	November 18, 2005
73	January 27, 2007
74, 75	September 21, 1999
76	December 5, 2000
85, 86	December 3, 2004
117	January 22, 2002
118	December 5, 2000

Additional Information

The training packet, “*Verification of Citizenship and Identity for Medicaid*,” is now obsolete.

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
KEVIN W. CONCANNON, DIRECTOR

March 28, 2008

GENERAL LETTER NO. 8-C-78

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

SUBJECT: Employees' Manual, Title 8, Chapter C, *NONFINANCIAL ELIGIBILITY*,
page 4o, revised.

Summary

This chapter is revised to change the order of acceptable identity documents to clarify that an *Affidavit of Identity* for children under age 16 and disabled persons in residential care facilities may be used only as a last resort when no other documents are available.

Effective Date

Upon receipt.

Material Superseded

Remove page 4o, dated February 1, 2008, from Employees' Manual, Title 8, Chapter C, and destroy it.

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
KEVIN W. CONCANNON, DIRECTOR

May 30, 2008

GENERAL LETTER NO. 8-C-79

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

SUBJECT: Employees' Manual, Title 8, Chapter C, *NONFINANCIAL ELIGIBILITY*,
pages 4e, 4f, 4g, and 4l, revised.

Summary

This chapter is revised to:

- ◆ Remove references that allowed Medicaid eligibility to continue until the next annual review for members who were not exempt from citizenship verification requirements. The annual review cycle that began July 1, 2007, was completed for all members during June 2008. Therefore, any references to allow members until their next annual review to provide proof of citizenship is now obsolete.
- ◆ Clarify that lower-level citizenship documents may be accepted when higher-level documents are not available within normal processing time limits, with the exception that a lower-level document cannot be accepted when a Birth Certificate Verification (BCV) system match can be done.
- ◆ Add a clarifying reference for citizenship in the chart under the section, "Acceptable Documents" to indicate that listed Level 4, "Other documents," all must show a U.S. place of birth.

Effective Date

July 1, 2008

Material Superseded

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

<u>Page</u>	<u>Date</u>
4e, 4f, 4g, 4l	February 1, 2008

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

October 17, 2008

GENERAL LETTER NO. 8-C-80

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

SUBJECT: Employees' Manual, Title 8, Chapter C, ***NONFINANCIAL ELIGIBILITY***,
Contents (pages 1 and 3); pages 4, 4a through 4f, 19, 20, 49, 67, 68, 75, 117,
and 118, revised.

Summary

This chapter is revised to:

- ◆ Add clarifying language under the section, "CITIZENSHIP," that defines who is eligible for Medicaid.
- ◆ Specify that when both parents or a parent and stepparent are in the home, either parent or the stepparent may attest to citizenship for the household by signing a Medicaid application or the *Statement of Citizenship Status* form.
- ◆ Clarify that foster care and subsidized guardianship children are exempt from providing proof of citizenship and identity verification.
- ◆ Clarify that a child who leaves a coverage group under which the child was exempt from citizenship and identity verification requirements must provide this verification at the next annual review if the child is subject to the policies on continuous eligibility for children.
- ◆ Require documentation in the case record when the *Requirements of Support Enforcement*, form 470-0169 or 470-0169(S), is provided. Since the form no longer requires signatures, the requirement to file a signed copy of the form in the case record is removed.
- ◆ Add a legal reference for disability reviews.
- ◆ Add a cross-reference under "Disability Reviews" to reapply after cancellations for a non-disability reason.
- ◆ Remove section, "Acceptance of Vocational Rehabilitation for Disabled or Blind Persons," from the chapter since failure to accept vocational rehabilitation does not cause ineligibility for Medicaid.

Effective Date

November 1, 2008

Material Superseded

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

<u>Page</u>	<u>Date</u>
Contents (pages 1 and 3)	February 1, 2008
4, 4a-4d	February 1, 2008
4e, 4f	May 30, 2008
19, 20	August 14, 2001
49	February 15, 2000
67, 68, 75, 117, 118	February 1, 2008

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

February 13, 2009

GENERAL LETTER NO. 8-C-81

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

SUBJECT: Employees' Manual, Title 8, Chapter C, *NONFINANCIAL ELIGIBILITY*,
pages 4b, 51, 60 through 63, 65, 66, 69, 70, and 71, revised.

Summary

This chapter is revised to:

- ◆ Change the income level that represents substantial gainful activity from \$940 to \$980 per month, effective January 1, 2009.
- ◆ Add the text of notice message 608, which is used with Medicaid denials based upon disability determinations made by the Disability Determination Services Bureau (DDS).
- ◆ Clarify the responsibility of the income maintenance worker to attend the appeal hearings for disability determined by DDS staff.
- ◆ Expand the exemption from verifying citizenship and identity to include all children in out-of-home placement (e.g., foster care or relative placement) who are under the placement and care responsibility of the Department through a court order or voluntary placement agreement, regardless of the placement's licensing or payment status.
- ◆ Clarify acceptable records to include with form 470-2472, *Disability Transmittal*, when an applicant is deceased.
- ◆ Remove an obsolete legal reference.

Effective Date

Substantial gainful activity changes are effective January 1, 2009.

All other changes effective upon receipt.

Material Superseded

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

<u>Page</u>	<u>Date</u>
4b	October 17, 2008
51	April 10, 2001
60-63, 65, 66, 69-71	February 1, 2008

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

June 12, 2009

GENERAL LETTER NO. 8-C-82

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

SUBJECT: Employees' Manual, Title 8, Chapter C, *NONFINANCIAL ELIGIBILITY*,
pages 88 and 92, revised.

Summary

Newborn policy is revised to implement a federal law change that eliminates the requirements that the newborn must live with the mother.

Effective Date

July 1, 2009

Material Superseded

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

Page

Date

88, 92

December 3, 2004

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

December 4, 2009

GENERAL LETTER NO. 8-C-83

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

SUBJECT: Employees' Manual, Title 8, Chapter C, **NONFINANCIAL ELIGIBILITY**,
Title page, revised; Contents (pages 1, 2, and 3), revised; pages 1
through 123, revised; and pages 124 through 155, new.

Summary

This chapter is revised to:

- ◆ Make the exemption from citizenship and identity verification requirements permanent for children born in the U.S. to Medicaid-eligible mothers. Once eligibility has been established on the basis of such a child's deemed "newborn" status, the child remains exempt, even after the "newborn" status ends.
- ◆ Add documentation from federally recognized Indian tribes as Level 1 proof of citizenship and identity. A web address for the list of federally recognized Indian tribes is also provided.
- ◆ Clarify that Medicaid does not pay the Medicare premiums, copayment or deductible for qualified Medicare beneficiaries (QMB) residing in a mental health institute (MHI) who are over age 21 or who are under age 65.
- ◆ Update and reorganize material on the SSI-related eligibility factor of disability:
 - The sections on "Establishing Disability" and "Establishing Blindness" have been incorporated into the section "Presence of Age, Blindness, or Disability."
 - Information on Social Security Administration processes, including presumptive disability and denial and appeal procedures, has been grouped into a new section titled "When the Department Follows an SSA Disability Determination." New charts give detailed instructions for IM worker actions based on the status of SSA disability determination activity.
 - A new section has been added to clarify DHS responsibilities for redetermination of disability based on adult criteria when a child who is not on SSI reaches the age of 18.
 - Material is reformatted into "Policy," "Procedure," and "Comment" sections.

Effective Date

The changes on citizenship and identity verification for newborns were effective March 2009, with retroactive restoration of Medicaid to affected children who previously had “newborn” status as they are identified.

Other changes are effective upon receipt.

Material Superseded

This material replaces the entire Chapter C from Employees’ Manual, Title 8, which includes the following pages:

Page	Date
Title page	January 6, 1998
Contents (page 1)	October 17, 2008
Contents (page 2)	December 3, 2004
Contents (page 3)	October 17, 2008
Contents (page 4)	August 31, 2007
1	January 6, 1998
2	September 23, 2003
3	December 3, 2004
4, 4a	October 17, 2008
4b	February 13, 2009
4c-4f	October 17, 2008
4g	May 30, 2008
4h-4k	February 1, 2008
4l	May 30, 2008
4m, 4n	February 1, 2008
4o	March 28, 2008
5-8	February 17, 2006
9-15	August 31, 2007
16, 17	September 21, 1999
18	August 14, 2001
19, 20	October 17, 2008
21-23	January 6, 1998
24	August 14, 2001
25	August 31, 2007
26, 27	August 14, 2001
28	August 31, 2007
29	September 21, 1999
30-40	January 6, 1998
41	November 18, 2005
42	January 6, 1998
43, 44	February 1, 2008
45	August 31, 2007
46, 46a, 46b	December 3, 2004
47	August 31, 2007
48	November 18, 2005

48a	July 15, 2005
49	October 17, 2008
50	February 15, 2000
51	February 13, 2009
52, 52a, 52b, 53-55	April 10, 2001
56-59	September 21, 1999
60-63	February 13, 2009
64	April 10, 2001
65, 66	February 13, 2009
67, 68	October 17, 2008
69-71	February 13, 2009
72-74	February 1, 2008
75	October 17, 2008
76	February 1, 2008
77	December 5, 2000
78	January 22, 2002
79, 80	December 5, 2000
81-83	December 3, 2004
84	August 31, 2007
85, 86	February 1, 2008
87	January 20, 2006
88	June 12, 2009
89	August 31, 2007
90	December 5, 2000
91	December 3, 2004
92	June 12, 2009
93-96, 96a	August 31, 2007
97	January 20, 2006
98	December 26, 2001
99-107	August 31, 2007
108-110	January 20, 2006
113, 114	January 22, 2006
115, 116	September 21, 1999
117, 118	October 17, 2008
119-122	December 5, 2000
123	August 31, 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

February 12, 2010

GENERAL LETTER NO. 8-C-84

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

SUBJECT: Employees' Manual, Title 8, Chapter C, **NONFINANCIAL ELIGIBILITY**,
pages 5 through 9, 11, 13, and 19, revised.

Summary

This material:

- ◆ Changes policy to reflect that:
 - Copies of original citizenship documents made by **hawk-i** staff are now acceptable.
 - Children under age 21 who are citizens of the Compact of Free Association States (CFAS) may be eligible for Medicaid as qualified aliens.
- ◆ Clarifies the exemption from verifying citizenship and identity for persons whose initial eligibility was due to deemed "newborn" status, including how this exemption applies to persons born in another state.
- ◆ Provides additional examples of documents issued by federally recognized Indian Tribes that meet the requirement as Level 1 verification of both citizenship and identity.
- ◆ Removes documents issued by Indian Tribes from the list of acceptable identity documents because these documents now meet the requirement as Level 1 verification of both citizenship and identity.

Effective Date

The changes related to copies made by **hawk-i** staff are effective January 1, 2010.

The changes extending qualified alien status to CFAS children under age 21 were effective July 1, 2009. Refer to General Letter No. 8-L-30, dated June 19, 2009, and the SPIRS announcement "Medicaid for Alien Children," dated November 24, 2009, for additional information.

The clarifications related to "newborn" status and acceptable Indian Tribal documents are effective retroactively to July 1, 2006. Restore Medicaid to affected individuals as they are identified. Refer also to General Letter No. 8-C-83, dated December 4, 2009, and the SPIRS announcement "New Citizenship Exemption for Medicaid," dated March 10, 2009, for additional information.

Material Superseded

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

Page

Date

5-9, 11, 13, 19

December 4, 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

July 2, 2010

GENERAL LETTER NO. 8-C-85

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

SUBJECT: Employees' Manual, Title 8, Chapter C, **NONFINANCIAL ELIGIBILITY**,
Contents (pages 1, 2, and 3), revised; Contents (page 4), new; pages 1,
6 through 10, 11, 12, 24, 25, 26, 93, 94, and 119, revised; and pages
10a through 10l, new.

Summary

These changes are being made because of federal legislation in the Children's Health Insurance Program Reauthorization Act of 2009 (CHIPRA), Public Law 111-3, and related guidance from the Centers for Medicare and Medicaid Services (CMS).

Chapter 8-C is revised to:

- ◆ Clarify the assignment of medical support to the Department that is in Iowa Code section 249A.6. The applications have been changed to clarify that this assignment is a requirement of Medicaid eligibility.
- ◆ Change the definition of the "reasonable opportunity period" for providing proof of citizenship and identity. The reasonable opportunity period begins when a written request for proof of citizenship and identity is issued and continues for 90 days.
- ◆ Change the following policies related to the reasonable opportunity period:
 - Medicaid shall be approved for otherwise eligible persons during the reasonable opportunity period.
 - A person shall be allowed to receive Medicaid benefits during only one 90-day reasonable opportunity period. Medicaid shall not be approved for a person who has already received benefits during a reasonable opportunity period until proof of citizenship and identity is provided.
 - Retroactive Medicaid is outside the reasonable opportunity period and shall not be approved until citizenship and identity are verified.

- ◆ Add a new process for verifying citizenship and identity through an automated IEVS match with the Social Security Administration. This new process:
 - Offers an alternative verification process which supplements, but does not replace, the current acceptable forms of documentation.
 - Adds system-generated forms and system tracking of the 90-day reasonable opportunity period.
 - Provides methods for handling IEVS matches that are either “consistent” or “inconsistent,” as well as situations when no match can be made with the Social Security Administration.
- ◆ Add confirmation of citizenship made via an IEVS automated data match as a primary (Level 1) form of citizenship and identity documentation.

Effective Date

June 1, 2010

Material Superseded

This material replaces the following pages from Employees’ Manual, Title 8, Chapter C:

<u>Page</u>	<u>Date</u>
Contents (pages 1, 2, 3)	December 4, 2009
1	December 4, 2009
6-9	February 12, 2010
10	December 4, 2009
11	February 12, 2010
12	December 4, 2009
24-26, 93, 94, 119	December 4, 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

October 8, 2010

GENERAL LETTER NO. 8-C-86

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

SUBJECT: Employees' Manual, Title 8, Chapter C, **NONFINANCIAL ELIGIBILITY**,
Contents (page 1), revised; pages 2 through 5, 10, 10b, 10i, 10j, 10l,
11, 12, 13, 25, 26, 28, 35, 36, 40, 41, 42, and 89, revised.

Summary

Chapter 8-C is revised to:

- ◆ Clarify information on veterans pensions.
- ◆ Add that citizenship attestation for children with express-lane eligibility may be accepted on the Food Assistance application or the RRED completed for a Food Assistance review.
- ◆ Make technical corrections related to the automated IEVS data matching process for verifying citizenship.
- ◆ Change the acceptable citizenship documents for persons born in Puerto Rico who apply for Medicaid for the first time on or after October 1, 2010.
- ◆ Update contact information for the IME Third-Party Liability (TPL) Unit.
- ◆ Clarify procedures for referring third-party liability to the TPL Unit.
- ◆ Include new policy and procedures for support referrals. Effective August 1, 2010, income maintenance workers are no longer required to refer all Medicaid children to the Child Support Recovery Unit.

Effective Date

Upon receipt.

Material Superseded

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

<u>Page</u>	<u>Date</u>
Contents (page 1)	July 2, 2010
2-4	December 4, 2009

5	February 12, 2010
10, 10b, 10i, 10j, 10l, 11, 12	July 2, 2010
13	February 12, 2010
25, 26	July 2, 2010
28, 35, 36, 40-42, 89	December 4, 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

November 5, 2010

GENERAL LETTER NO. 8-C-87

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

SUBJECT: Employees' Manual, Title 8, Chapter C, **NONFINANCIAL ELIGIBILITY**,
Contents (page 2), revised; pages 61 and 62, revised; and pages 62a
and 62b, new.

Summary

Chapter 8-C is revised to:

- ◆ Add instructions for the use of the new *Prisoner Match Report*, S470X438-A.
- ◆ Add examples to illustrate when Medicaid should be canceled for a person who becomes incarcerated.

Effective Date

Upon receipt.

Material Superseded

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

<u>Page</u>	<u>Date</u>
Contents (page 2)	July 2, 2010
61, 62	December 4, 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

December 3, 2010

GENERAL LETTER NO. 8-C-88

ISSUED BY: Bureau of Adult and Children's Medical Programs
Iowa Medicaid Enterprise (IME)

SUBJECT: Employees' Manual, Title 8, Chapter C, ***NONFINANCIAL ELIGIBILITY***,
page 24, revised.

Summary

Chapter 8-C is revised to add a hyperlink to Chapter 8-M with information on how to contact the HIPPP program.

Effective Date

Upon receipt.

Material Superseded

This material replaces the following page from Employees' Manual, Title 8, Chapter C:

<u>Page</u>	<u>Date</u>
24	July 2, 2010

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

May 27, 2011

GENERAL LETTER NO. 8-C-89

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

SUBJECT: Employees' Manual, Title 8, Chapter C, **NONFINANCIAL ELIGIBILITY**,
pages 7 through 10, 10a through 10l, 11, 12, 27 through 30, 72, 82,
140, and 141, revised.

Summary

Chapter 8-C is revised to:

- ◆ Clarify that documentation of citizenship and identity must be maintained in the case file unless citizenship was verified through the automated IEVS match. In that case, a record of the proof is instead maintained electronically and displayed on the ICIT (Inquiry Citizenship) screen.
- ◆ Reflect that the data system will prevent approval of either Medicaid (including IFPN) or **hawk-i** benefits if the 90-day reasonable opportunity period has already been used and proof of citizenship has not been provided.
- ◆ Clarify when cooperation with child support recovery is required.
- ◆ Clarify that system verifications in SDX and IEVS are required before the worker refers a person to the Disability Determination Services Bureau for a disability determination.
- ◆ Revise the substantial gainful activity monthly income amount for both 2010 and 2011 to \$1,000.
- ◆ Update household composition examples to reflect an income limit of 300% of the federal poverty level for pregnant women on MAC.

Effective Date

Upon receipt.

Material Superseded

This material replaces the following page from Employees' Manual, Title 8, Chapter C:

<u>Page</u>	<u>Date</u>
7-9	July 2, 2010
10	October 8, 2010
10a	July 2, 2010
10b	October 8, 2010
10c-10h	July 2, 2010
10i, 10j	October 8, 2010
10k	July 2, 2010
10l, 11, 12	October 8, 2010
27	December 4, 2009
28	October 8, 2010
29	September 17, 2010
30, 72, 82, 140, 141	December 4, 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

January 13, 2012

GENERAL LETTER NO. 8-C-90

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

SUBJECT: Employees' Manual, Title 8, Chapter C, **NONFINANCIAL ELIGIBILITY**, Title page, revised; Contents (page 1), revised; pages 6 through 10, 10a through 10l, 27, 58, 72, 87 through 90, 92, 93, 111, 127, 144, and 146, revised; and page 10m, new.

Summary

Chapter 8-C is revised to:

- ◆ Change the income level that represents substantial gainful activity from \$980 to \$1,010 per month, effective January 1, 2012.
- ◆ Clarify that the exemptions from verifying citizenship and identity only apply to persons claiming to be United States citizens. These exemptions do not apply to persons claiming to be aliens. All persons claiming to be aliens must verify their alien status as described in 8-L, **ALIENS**.
- ◆ Make a technical update to reflect that the documents used to verify citizenship and identity may be maintained in either the ICIT record or in the Medicaid (including IFPN) or *hawk-i* case file.
- ◆ Change policies and procedures to reflect the allowance of an additional 90-day reasonable opportunity period for verifying citizenship and identity if necessary to protect the confidentiality of a person who received only limited Medicaid benefits provided under IFPN during the first 90-day reasonable opportunity period.
- ◆ Clarify procedures for people who are eligible for extended Medicare benefits but not for Social Security disability income.
- ◆ Clarify the meaning of temporary absence for a child for FMAP-related eligibility.
- ◆ Clarify household composition for a State Supplementary Assistance recipient with a "dependent person."
- ◆ Clarify procedures in "When a Medicaid-Eligible Person Moves to Iowa."
- ◆ Correct household composition example 8 on page 144. The Medically Needy household size should be two, not three.
- ◆ Correct a policy statement to reflect that children who meet citizenship requirements are eligible for FMAP-related Medicaid only if all other eligibility requirements (including state residency) are also met.

Effective Date

Substantial gainful activity changes became effective on January 1, 2012.

All other changes are effective immediately.

Material Superseded

This material replaces the following page from Employees' Manual, Title 8, Chapter C:

<u>Page</u>	<u>Date</u>
Title page	December 4, 2009
Contents (page 1)	October 8, 2010
6	July 2, 2010
7-10, 10a-10l, 27	May 27, 2011
58	December 4, 2009
72	May 27, 2011
87, 88	December 4, 2009
89	October 8, 2010
90, 92	December 4, 2009
93	July 2, 2010
111, 127, 144, 146	December 4, 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

August 17, 2012

GENERAL LETTER NO. 8-C-91

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

SUBJECT: Employees' Manual, Title 8, Chapter C, **NONFINANCIAL ELIGIBILITY**,
Contents (pages 1 and 3), revised; pages 21 through 33, 36, 37, 42, 61,
62, 62a, 63, 114, and 117 through 126, revised.

Summary

Chapter 8-C is revised to:

- ◆ Clarify that the HIPP Unit is located within the Iowa Medicaid Enterprise (IME).
- ◆ Clarify when a HIPP referral is needed or not needed.
- ◆ Note that staff should not refer household members who are undocumented aliens to the Health Insurance Premium Payment (HIPP) program.
- ◆ Add the alternative for volunteer HIPP participants to apply over the telephone.
- ◆ Clarify that referral to the HIPP Unit when a member reports new employment is required only when health insurance is available through the employer.
- ◆ Clarify that parents must cooperate in identifying and obtaining court-ordered medical support for children.
- ◆ Clarify procedures for processing eligibility determinations after a sanctioned client agrees to cooperate with DIA.
- ◆ Clarify the date that Medicaid can be approved due to cooperation with Child Support Recovery.
- ◆ Revise the sections, "Residents of Public Nonmedical Institutions," "SSI-Related Eligibility under Levings Rule," and "Absence Less Than Three Months," due to the change to allow Medicaid to be suspended to limited services for inmates who continue to meet Medicaid eligibility requirements.
- ◆ Clarify policy for the sections "Eligible Group," "Who Must Be in the FMAP Eligible Group," "Unborn Children," and "Siblings."
- ◆ Incorporate other clarifying language.

NOTE: *Suspending Medicaid to Limited Benefits for Incarcerated Individuals Procedure Guide*, RC-0128, will be published in 6-Appendix at a later date. The IM administrators emailed the procedure guide when the Medicaid suspension webinar training was provided. If you need a copy of the procedure guide, please contact your supervisor.

Effective Date

Upon receipt.

Material Superseded

This material replaces the following page from Employees' Manual, Title 8, Chapter C:

<u>Page</u>	<u>Date</u>
Contents (page 1)	January 13, 2012
Contents (page 3)	July 2, 2010
21-23	December 4, 2009
24	December 3, 2010
25, 26	October 8, 2010
27	January 13, 2012
28-30	May 27, 2011
31-33	December 4, 2009
36	October 8, 2010
37	December 4, 2009
42	October 8, 2010
61, 62, 62a, 62b	November 5, 2010
63, 114, 117, 118	December 4, 2009
119	July 2, 2010
120-126	December 4, 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

January 25, 2013

GENERAL LETTER NO. 8-C-92

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

SUBJECT: Employees' Manual, Title 8, Chapter C, ***NONFINANCIAL ELIGIBILITY***,
pages 87 through 90, 92, and 93, revised.

Summary

Chapter 8-C is revised to change the income level that represents substantial gainful activity from \$1,010 to \$1,040 per month, effective January 1, 2013.

Effective Date

January 1, 2013

Material Superseded

This material replaces the following page from Employees' Manual, Title 8, Chapter C:

<u>Page</u>	<u>Date</u>
87-90, 92, 93	January 13, 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

January 30, 2015

GENERAL LETTER NO. 8-C-93

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

SUBJECT: Employees' Manual, Title 8, Chapter C, **NONFINANCIAL ELIGIBILITY**,
pages 7, 17, 24, 87 through 90, 92, 93, 105, and 149, revised.

Summary

Chapter 8-C is revised to:

- ◆ Change the income level that represents substantial gainful activity from \$1,070 to \$1,090 per month, effective January 1, 2015.
- ◆ Remove references to the IowaCare program. The IowaCare program ended on December 31, 2013.
- ◆ Remove references to the Health Insurance Plan Iowa (HIPIowa) which ended on December 31, 2013.
- ◆ Include a signed *Application for Health Coverage and Help Paying Costs* as evidence of paternity.

Effective Date

Changes to the substantial gainful activity amounts are effective January 1, 2015.

All other changes are effective January 1, 2014.

Material Superseded

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

<u>Page</u>	<u>Date</u>
7	January 13, 2012
17	December 4, 2009
24	August 17, 2012
87-90, 92, 93	January 25, 2013
105, 149	December 4, 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

May 29, 2015

GENERAL LETTER NO. 8-C-94

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

SUBJECT: Employees' Manual, Title 8, Chapter C, **NONFINANCIAL ELIGIBILITY**,
pages 52, 112, and 132, revised.

Summary

Chapter 8-C is revised to reflect the name change of intermediate care facilities for the mentally retarded (ICF/MR) to intermediate care facilities for persons with an intellectual disability (ICF/ID), as mandated by 2012 Iowa Acts, Senate File 2247.

Effective Date

Immediately.

Material Superseded

This material replaces the following page from Employees' Manual, Title 8, Chapter C:

<u>Page</u>	<u>Date</u>
52, 112, 132	December 4, 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

January 1, 2016

GENERAL LETTER NO. 8-C-95

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

SUBJECT: Employees' Manual, Title 8, Chapter C, **NONFINANCIAL ELIGIBILITY**,
pages 13, 87 through 90, 92, and 93, revised.

Summary

Chapter 8-C is revised to change the income level that represents substantial gainful activity from \$1,090 to \$1,130 per month, effective January 1, 2016.

Effective Date

Changes to the substantial gainful activity amounts are effective January 1, 2016.

Material Superseded

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

<u>Page</u>	<u>Date</u>
13	October 8, 2010
87-90, 92, 93	January 30, 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

March 17, 2017

GENERAL LETTER NO. 8-C-96

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

SUBJECT: Employees' Manual, Title 8, Chapter C, **NONFINANCIAL ELIGIBILITY**,
pages 87 through 90, 92, and 93, revised.

Summary

Chapter 8-C is revised to change the income level that represents substantial gainful activity from \$1,130 to \$1,170 per month, effective January 1, 2017.

Effective Date

January 1, 2017

Material Superseded

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

Page

Date

87-90, 92, 93

January 1, 2016

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. 8-C-97

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

SUBJECT: Employees' Manual, Title 8, Chapter C, ***Nonfinancial Eligibility***, pages 13, 87 through 90, 92, and 93, revised.

Summary

Chapter 8-C is revised to change the income level that represents substantial gainful activity from \$1,170 to \$1,180 per month, effective January 1, 2018.

Effective Date

January 1, 2018

Material Superseded

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

<u>Page</u>	<u>Date</u>
13	January 1, 2016
87-90, 92, 93	March 17, 2017

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

September 21, 2018

GENERAL LETTER NO. 8-C-98

ISSUED BY: Iowa Medicaid Enterprise

SUBJECT: Employees' Manual, Title 8, Chapter C, **Nonfinancial Eligibility**, Contents (page 1), revised; and pages 4 through 10, 10a, 11 through 20, 24, 25, 30, 120, and 121, revised.

Summary

Chapter 8-C is revised:

- ◆ Remove obsolete references to FMAP-related Medicaid pertaining to verification of citizenship and identity that have been replaced by MAGI-related policies and ELIAS procedures at <http://dhssp/manual/SitePages/Chapter3.aspx>.
- ◆ Correct policy regarding exemption from citizenship and identity verification requirements for children in out-of-home placements and for children in IV-E funded subsidized adoption or subsidized guardianship.
- ◆ Replace obsolete references to Iowa Family Planning Network with the current Family Planning Program terminology.
- ◆ Specify that a notation in an electronic case file of the type of citizenship and identity verification received is now an acceptable way to maintain the Department's record of successful verification. A hardcopy of paper documents is no longer required.
- ◆ Replace obsolete references to WIFS alerts with the current terminology of WISE alerts.
- ◆ Remove references to BCCT processing in PRSM since BCCT is now processed in ELIAS.
- ◆ Explain that documents used to verify citizenship and identity are now categorized as either primary or secondary.
- ◆ Replace the chart of acceptable documents for verifying citizenship and identity with a cross-reference to an updated chart found at <http://dhssp/manual/subsite/Chapter3References/90%20Day%20ROP%20Reference%20Guide.pdf>. NOTE: The updated chart reflects that the hierarchy of Levels 1-4 is no longer used to classify these documents. The updated chart also reflects other significant changes in the details of specific acceptable documents.

- ◆ Specify that an individual may now use affidavits to verify both citizenship and identity, while noting that affidavits are acceptable only when no other form of verification is available.
- ◆ Specify that original documents or copies certified by the issuing agency are no longer required to verify citizenship and identity. Copies, including copies provided by the applicant or member, are now generally acceptable.
- ◆ Remove references to a hierarchy of most reliable to least reliable citizenship and identity documents and remove the requirement that less reliable documents can only be accepted when more reliable documents are not available.
- ◆ Remove the reference to RC-0085, *Guide for Citizenship and Identification*, which is obsolete.
- ◆ Remove obsolete references to matching through the Birth Certificate Verification (BCV) system.

Effective Date

August 1, 2018

Material Superseded

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

<u>Page</u>	<u>Date</u>
Contents (page 1)	August 17, 2012
4, 5	October 8, 2010
6	January 13, 2012
7	January 30, 2015
8-10, 10a-10m	January 13, 2012
11, 12	May 27, 2011
13	February 16, 2018
14-16	December 4, 2009
17	January 30, 2015
18	December 4, 2009
19	February 12, 2010
20	December 4, 2009
24	January 30, 2015
25, 30, 120, 121	August 17, 2012

Additional Information

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

April 19, 2019

GENERAL LETTER NO. 8-C-99

ISSUED BY: Iowa Medicaid Enterprise

SUBJECT: Employees' Manual, Title 8, Chapter C, ***Medicaid Nonfinancial Eligibility***, Title page, revised; and pages 8, 11, 12, 14, 15, 16, 18, 78, 87 through 90, 92, 93, 105, 122, 135, 139, 143, 144, and 145, revised.

Summary

Chapter 8-C is revised to:

- ◆ Increase the income level that represents substantial gainful activity from \$1,180 to \$1,220 per month, effective January 1, 2019.
- ◆ Update retroactive eligibility language to reference the change in the definition of "retroactive period" listed in 8-A, Administration.

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 8, Chapter C:

<u>Page</u>	<u>Date</u>
Title page	January 13, 2012
8, 11, 12, 14-16, 18	September 21, 2018
78	December 4, 2009
87-90, 92, 93	February 16, 2018
105	January 30, 2015
122	August 17, 2012
135, 139, 143	December 4, 2009
144	January 13, 2012
145	December 4, 2009

Additional Information

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

January 29, 2021

GENERAL LETTER NO. 8-C-100

ISSUED BY: Iowa Medicaid Enterprise

SUBJECT: Employees' Manual, Title 8, Chapter C, ***Nonfinancial Eligibility***, Contents pages 1-3, revised; Contents page 4, removed; pages 1-4, 1, 2 and 3, 4-7, 8, 9 and 10, revised; 10a, removed; 11 and 12, 13, 14-16, 17, 18, 19 and 20, 21-23, 24 and 25, 26-29, 30, 31-33, 34, 35, 36 and 37, 38 and 39, 40 and 41, 42, 43-51, 52, 53-57, 58, 59 and 60, 61 and 62, revised; 62a, removed; 63, 64-71, 72, 73-77, 78, 79-81, 82, 83-86, 87-90, 91, 92 and 93, 94, 95-104, 105, 106-110, revised; 111, 112, 113, 114, 115 and 116, 117-119, 120 and 121, 122, 123-126, 127, 128-131, 132, 133 and 134, 135, 136-138, 139, 140 and 141, 142, 143-145, 146, 147 and 148, 149, 150-155, removed.

Summary

Chapter 8-C is revised to:

- ◆ Update the manual to use the correct language and definitions as provided in rules based on the changes with the Affordable Care Act (ACA).
- ◆ Update legal references.
- ◆ Revise manual to bring policy and procedures up-to-date.
- ◆ Add the new household size and joint custody policies for MAGI-related coverage groups.

Effective Date

Immediately.

Material Superseded

<u>Page</u>	<u>Date</u>
Contents page 1	September 21, 2018
Contents page 2	November 5, 2010
Contents page 3	August 17, 2012
Contents page 4	July 2, 2010
1	July 2, 2010
2 and 3	October 8, 2010

4-7	September 21, 2018
8	April 19, 2019
9 and 10	September 21, 2018
10a	September 21, 2018
11 and 12	April 19, 2019
13	September 21, 2018
14-16	April 19, 2019
17	September 21, 2018
18	April 19, 2019
19 and 20	September 21, 2018
21-23	August 17, 2012
24 and 25	September 21, 2018
26-29	August 17, 2012
30	September 21, 2018
31-33	August 17, 2012
34	December 4, 2009
35	October 8, 2010
36 and 37	August 17, 2012
38 and 39	December 4, 2009
40 and 41	October 8, 2010
42	August 17, 2012
43-51	December 4, 2009
52	May 29, 2015
53-57	December 4, 2009
58	January 13, 2012
59 and 60	December 4, 2009
61 and 62	August 17, 2012
62a	August 17, 2012
63	August 17, 2012
64-71	December 4, 2009
72	January 13, 2012
73-77	December 4, 2009
78	April 19, 2019
79-81	December 4, 2009
82	May 27, 2011
83-86	December 4, 2009
87-90	April 19, 2019
91	December 4, 2009
92 and 93	April 19, 2019
94	July 2, 2010
95-104	December 4, 2009
105	April 19, 2019
106-110	December 4, 2009

111	January 13, 2012
112	May 29, 2015
113	December 4, 2009
114	August 17, 2012
115 and 116	December 4, 2009
117-119	August 17, 2012
120 and 121	September 21, 2018
122	April 19, 2019
123-126	August 17, 2012
127	January 13, 2012
128-131	December 4, 2009
132	May 29, 2015
133 and 134	December 4, 2009
135	April 19, 2019
136-138	December 4, 2009
139	April 19, 2019
140 and 141	May 27, 2011
142	December 4, 2009
143-145	April 19, 2019
146	January 13, 2012
147 and 148	December 4, 2009
149	January 30, 2015
150-155	December 4, 2009

Additional Information

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

January 28, 2022

GENERAL LETTER NO. 8-C-101

ISSUED BY: Iowa Medicaid Enterprise

SUBJECT: Employees' Manual, Title 8, Chapter C, ***Nonfinancial Eligibility***, pages 78-81, 83 and 84, revised.

Summary

Chapter 8-C is revised to:

- ◆ Increase the income level that represents substantial gainful activity from \$1,310 to \$1,350 per month, effective January 1, 2022.
- ◆ The following information is being provided for documentation purposes only and without revisions to the pages in the manual.
 - Summary of 2021 COLA Changes:
Increase the income level that represents substantial gainful activity from \$1,260 to \$1,310 per month, effective January 1, 2021.
 - Summary of 2020 COLA Changes
Increase the income level that represents substantial gainful activity from \$1,220 to \$1,260 per month, effective January 1, 2020.

Effective Date

January 1, 2022.

Material Superseded

<u>Page</u>	<u>Date</u>
78-81, 83 and 84	January 29, 2021

Additional Information

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

May 13, 2022

GENERAL LETTER NO. 8-C-102

ISSUED BY: Iowa Medicaid Eligibility

SUBJECT: Employees' Manual, Title 8, Chapter C, **Medicaid Nonfinancial Eligibility**, 108 and 109, revised..

Summary

This chapter is revised to update information relating to joint custody living arrangements.

Effective Date

Immediately.

Material Superseded

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

<u>Page</u>	<u>Date</u>
108 and 109	January 29, 2021

Additional Information

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

April 21, 2023

GENERAL LETTER NO. 8-C-103

ISSUED BY: Iowa Medicaid

SUBJECT: Employees' Manual, Title 8, Chapter C, **Medicaid Nonfinancial Eligibility**, Title Page, Contents 1-3, 1-77, 78-81, 82, 83 and 84, 85-90, revised; 91-107, 108 and 109, 110, removed.

Summary

This chapter is revised to

- Increase the income level that represents substantial gainful activity from \$1,350 to \$1,470 per month, effective January 1, 2023.
- Clarify when an applicant/member is found not disabled by DDS, DDS will prepare a clear concise explanation of the denial. That explanation will either come on the existing form 470-2463, or will come as a Personalized Disability Explanation. Either document is acceptable when received by DDS.
- Update style and formatting throughout.

Effective Date

January 1, 2023.

Material Superseded

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

<u>Page</u>	<u>Date</u>
Title Page	April 19, 2019
Contents 1-3	January 29, 2021
1-77	January 29, 2021
78-81	January 28, 2022
82	January 29, 2021
83 and 84	January 28, 2022
85-107	January 29, 2021
108 and 109	May 13, 2022
110	January 29, 2021

Additional Information

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

February 9, 2024

GENERAL LETTER NO. 8-C-104

ISSUED BY: Iowa Medicaid

SUBJECT: Employees' Manual, Title 8, Chapter C, **Medicaid Nonfinancial Eligibility**, 64-69,
revised.

Summary

This chapter is revised to increase the income level that represents substantial gainful activity from \$1,470 to \$1,550 per month, effective January 1, 2024.

Effective Date

January 1, 2024.

Material Superseded

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

<u>Page</u>	<u>Date</u>
64-69	April 21, 2023

Additional Information

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

March 7, 2025

GENERAL LETTER NO. 8-C-105

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

SUBJECT: Employees' Manual, Title 8, Chapter C, **Nonfinancial Eligibility**, Title Page,
Contents 1-3, 1-63, 64-69, 70-90, revised; 91-112, new.

Summary

This chapter is revised to

- Increase the income level that represents substantial gainful activity from \$1,550 to \$1,620 per month, effective January 1, 2025.
- Health Insurance Premium Payment (HIPP) Program does not require cooperation. HIPP was moved to its own section and removed from Cooperation in Obtaining Medical Resources to clarify there are no requirements to cooperate with HIPP.
- Update Division of Inspections and Appeals (DIA) to their new name Division of Inspections, Appeals, and Licensing (DIAL) throughout the chapter.
- Update Child Support Recovery Unit (CSRU) to their new name Child Support Services (CSS) throughout the chapter.
- Clarify information on exceptions to providing a social security number.
- Update branding, style, and formatting throughout.

Effective Date

January 1, 2025.

Material Superseded

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

<u>Page</u>	<u>Date</u>
Title Page	April 21, 2023
Contents 1-3	April 21, 2023
1-63	April 21, 2023
64-69	February 9, 2024
70-90	April 21, 2023

Additional Information

Refer questions about this general letter to your area eligibility determinations manager.

October 10, 2025

GENERAL LETTER NO. 8-C-106

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

SUBJECT: Employees' Manual, Title 8, Chapter C, **Medicaid Nonfinancial Eligibility**,
Contents 1-3, 1-110, revised; 111 and 112, removed.

Summary

This chapter is revised to

- Correct the spelling of non-MAGI throughout the chapter
- Removed reference to ABC system where needed
- New Disability Determination Steps added steps added for Individuals who do not apply for SSDI or Disability Income Benefits
- Removed requirement to apply for Other Income Benefits

Effective Date

October 15, 2025.

Material Superseded

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

Page	Date
Contents 1-3	March 7, 2025
1-112	March 7, 2025

Additional Information

Refer questions about this general letter to your area eligibility determinations manager.