



July 2, 1996

**GENERAL LETTER NO. 8-F-10**

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

SUBJECT: Employees' Manual, Title 8, Chapter F, *Coverage Groups*, Title page, revised; Contents, page 1, revised, pages 2 and 3, new; pages 1 through 16, revised; and pages 17 through 111, new.

**Summary**

This general letter transmits the revised 8-F, *Coverage Groups*.

The existing chapter VIII-F, *Early and Periodic Screening, Diagnosis, and Treatment*, has been incorporated into the revised 8-M, *Medicaid Services*.

There is no new policy information in this chapter.

**Effective Date**

August 1, 1996

**Material Superseded**

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

Also obsolete the following interpretative memos:

- ◆ MS-VIII-89-3, "MAC/ADC Composite Households."
- ◆ MS-VIII-88-15, "Definition of Increased Earnings or Hours of Employment."
- ◆ MS-VIII-88-10, "CMAP Eligibility for Siblings."
- ◆ MS-VIII-88-9, "Treatment of Income of Students in Independent Living Situations When Determining CMAP Eligibility."
- ◆ MS-VIII-92-7, "QMB Eligibility and Part A."
- ◆ MS-VIII-90-19, "Transitional Medical/Medically Needy Cases."

**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

October 22, 1996

**GENERAL LETTER NO. 8-F-11**

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

SUBJECT: Employees' Manual, Title 8, Chapter F, *Coverage Groups*, pages 30, 37, and 41, revised.

**Summary**

A person disqualified for the Family Investment Program because of an intentional program violation may still be eligible for Medicaid.

**Effective Date**

November 1, 1996

**Material Superseded**

Remove from Employees' Manual, Title 8, Chapter J, pages 30, 37, and 41, dated July 2, 1996, and destroy them.

**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

December 17, 1996

**GENERAL LETTER NO. 8-F-12**

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

SUBJECT: Employees' Manual, Title 8, Chapter F, *Coverage Groups*, pages 84-88, 91-94, 96, 100, and 106, revised.

**Summary**

This chapter has been revised to reflect the 1997 Social Security cost of living allowance (COLA) increase of 2.9%.

**Effective Date**

January 1, 1996

**Material Superseded**

Remove from Employees' Manual, Title 8, Chapter F, pages 84-88, 91-94, 96, 100, and 106, all dated July 2, 1996, and destroy them.

**Additional Information**

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



May 20, 1997

**GENERAL LETTER NO. 8-F-13**

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

SUBJECT: Employees' Manual, Title 8, Chapter F, *Coverage Groups*, pages 43, 45-48, 50, 52, 53, 55, 58, 59, 70, 98, 100, 104-106, 108 and 110, revised.

**Summary**

This general letter transmits the revised federal poverty levels for mothers and children, transitional Medicaid, qualified Medicare beneficiary, specified low-income Medicare beneficiary, and qualified disabled and working persons groups.

Example 1 on page 45 has been corrected.

**Effective Date**

April 1, 1997, for all coverage groups except QMB and SLMB.

The effective date for QMB and SLMB is May 1, 1997.

**Material Superseded**

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

<u>Page</u>	<u>Date</u>
43, 45-48, 50, 52, 53, 55, 58, 59, 70, 98	July 2, 1996
100	December 17, 1996
104,105	July 2, 1996
106	December 17, 1996
108, 110	July 2, 1996

**Additional Information**

Contact your regional benefits administrator if you need additional information.



December 16, 1997

**GENERAL LETTER NO. 8-F-14**

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

SUBJECT: Employees' Manual, Title 8, Chapter F, *Coverage Groups*, pages 84 through 88, 91, 92, 93, 94, 96, 100, and 106, revised; and page 92a, new.

**Summary**

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

This general letter also includes policy for the new SSI-related coverage group for children that was created as a result of the Balanced Budget Act (BBA) of 1997 and was implemented in Manual Letter 8-F-2, dated October 7, 1997.

Implementation instructions directed that this coverage group was to include both children who had lost SSI benefits due to reevaluation of disability under P.L. 104-193 and children who were found no longer disabled for SSI-related Medicaid due to reevaluation of disability under the revised criteria. HCFA has since clarified that the state cannot cover children who were receiving SSI-related Medicaid only and were found not to be disabled under the revised criteria.

Therefore, this coverage group is available only to children who were receiving SSI benefits as of August 22, 1996, and were found no longer disabled under the revised disability criteria. Children who were receiving SSI-related Medicaid and were determined no longer disabled under the revised criteria need to be canceled from the SSI-related coverage group effective January 1, 1998.

As all cases where disability was subject to reevaluation by the Department were sent through central office for an initial screening, we can identify the children who were found no longer disabled and who will now no longer qualify for Medicaid under the BBA provisions. Central office will notify each benefit payment administrator of the cases in that region. As of this date, this change affects only two children.

**Implementation Instructions**

Send a hand-issued notice of cancellation to the affected clients. See Manual Letter 8-C-29, dated May 13, 1997, for language to use to cancel Medicaid due to reevaluation of disability under the revised criteria.

**Effective Date**

January 1, 1998

**Material Superseded**

Remove from Employees' Manual, Title 8, Chapter F, Contents (page 2), dated July 2, 1996; pages 84 through 88, 91, 92-94, and 96, dated December 17, 1996, and pages 100 and 106, dated May 20, 1997, and destroy them.

**Additional Information**

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



January 6, 1998

## GENERAL LETTER NO. 8-F-15

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

SUBJECT: Employees' Manual, Title 8, Chapter F, *Medicaid Coverage Groups*, Title page, revised; Contents (pages 1 and 2), revised; pages 1 through 111, revised; and page 112, new.

### Summary

This general letter transmits several changes:

- ◆ Medicaid is being “delinked” from FIP cash assistance:

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 with a few exceptions, automatically eligible to receive Medicaid.

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.

When Congress passed the Personal Responsibility and Work Opportunity Act of 1996 (P.L. 104-193), states were given new flexibility to administer their FIP cash programs and a five-year lifetime limit was set on receiving cash assistance. There was concern that 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 PRWOA 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 delete references to "FIP-related" Medicaid coverage groups and to incorporate new policies around FMAP-related coverage groups. This results in the following changes:

- Persons who receive FIP do not automatically qualify for Medicaid.
- In order to receive transitional or extended Medicaid, the family must be canceled from FMAP due to earnings or support and must have received FMAP in at least three of the previous six months. A combination of FIP and FMAP will be allowed for the first six months of implementation to transition to the delinking provisions.
- Children of FMAP-eligible parents will receive coverage under FMAP, not CMAP.
- Cross references to Chapters 8-D, **Resources**, and 8-E, **Income**, have been added to the chapter. Although these references use the term "FMAP-related," revisions to these chapters are not yet completed. Continue to follow FIP-related policy in Title 4 (in addition to current Medicaid policy, as appropriate) until the FIP income and resource policies are incorporated into Title 8.
- ◆ Policy is being amended so that persons who are canceled from FMAP due to earnings alone or in combination with other changes in the household are eligible to receive transitional Medicaid coverage. This new policy does not apply to persons who become ineligible for FMAP due to the receipt of support (extended Medicaid).
- ◆ The 30-day waiting period for unemployed parents applying for FMAP is removed. The effective date of eligibility for these people is the same as it is for anyone else (i.e., the first of the month in which they apply).
- ◆ The revised income limit for the specified low-income Medicare beneficiary coverage group to over 100% of the federal poverty level but less than 120% of the federal poverty level is being incorporated into the manual.
- ◆ The Balanced Budget Act of 1997 mandated two new SSI-related coverage groups for persons who are not otherwise eligible for Medicaid:
  - Expanded specified low income Medicare beneficiaries
  - Home health specified low income Medicare beneficiaries.

The expanded SLMB group will pay only the Medicare Part B premium. The home health SLMB will pay only the home health portion of the Medicare Part B premium. Both of these coverage groups are 100% federally funded.



To be eligible to receive expanded SLMB or home health SLMB, a person must meet the same eligibility criteria as the current SLMB coverage group except for the income level.

- The income limit for the expanded SLMB is 120% of the federal poverty level to less than 135% of the federal poverty level.
- The income limit for the home health SLMB is 135% of the federal poverty level to less than 175% of the federal poverty level.
- ◆ The aid type table is revised to reflect that the aid types for coverage groups specifically for blind persons are obsolete and to identify the appropriate medical aid type and case aid type to use for persons in facilities when appropriate. Blind persons in aid types that are obsolete are being combined with the corresponding disabled aid type.
- ◆ The manual has been revised through out to further clarify various policies and examples.

### **Effective Date**

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

The COLA revisions and elimination of the 30-day waiting period for unemployed parents are effective January 1, 1998.

Implementation of the expanded SLMB and home health SLMB coverage groups is effective with applications filed on or after January 1, 1998.

Transitional Medicaid policies related to cancellation of FMAP due to a combination of earned income and other circumstances are effective February 1, 1998.

### **Material Superseded**

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

<u>Page</u>	<u>Date</u>
Title page	July 2, 1996
Manual Letter 8-F-2	October 7, 1997
Contents (Page 1)	July 2, 1996
Contents (Page 2)	December 16, 1997
Contents (Page 3)	July 2, 1996
1-111	July 2, 1996, or October 22, 1996, or May 20, 1997, or December 16, 1997

### **Additional Information**

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



June 16, 1998

**GENERAL LETTER NO. 8-F-16**

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

SUBJECT: Employees' Manual, Title 8, Chapter F, *Medicaid Coverage Groups*, Contents (page 2), revised; pages 54 and 56 through 72, 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:

- ◆ Expand existing Medicaid programs,
- ◆ Create a non-Medicaid child health care program, or
- ◆ 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 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.
- ◆ Remove references to income limits for these children not exceeding 100% of the federal poverty level.
- ◆ Update poverty levels to reflect the 1998 levels.

Additionally, the IABC system has been modified so that eligibility for this coverage group will be system-calculated. Therefore, the instructions on how to calculate poverty level manually have been deleted.

## **Implementation**

In June, Central Office will issue mailing labels by county and worker for all active cases in aid types 92-0 and 91-0. Complete desk reviews on these cases in June and July to identify those households with older children who are now eligible to be added to the MAC case due to the expansion. Affix the mailing label to form letter 470-3510 (sample attached). This notice explains the changes and asks clients to contact you if they want the child added to the case.

Also in June and July, complete desk reviews on state-only foster care cases (aid type 40-9) to determine if the children in foster care who are receiving Medicaid with 100% state dollars are eligible under the MAC program due to the expanded eligibility. Use your monthly case listing report to identify these cases.

After June month-end, Central Office will generate a mailing to all Medically Needy cases that meet the following criteria:

- ◆ Have a status of N; and
- ◆ Became inactive in April, May, or June; and
- ◆ Had a child in the household less than 19 years of age.

The notice will provide information about the expanded coverage and advise clients to file an application if they think they may qualify. (A copy of the notice text is attached.)

## **Effective Date**

July 1, 1998

## **Material Superseded**

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

<u>Page</u>	<u>Date</u>
Contents (page 2)	January 6, 1998
54, 56-72	January 6, 1998

## **Additional Information**

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

Attachments: 470-3510  
Comm. 144



TERRY E. BRANSTAD, GOVERNOR

DEPARTMENT OF HUMAN SERVICES

CHARLES M. PALMER, DIRECTOR

[Empty rectangular box for address or contact information]

Date: \_\_\_\_\_

**I M P O R T A N T   N O T I C E**

This letter is to tell you about changes in the Medicaid program that will begin on July 1, 1998. **A law has been passed that raises the age and income limits so that more children can get Medicaid.** Starting on July 1, 1998, your child can get Medicaid if:

- ◆ They are under the age of 19; and
- ◆ Your countable family income is less than 133% of the federal poverty level.

Our records indicate that the younger children in your family are already on Medicaid. **We cannot give Medicaid to your older children until you tell us to add them to your case. If you want to add your older children to your Medicaid case, you need to:**

- Call me or send me something in writing asking that they be added to the Medicaid case.
- Send me the following information:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please call me if you have any questions.

Income Maintenance Worker	Phone
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## IMPORTANT NOTICE

There are changes in the Medicaid program that will begin on July 1, 1998. A law has been passed that **raises** the age and income limits so that **more children can get Medicaid**.

Starting on July 1, your children can get Medicaid if:

- They are **under the age of 19**; and
- Your countable **family income is less than 133% of the federal poverty level**; and
- Your “liquid” **resources** (e.g. cash, stocks, bonds, bank accounts, etc.) **are less than \$10,000**. (Other resources like your car, home, other property, etc. do not count towards this limit.)

### INCOME LIMIT

(after some deductions are allowed to earned income)

<b>Household Size*</b>	1	2	3	4	5	6	7	8
<b>Monthly Income</b>	\$893	\$1,203	\$1,513	\$1,824	\$2,134	\$2,444	\$2,755	\$3,065

For each additional person **over 8**, add \$311.

\* **Note:** If there is a pregnant woman in your household, count the unborn baby too.

**TO APPLY FOR MEDICAID**, either call or stop by the Department of Human Services office in the county where you live. Ask for a Health Services Application, form number 470-2927.

Comm. 144 (6/98)



September 8, 1998

**GENERAL LETTER NO. 8-F-17**

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

SUBJECT: Employees' Manual, Title 8, Chapter F, *Medicaid Coverage Groups*, pages 32 through 36, 39, 42, 43, 46, 47, 48, 96, 97, 98, 100 through 104, 106, and 108 through 112, revised.

**Summary**

This letter transmits revisions to the Transitional Medicaid policy on who is included in the family. The definition of "family" for Transitional Medicaid now includes:

- ◆ All persons living in the household whose needs and income were included in determining FMAP eligibility at the time the benefits were terminated. This allows, for example, a returning absent parent whose income terminates FMAP eligibility to be included in the Transitional Medicaid group.
- ◆ A child who is born or a person who returns to the home after FMAP benefits are terminated.

The Balanced Budget Act and a letter of interpretation from the Health Care Financing Administration allow the state to pay the home health portion of the Medicare Part B premium for home health specified low-income Medicare beneficiaries. The payment of the home health portion of the Medicare Part B premium will be made retroactively on an annual basis. This payment will be made in April of each year for the previous calendar year.

The Employees' Manual also has been revised to update poverty levels for Transitional Medicaid and for the limited Medicaid benefit coverage groups.

**Effective Date**

Poverty levels were effective April 1, 1998.

Transitional Medicaid changes and payment of the home health portion of Medicare Part B are effective October 1, 1998.

**Material Superseded**

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

<u>Page</u>	<u>Date</u>
32-36, 39, 42, 43, 46-48 96-98, 100-104, 106, 108-112	January 6, 1998

**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 15, 1998

## **GENERAL LETTER NO. 8-F-18**

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

**SUBJECT:** Employees' Manual, Title 8, Chapter F, *Coverage Groups*, pages 50, 77, 79, 81 through 89, 92, 94, 98, and 101 through 104, revised.

### **Summary**

This chapter has been revised to:

- ◆ Reflect the 1999 Social Security cost of living allowance (COLA) increase of 1.3%.
- ◆ Clarify that the Social Security Administration does not review or determine ongoing Medicaid eligibility for the coverage groups "people ineligible for SSI or SSA due to Social Security benefits paid from a parents account" or "people ineligible for SSI or SSA due to receipt of widows Social Security benefits." Reviews and ongoing eligibility must be completed by the DHS income maintenance worker.

### **Effective Date**

January 1, 1999

### **Material Superseded**

Remove from Employees' Manual, Title 8, Chapter F, pages 50, 77, 79, 81 through 89, 92, and 94, dated January 6, 1998, and pages 98, and 101 through 104, dated September 8, 1998, and destroy them.

### **Additional Information**

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





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

DEPARTMENT OF HUMAN SERVICES  
CHARLES M. PALMER, DIRECTOR

January 19, 1999

**GENERAL LETTER NO. 8-F-19**

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

SUBJECT: Employees' Manual, Title 8, Chapter F, *Coverage Groups*, page 62, revised.

**Summary**

Policy on determining countable income for the MAC coverage group is corrected as follows:

- ◆ Removing "Payments made for dependents not living in the home" under **Determining Countable Income** for parents.
- ◆ Adding that the child support paid by a parent for persons not living in the home must be court-ordered and may be for current or back support.
- ◆ Adding "Diversions for an ineligible or excluded person's needs, if appropriate."

Policy on considering income of stepparents is corrected by:

- ◆ Limiting deductions to dependents, "who are or could be claimed as dependents for federal income tax purposes."
- ◆ Replacing "court-ordered" with "verified" child support or alimony.

**Effective Date**

Upon receipt.

**Material Superseded**

Remove from Employees' Manual, Title 8, Chapter F, page 62, June 16, 1998, and destroy it.

**Additional Information**

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



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

DEPARTMENT OF HUMAN SERVICES  
JESSIE K. RASMUSSEN, DIRECTOR

June 22, 1999

## GENERAL LETTER NO. 8-F-20

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

SUBJECT: Employees' Manual, Title 8, Chapter F, *Coverage Groups*, Contents (pages 1 and 2), revised; and pages 26 through 31, 49, 51 through 53, 55 through 58, 60, 61, 71, 76, 77, 90, 91, and 92, revised; and page 92a, new.

### Summary

This general letter transmits two policy changes.

- ◆ A change has been made in when disability is to be reviewed on children who were canceled 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 these children have disability reviewed two years from the date of the child's cancellation from SSI. Since cancellations from SSI could occur as early as July 1, 1997, state review of disability could be initiated on these children on July 1, 1999. With this change, reviews of disability for children eligible under this coverage group are based 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, this information is not yet available to Iowa due to the need for system enhancement to receive the information. Once system changes have been made, the information will be transmitted to the field.

- ◆ House File 760, enacted by Seventy-eighth Session of the Iowa General Assembly, directs the Department to disregard resources in determining initial and ongoing Medicaid eligibility of children in coverage groups for which the Department has the authority to do so.

This change does not affect the types of resources to be considered, whose resources to consider, or how the countable value of a resource is determined. It does provide that resources of all household members will be disregarded when determining eligibility of children in the affected coverage groups.

Revisions have been made in this chapter under each coverage group to indicate which coverage groups are affected by this change and which remain unchanged.

### **Effective Date**

Both changes are effective July 1, 1999.

For applications, disregard resources in the eligibility determinations of children on any applications processed on or after July 1, 1999, for July and later months. Determine eligibility in months before July 1999 according to policies in place during those months.

For ongoing cases, effective with the month of July 1999, ignore any increases in household resources for children in the affected coverage groups. Additionally, adjust eligibility of children based on this change no later than at time of review.

When some household members have attained Medicaid eligibility by the voluntary exclusion of a child whose resources would have created ineligibility, explain the effect of this policy change on the excluded child and the effect of adding that child to the eligible group at the first contact with the household on or after July 1, but no later than at the time of the annual review.

1. Mr. and Mrs. A and their two children receive Medicaid. Due to countable household resources of \$7,500, Mr. and Mrs. A are receiving Medicaid under Medically Needy with zero spenddown. Their children are receiving Medicaid under MAC.

Mr. and Mrs. A's certification period expires at the end of September. They apply to be recertified in August. A new zero spenddown certification period of October through March is established.

When the new certification period is established, the eligibility of the children is adjusted. Since the countable income of the household does not exceed the CMAP limit for a four-member household, the children can now receive Medicaid under CMAP. All household resources are disregarded in determining their eligibility.

2. Mrs. B receives Medicaid for two of her three children under MAC. She has voluntarily excluded the third child, because the child is a beneficiary of a trust with a countable value of \$175,000. Mrs. B chooses not to receive Medicaid. Countable household income exceeds the CMAP limit for a three-member household but does not exceed 133% of poverty for a three-member household.

The annual review on the MAC case is due in February. The worker has no contact with Mrs. B between July 1 and the review. At the review, the worker informs Mrs. B that it is no longer necessary for her to exclude the child with the trust in order for the other two children to be Medicaid-eligible.

If Mrs. B chooses to add the excluded child to the Medicaid eligible group, the earliest date the child can be eligible is the first of March (the month following the month in which the request was made). Since the trust is a resource, it is disregarded in the eligibility determination of the children. However, if the trust produces income, the income is considered according to policies concerning income produced by a resource.

(Mrs. B can still choose to exclude the child with the trust, even though eligibility may exist.)

3. Same as Example 2, except that Mrs. B contacts the worker in July about her new address. At that time, the worker explains to her the effect of the policy change on the excluded child and the effect that adding the excluded child to the eligible group would have on the other children. Mrs. B requests that the excluded child be added. The earliest date the child can be made eligible is the first of August.

### **Material Superseded**

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

<u>Page</u>	<u>Date</u>
Contents (page 1)	January 6, 1998
Contents (page 2)	June 16, 1998
26-31, 49, 51-53, 55	January 6, 1998
56-58, 60, 61, 71	June 16, 1998
76	January 6, 1998
77	December 15, 1998
90, 91	January 6, 1998
92	December 15, 1998

### **Additional Information**

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



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

DEPARTMENT OF HUMAN SERVICES  
JESSIE K. RASMUSSEN, DIRECTOR

December 21, 1999

## GENERAL LETTER NO. 8-F-21

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

SUBJECT: Employees' Manual, Title 8, Chapter F, *Coverage Groups*, pages 81 through 85, 88, 89, 92 through 96, 98 through 104, and 106 through 112, revised.

### Summary

This chapter has been revised to:

- ◆ Reflect the 2000 Social Security cost of living allowance (COLA) increase of 2.4%.
- ◆ Reflect the 1999 federal poverty level.
- ◆ Clarify the reimbursement of the home health portion of Medicare Part B.

### Effective Date

COLA changes are effective January 1, 2000.

Poverty changes were effective May 1, 1999.

### Material Superseded

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

<u>Page</u>	<u>Date</u>
Manual Letter 8-ZERO-7	March 30, 1999
81-85, 88, 89	December 15, 1998
92	June 22, 1999
93	January 6, 1998
94	December 15, 1998
95	January 6, 1998
96	September 8, 1998
98	December 15, 1998
99	January 6, 1998
100	September 8, 1998

101-104	December 15, 1998
106	September 8, 1998
107	January 6, 1998
108-112	September 8, 1998

**Additional Information**

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



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

DEPARTMENT OF HUMAN SERVICES  
JESSIE K. RASMUSSEN, DIRECTOR

February 8, 2000

## GENERAL LETTER NO. 8-F-22

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

SUBJECT: Employees' Manual, Title 8, Chapter F, *Coverage Groups*, Contents  
(page 3), new; pages 59, 60, and 87, revised; and pages 113 through 122, new.

### Summary

This General Letter:

- ◆ Implements a new SSI-related Medicaid coverage group effective March 1, 2000.
- ◆ Corrects the 1619(b) eligibility criteria page on 87.
- ◆ Transmits the update to the MAC poverty levels that was inadvertently omitted from General Letter 8-F-21.

The new Medicaid coverage group is called "Medicaid for employed people with disabilities" (MEPD). MEPD is an optional coverage group provided for in the Balanced Budget Act of 1997 and mandated by the Iowa Legislature in 1999 Iowa Acts, Chapter 94. The intent of the coverage group is to allow people with disabilities to work and to still have access to Medicaid.

To qualify for this coverage group, a person must:

- ◆ Be under age 65.
- ◆ Continue to be disabled based on the medical criteria for SSI for disability.
- ◆ Have earned income from employment or self-employment.
- ◆ Have net family income of less than 250% of the federal poverty level for the family size.

This coverage group has a higher resource limit than other Medicaid coverage groups: \$12,000 for an individual and \$13,000 for a couple. Resources are treated the same as for other SSI-related Medicaid coverage groups, with exception that additional resources of retirement accounts, medical savings accounts, and assistive technology accounts are exempt for eligibility under this coverage group.

A sliding-scale premium is assessed, based on the person's income. The Department assesses a premium when gross income of the eligible person is above 150% of the federal poverty level. Premiums start at \$20 per month. The current maximum premium is \$201. When a premium is assessed for a month, the premium must be paid before a Medicaid card is issued for the month.

## **Implementation Instructions**

All applicants for this coverage group need to receive a copy of the MEPD pamphlet, which includes the premium chart. This allows applicants to determine if they will have a premium and the amount they need to be prepared to pay if a premium will be assessed.

MEPD will require a separate case number. A client may qualify for QMB or SLMB and MEPD at the same time. Maintain separate QMB, SLMB, facility, and food stamp cases when the client is also eligible for these benefits.

A client who receives E-SLMB, HH-SLMB or QDWP cannot be eligible for those programs and MEPD at the same time. Advise the client of the requirements and benefits for each coverage group and allow the client to decide.

People eligible under a coverage group with full Medicaid benefits other than Medically Needy should not be placed in MEPD. If an applicant would be eligible for Medically Needy and for MEPD with or without a premium, the person may choose either Medically Needy or MEPD.

When a person is currently on Medically Needy with a zero spenddown and qualifies for MEPD, the person must be offered the choice of coverage groups at the time of the next review but may be switched to MEPD sooner upon request.

Review all Medically Needy spenddown cases to find people who will qualify under MEPD. Send clients who **will** qualify for MEPD a letter advising of them of their potential eligibility. (Language for the letter is included with this General Letter. The letter advises clients to contact the worker if they want their eligibility to be determined under this coverage group.)

A person who is currently on Medically Needy with a spenddown with a February/March 2000 certification period who would qualify for MEPD as of March 1st may be switched from Medically Needy into MEPD for the month of March 2000 if spenddown has not been met.

If a client requests eligibility under MEPD and a medical card has not been issued for the month or the client hasn't met spenddown, close the Medically Needy case and open a MEPD case for the client. Follow instruction in 14-I-26, **Medicaid Eligibility Through Another Aid Type**. Use the ABC system to issue a notice to the client approving eligibility under MEPD.

## **Effective Date**

March 1, 2000

## **Materials Superseded**

Remove from Employees Manual, Title 8, Chapter F, page 59, dated June 16, 1998, page 60, dated June 22, 1999, and page 87, dated December 15, 1998, and destroy them.

## **Additional Information**

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



Attachment: Language for letter about potential eligibility for MEPD.

The Iowa Department of Human Services implemented a new SSI-related Medicaid coverage group called Medicaid for Employed People with Disabilities (MEPD) effective March 1, 2000. This coverage group is for people under age 65 with disabilities who have earned income.

Under this group, the eligible person must pay a monthly premium when the person's gross income (including both earned and unearned income) is above 150% of the federal poverty level (currently \$1030). Premiums start at \$20 and go to \$201 when the eligible person's gross income reaches 390% of the federal poverty level (currently \$2,690). No premium is charged when the eligible person's gross income is 150% of poverty or less.

The Department sets the premium amount for a six-month period. The amount of the premium cannot be increased in that period, but it can be decreased if the person's income decreases.

Eligibility under MEPD generally is more beneficial to a person who has a spenddown under the Medically Needy program. A person who qualifies under MEPD does not need to meet a spenddown and may not have to pay a monthly premium. People who will owe a premium will have a premium that is less than their spenddown and will receive Medicaid as soon as they have paid the premium.

**We have reviewed your Medically Needy file and have determined that:**

- You qualify for the MEPD coverage group and will not owe a premium.** If you want your Medicaid coverage switched from Medically Needy to MEPD, please notify your worker. Your coverage will be changed to MEPD beginning with the first month in which you have not already attained Medicaid eligibility.
- You would qualify for the MEPD coverage group by paying a premium.** The estimated amount of your monthly premium is \_\_\_\_\_. If you want your Medicaid coverage switched from Medically Needy to MEPD with a premium, please notify your worker. Your coverage will be switched to MEPD if spenddown has not been met.

Your premium amount will be redetermined every six months. In order to determine what your premium will be for each six-month period, we will send you a form to gather income information before each new six-month period. Additionally, a review of continued eligibility will be completed on an annual basis.

If you have met spenddown, your eligibility under MEPD will not begin until the first month following your current Medically Needy certification period. Failure to contact your worker by the due date will result in your Medicaid coverage continuing under the Medically Needy coverage group.

Please see the enclosed MEPD pamphlet for additional information.

You must continue to report all changes in your circumstances that affect eligibility within ten days. Changes you must report include such things as change in income, resources, family members, addresses, etc.

If you have questions, please contact \_\_\_\_\_  
at \_\_\_\_\_.



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

DEPARTMENT OF HUMAN SERVICES  
JESSIE K. RASMUSSEN, DIRECTOR

March 14, 2000

## GENERAL LETTER NO. 8-F-23

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

SUBJECT: Employees' Manual, Title 8, Chapter F, *Coverage Groups*, Contents (pages 1, 2, and 3), revised; pages 4, 5, 11 through 14, 18 through 72, 96, 98, 101 through 104, 106, 108 through 112, 117, 118, 119, and 121, revised; and pages 72a through 72e, new.

### Summary

This letter incorporates the revised poverty levels for 2000. These new amounts affect the mothers and children, transitional Medicaid, qualified Medicare beneficiary, specified low-income Medicare beneficiary, expanded special low-income Medicare beneficiary, home health specified low-income Medicare beneficiary, qualified disabled and working persons groups, and Medicaid for employed people with disabilities coverage groups.

Page 4 is revised to add the Medically Needy and Medicaid for employed people with disabilities coverage groups to the table and to remove obsolete aid types.

The sections on postpartum and newborn eligibility are revised to:

- ◆ Change the type of notification to be sent to a recipient when a pregnancy ends. Previously, the instructions were to send a letter. The new instructions say that a *Notice of Decision* should be sent using reason code 819.
- ◆ Remove the suggested wording for the notice sent when eligibility is established as a newborn child of a Medicaid eligible mother and add instructions to use reason code 812.
- ◆ Add instructions for ABC system coding when the household contains a child receiving Medicaid as a newborn child of a Medicaid eligible mother.
- ◆ Remove the suggested wording of the notice sent at the time of the first birthday of a child receiving Medicaid as a newborn child of a Medicaid eligible mother and add instructions to use reason code 814.
- ◆ Remove the suggested wording of the notice sent when a child loses newborn eligibility because the mother is losing Medicaid eligibility and would not be eligible if she were still pregnant and add instructions to use reason code 816.

Page 26 is revised to clarify that eligibility under FMAP does not exist for children living with a specified relative who does not receive Medicaid under FMAP. Clarification was also added to the examples.

Pages 27 – 51 are revised to re-format the section entitled “People Who Are Ineligible for FMAP.” Transitional Medicaid policy has been clarified that when the caretaker relative who is employed is sanctioned, the remaining eligible group can continue receiving transitional Medicaid. Several other clarifications and several examples have been added.

Pages 53 and 54 are revised to clarify that, in addition to marriage, a person may also be considered emancipated by order of the court.

Pages 56 and 57 are revised to add examples to illustrate CMAP eligibility determination of a person under age 21 who is married to a person age 21 or older.

Page 61 is revised to add mutual funds to the list of examples of countable liquid resources.

Page 64 is revised to clarify that incapacitated stepparents with no children and non-incapacitated stepparents caring for stepchildren while a parent works are included in the household size.

Pages 66 is revised to clarify that child care expenses are allowable only when the client is responsible for paying expenses.

Page 71 is revised to clarify that there are situations in which the household size of the MAC and Medically Needy groups in a composite household may not always be the same.

Other pages are revised to clarify policy, add clarity to the examples, and add additional examples

### **Effective Date**

April 1, 2000 for poverty levels.  
The remaining material is effective upon receipt.

### **Implementation Instructions**

See General Letter 8-E-47 for instructions on implementing the new poverty levels for Mothers and Children, Transitional Medicaid, QMB, SLMB, expanded SLMB, home health SLMB, and QDWP recipients.

### **Material Superseded**

Remove from Employees’ Manual, Title 8, and destroy Manual Letter No. 8-Zero-7, dated March 30, 1999.

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

<u>Page</u>	<u>Date</u>
Contents (pp. 1, 2)	June 22, 1999
Contents (p. 3)	February 8, 2000
4, 5, 11-14, 18-25	January 6, 1998
26-31	June 22, 1999
32-36	September 8, 1998
37, 38	January 6, 1998
39	September 8, 1998
40, 41	January 6, 1998
42, 43	September 8, 1998
44, 45	January 6, 1998
46-48	September 8, 1998
49	June 22, 1999
50	December 15, 1998
51-53	June 22, 1999
54	June 16, 1998
55-58	June 22, 1999
59, 60	February 8, 2000
61	June 22, 1999
62	January 19, 1999
63-70	June 16, 1998
71	June 22, 1999
72	June 16, 1998
96, 98, 101-104, 106, 108-112	December 21, 1999
117-119, 121	February 8, 2000

**Additional Information**

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



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

DEPARTMENT OF HUMAN SERVICES  
JESSIE K. RASMUSSEN, DIRECTOR

May 2, 2000

## GENERAL LETTER NO. 8-F-24

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

SUBJECT: Employees' Manual, Title 8, Chapter F, *Coverage Groups*, page 122, revised; and page 123, new.

### Summary

This letter releases a change in policy when an applicant for Medicaid for employed people with disabilities (MEPD) is certified for Medically Needy with a spenddown.

Current policy states that eligibility under MEPD cannot be approved for months that a client is on Medically Needy with a spenddown when spenddown has been met for the month and a medical card has been issued. The worker is to notify Consultec of the change and end the spenddown process.

Under the revised policy, an applicant for MEPD who is on Medically Needy with a spenddown can be approved for MEPD for the same months of Medically Needy eligibility, regardless of whether or not spenddown has been met and a medical card issued.

When a Medically Needy client with a spenddown also qualifies for MEPD for one or both months of the Medically Needy certification period and requests MEPD, approve the case for MEPD. You will close the Medically Needy case and end the spenddown status later in the process.

MEPD approvals with overlapping Medically Needy certification periods will be identified on the billing system and the following actions will occur:

- ◆ For Medically Needy/MEPD cases with a zero premium, workers will be sent an informational WAR 456, "MEPD – ESTD to CTEC."
- ◆ For Medically Needy/MEPD cases with a MEPD premium due, Quality Assurance staff will notify workers by E-mail or by phone of the premium payment.

When you receive the informational WAR or the message from QA:

- ◆ Shorten the certification period if appropriate and notify the client.
- ◆ Send an ESTD to Consultec with the months that need to be removed from Medically Needy.
- ◆ Adjust the spenddown amount.

You may also need to:

- ◆ Request Consultec to back out bills for the months the client is eligible for MEPD.
- ◆ Complete a recoupment.

### **Effective Date**

Upon receipt.

### **Material Superseded**

Remove from Employees' Manual, Title 8, Chapter F, page 122, dated February 8, 2000, and destroy it.

### **Additional Information**

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



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

DEPARTMENT OF HUMAN SERVICES  
JESSIE K. RASMUSSEN, DIRECTOR

June 13, 2000

**GENERAL LETTER NO. 8-F-25**

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

SUBJECT: Employees' Manual, Title 8, Chapter F, *Coverage Groups*, pages 6, 8, 59, 60, 63, 66, 67, 69, 70 through 72, 72a, 72b, and 72d, revised.

**Summary**

These pages have been 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 the following pages from Employees' Manual, Title 8, Chapter F, and destroy them:

<u>Page</u>	<u>Date</u>
6, 8	January 6, 1998
59, 60, 63, 66, 67, 69-72, 72a, 72b, 72d	March 14, 2000

**Additional Information**

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





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

DEPARTMENT OF HUMAN SERVICES  
JESSIE K. RASMUSSEN, DIRECTOR

July 11, 2000

**GENERAL LETTER NO. 8-F-26**

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

SUBJECT: Employees' Manual, Title 8, Chapter F, **COVERAGE GROUPS**, pages 99 and 100, revised.

**Summary**

To be "entitled to Medicare Part A benefits" also means the person meets the requirements to enroll in Medicare Part A.

This letter adds instructions that a person who is eligible for QMB and Medically Needy with a spenddown has a QMB case and a separate Medically Needy case.

Aid types that the worker does not need to examine eligibility for QMB or code for QMB are now in 14-B-Appendix, **TD03 POV**.

**Effective Date**

Upon receipt.

**Material Superseded**

Remove the following pages from Employees' Manual, Title 8, Chapter F, pages 99 and 100, both dated December 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

September 5, 2000

**GENERAL LETTER NO. 8-F-27**

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

SUBJECT: Employees' Manual, Title 8, Chapter F, **COVERAGE GROUPS**, Contents (page 3), revised; pages 109 through 112, revised; and page 112a, new.

**Summary**

This chapter has been revised to give additional information. Expanded specified low-income beneficiaries (E-SLMB) are referred to as "qualifying individuals 1" (QI-1) by Medicare. Home-health specified low-income beneficiaries (HH-SLMB) are referred to as "qualifying individuals 2" (QI-2) by Medicare. People applying for E-SLMB or HH-SLMB may refer to the coverage groups as QI-1 and QI-2.

**Effective Date**

Upon receipt.

**Material Superseded**

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

<u>Page</u>	<u>Date</u>
Contents (page 3)	March 14, 2000
109-112	March 14, 2000

**Additional Information**

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



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

DEPARTMENT OF HUMAN SERVICES  
JESSIE K. RASMUSSEN, DIRECTOR

October 31, 2000

**GENERAL LETTER NO. 8-F-28**

ISSUED BY: Bureau of Eligibility, Division of Medical Services

SUBJECT: Employees' Manual, Title 8, Chapter F, **COVERAGE GROUPS**, Contents (page 3), revised; and pages 119 through 123, revised; and pages 124 through 128, new.

**Summary**

This chapter has been revised to add instructions for approvals of Medicaid for employed people with disabilities (MEPD) and some minor revisions to words in the MEPD section.

Approval instructions include actions to take and the premium amount to assess when:

- ◆ A case is approved in the first four months of the first premium period.
- ◆ A case is approved in the fifth month of the first premium period or later.

**Effective Date**

Upon receipt.

**Material Superseded**

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

<u>Page</u>	<u>Date</u>
Contents (page 3)	September 5, 2000
119	March 14, 2000
120	February 8, 2000
121	March 14, 2000
122, 123	May 2, 2000

**Additional Information**

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



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

DEPARTMENT OF HUMAN SERVICES  
JESSIE K. RASMUSSEN, DIRECTOR

December 19, 2000

## GENERAL LETTER NO. 8-F-29

ISSUED BY: Bureau of Eligibility, Division of Medical Services

SUBJECT: Employees' Manual, Title 8, Chapter F, **COVERAGE GROUPS**, Contents (pages 2 and 3), revised; pages 9, 10, 11, 14, 15, 16, 25 through 30, 35 through 38, 40, 45, 47, 48, 49, 51 through 54, 58, 59, 67, 72e, 73, 74, 81 through 85, 89, 92, 94 through 112, and 112a, revised; and page 30a new.

### Summary

This chapter has been revised to

- ◆ Reflect the 2001 Social Security cost of living allowance (COLA) increase of 3.5%.
- ◆ Reflect the increase in the home health specified low income Medicare beneficiary refund to \$3.09 per month for 2001.
- ◆ Group and label coverage groups that Medicare and the Health Care Financing Administration refer to as "Medicare Savings Programs." These are the qualified Medicare beneficiary, specified low-income Medicare beneficiary, expanded specified low-income Medicare beneficiary, home-health specified low-income Medicare beneficiary, and qualified disabled working people groups.

The following revisions are being made due to the elimination of deprivation as an eligibility factor for FMAP-related Medicaid:

- ◆ Pages 10 and 14 are revised to remove references to monthly reporting.
- ◆ Page 11 is revised to remove a reference to suspensions and to clarify that a pregnant woman eligible under MAC does not have to verify income changes.
- ◆ Pages 15, 16, 25, 26, 30, 47, 48, 49, 58, 67, and 72e are revised to delete references to deprivation.
- ◆ Pages 15, 25, 26, 29, 30, 40, 45, and 51 are revised to delete the word "caretaker."
- ◆ Pages 16, 26, 30, 47, 48, 49, and 67 are revised to clarify the examples.
- ◆ Page 27 is revised to add an example.
- ◆ Page 29 is revised to explain that a recipient is a person who has been successfully approved on the system and to add examples.

- ◆ Page 35 is revised with minor word usage changes.
- ◆ Pages 36 and 37 are revised to delete the word caretaker and to add the word “specified.”
- ◆ Page 37 is revised to add a reference to another part of the chapter
- ◆ Page 52 is revised to delete the example.
- ◆ Page 53 is revised to clarify that when one sibling is an unmarried parent, siblings under age 21 may be one eligible group or separate eligible groups. The reference "Temporary Absence From the Home" is changed to "Absence."
- ◆ Page 59 is revised to clarify that the father of the unborn is required to be a part of the eligible group if he is in the home.

### **Effective Date**

January 1, 2001

### **Material Superseded**

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

<u>Page</u>	<u>Date</u>
Contents (p. 2)	March 14, 2000
Contents (p. 3)	October 31, 2000
9, 10	January 6, 1998
11, 14	March 14, 2000
15, 16	January 6, 1998
25-30, 35-38, 40, 45, 47-49, 51-54, 58	March 14, 2000
59, 67	June 13, 2000
72e	March 14, 2000
73, 74	January 6, 1998
81-85, 89, 92, 94-95	December 21, 1999
96	March 14, 2000
97	September 8, 1998
98	March 14, 2000
99, 100	July 11, 2000
101-104	March 14, 2000
105	January 6, 1998
106	March 14, 2000
107	December 21, 1999
108	March 14, 2000
109-112, 112a	September 5, 2000

### **Additional Information**

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



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

DEPARTMENT OF HUMAN SERVICES  
JESSIE K. RASMUSSEN, DIRECTOR

March 13, 2001

## GENERAL LETTER NO. 8-F-30

ISSUED BY: Bureau of Eligibility, Division of Medical Services

SUBJECT: Employees' Manual, Title 8, Chapter F, **COVERAGE GROUPS**, pages 41, 63, 97, 98, 101 through 110, 112, 117, and 118, revised.

### Summary

This chapter is revised to update the poverty levels for 2001. The new amounts affect the mothers and children (MAC), transitional Medicaid, qualified Medicare beneficiary, specified low-income Medicare beneficiary, expanded special low-income Medicare beneficiary, home-health specified low-income Medicare beneficiary, and qualified disabled and working persons groups.

The income levels for Medicaid for employed people with disabilities (MEPD) premiums have also been increased based on the increased poverty levels. MEPD ongoing premiums are due the month before the month they are to cover. Billing statements are sent after cutoff of the month before the month premiums are due. MEPD billing statements for the April premium are sent after February cutoff, with the premiums due in March.

MEPD cases with a premium must be reviewed to determine if the premium the client owes for April should be decreased. To do so, make the following ABC entries:

- ◆ Use "H" entry reason.
- ◆ Use a positive date of April 1.
- ◆ Reenter the premium period currently showing on TD05.
- ◆ Reenter income in both the earned income and unearned income fields.

The system will recalculate the premium. If the premium decreases, hand-issue a *Notice of Decision* to notify the client. If there is no decrease in the premium, do not send any notice to the client; just document the action in the case record.

Suggested language:

Your premium for Medicaid for Employed People with Disabilities has changed effective \*\*/\*\*/\*\* due to a change in the federal poverty levels. Your new premium amount for the remainder of the           (first month of current premium period)           to           (last month of current premium period)           premium period is           (new premium amount)          

EM 8-F Medicaid or Employed People with Disabilities  
441 Iowa Admin. Code 75.1(39)b(1)

When you approve a case that includes months before April after the poverty level changes have been made on the ABC system, manually determine if the premium for the months before April should have been at a higher level. Complete a recoupment for the difference between what the system-calculated amount and the actual amount owed.

**Effective Date**

April 1, 2001

**Material Superseded**

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

<u>Page</u>	<u>Date</u>
41	March 14, 2000
63	June 13, 2000
97, 98, 101-110, 112	December 19, 2000
117, 118	March 14, 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-F-31

ISSUED BY: Bureau of Eligibility, Division of Medical Services

SUBJECT: Employees' Manual, Title 8, Chapter F, **COVERAGE GROUPS**, pages 11, 28, 58, 59, 60, 95, 96, and 111, revised; and page 60a, new.

### Summary

Page 11 is updated to clarify that a pregnant woman can be continuously eligible if over income for Medicaid rather than a specific coverage group.

Page 28 is updated to remove the reference to monthly reporting.

Page 58 is updated to correct a legal reference.

MAC eligibility requirements are updated on page 60 to clarify the effect of not including an unborn child in the eligible group.

Pages 95 and 96 updates the time period that extended Medicare benefits are received after termination of social security disability benefits from 48 months to 8 1/2 years. Determine that Medicare benefits stopped before approving qualified disabled and working people.

Page 111 is revised to clarify that the home-health portion of the Medicare Part B premium is the only Medicaid benefit a home-health specified Medicare beneficiary receives. This policy has not changed. The amount of the home-health portion of the Medicare Part B premium is \$3.09 monthly. The refund is mailed to the recipient annually.

### Effective Date

Upon receipt.

### Material Superseded

Remove from Employees' Manual, Title 8, Chapter F, pages 11, 28, 58, 59, 60, 95, 96, and 111, all dated December 19, 2000, and destroy them.

### Additional Information

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





# STATE OF IOWA

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

DEPARTMENT OF HUMAN SERVICES  
JESSIE K. RASMUSSEN, DIRECTOR

June 26, 2001

## GENERAL LETTER NO. 8-F-32

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

SUBJECT: Employees' Manual, Title 8, Chapter F, **COVERAGE GROUPS**, Contents (pages 1, 2, and 3), revised; pages 1, 2, and 24, revised; and pages 24a through 24g, new.

### Summary

This general letter implements a new Medicaid coverage group for women who need treatment for breast or cervical cancer. This new coverage group was funded by the Iowa Legislature in the 2001 appropriations bill, Senate File 537.

The intent of the coverage group is to provide access to treatment for low income-uninsured women who have been screened, diagnosed, and found to need treatment for breast or cervical cancer. This coverage group is neither FMAP-related nor SSI-related and has no income or resource guidelines.

A presumptive eligibility component allows women access to treatment before a formal Medicaid eligibility determination is completed. A woman who has been screened for breast or cervical cancer and found to need treatment can be determined presumptively eligible by a qualified provider. A woman may request eligibility for the presumptive period only or apply for ongoing Medicaid benefits.

### Effective Date

July 1, 2001

This coverage group is effective for applications processed on or after July 1, 2001. Eligibility may not be established under this group for months before July 2001.

**Material Superseded**

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

<u>Page</u>	<u>Date</u>
Contents (p. 1)	March 14, 2000
Contents (pp. 2 and 3)	December 19, 2000
1, 2	January 6, 1998
24	March 14, 2000

**Additional Information**

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



# STATE OF IOWA

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

DEPARTMENT OF HUMAN SERVICES  
JESSIE K. RASMUSSEN, DIRECTOR

July 24, 2001

## GENERAL LETTER NO. 8-F-33

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

SUBJECT: Employees' Manual, Title 8, Chapter F, *COVERAGE GROUPS*, pages 81 through 84, 89, 92, and 94, revised.

### Summary

This chapter has been revised to reflect the 2001 Social Security Consumer Price Index correction cost-of-living adjustment (CPIC COLA) increase.

### Effective Date

August 1, 2001

### Material Superseded

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

<u>Page</u>	<u>Date</u>
81-84, 89, 92, 94	December 19, 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-F-34

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

SUBJECT: Employees' Manual, Title 8, Chapter F, **COVERAGE GROUPS**, pages 30, 33, 34, 36, 37, 41, 42, 47, 49, 51, 52, 58, 64, and 65, revised.

### 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 sanctioned adults, undocumented adult aliens, and 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.

Page 30 is revised to clarify the definition of "family."

Page 41 is revised to reflect a change in policy on transitional Medicaid cases. If a stepparent is not a part of the transitional Medicaid eligible group, stepparent's income is not used when determining eligibility of the transitional Medicaid eligible group.

Page 42 is deleted.

### Implementation Instructions

The first six months of transitional Medicaid is not affected by a stepparent's income. This change is effective for transitional Medicaid recipients during the second six-month period when processing a quarterly report received September 2001 or after.

**Effective Date**

September 1, 2001

**Material Superseded**

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

<u>Page</u>	<u>Date</u>
30	December 19, 2000
33, 34	March 14, 2000
36, 37	December 19, 2000
41	March 13, 2001
42	March 14, 2000
47, 49, 51, 52	December 19, 2000
58	May 22, 2001
64, 65	March 14, 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

November 20, 2001

## GENERAL LETTER NO. 8-F-35

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

SUBJECT: Employees' Manual, Title 8, Chapter F, *COVERAGE GROUPS*, pages 81 through 85, 89, 92, 94, 98, 104, 111, and 112a, revised.

### Summary

This chapter has been revised to reflect the 2002 Social Security cost-of-living allowance (COLA) increase of 2.6%.

### Effective Date

January 1, 2002

### Material Superseded

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

<u>Page</u>	<u>Date</u>
81-84	July 24, 2001
85	December 19, 2000
89, 92, 94	July 24, 2001
98, 104	March 13, 2001
111	May 22, 2001
112a	December 19, 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

February 12, 2002

## GENERAL LETTER NO. 8-F-36

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

SUBJECT: Employees' Manual, Title 8, Chapter F, **COVERAGE GROUPS**, Contents (pages 1 through 3), revised; Contents (page 4), new; pages 24, 24a through 24g, and 60a, revised; and pages 24h through 24r and 60b, new.

### Summary

The section of this chapter on coverage for women who need treatment for breast or cervical cancer has been expanded and clarified. Information regarding the responsibilities of the screening provider, the income maintenance worker and the client has been added. Guidelines on when to refer a woman from DHS to a screening provider are included.

Examples have also been added to clarify when retroactive eligibility can and cannot be established.

Page 60b is revised to include an example on how to treat pregnant 17- and 18-year-olds.

### Effective Date

Upon receipt.

### Material Superseded

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

<u>Page</u>	<u>Date</u>
Contents (pages 1 through 3)	June 26, 2001
24, 24a through 24g	June 26, 2001
60a	May 22, 2001

### Additional Information

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



# STATE OF IOWA

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

DEPARTMENT OF HUMAN SERVICES  
JESSIE K. RASMUSSEN, DIRECTOR

March 12, 2002

## GENERAL LETTER NO. 8-F-37

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

SUBJECT: Employees' Manual, Title 8, Chapter F, **COVERAGE GROUPS**, pages 41, 63, 72, 72a, 97, 98, 101 through 104, 106, 108, 109, 110, 112, 117, and 118, revised.

### Summary

This chapter is revised to update the poverty levels for 2002. The new amounts affect the mothers and children (MAC), transitional Medicaid, qualified Medicare beneficiary, specified low-income Medicare beneficiary, expanded special low-income Medicare beneficiary, home-health specified low-income Medicare beneficiary, and qualified disabled and working persons groups.

The income levels for Medicaid for employed people with disabilities (MEPD) premiums have also been increased based on the increased poverty levels. The billing system will recalculate the premiums, so that billing statements issued at March cutoff, for May premiums, due in April, will be correct.

A report has been created to identify the cases where the premium is decreased due to the change in the poverty level. The reports will be sent to the field to use in:

- ◆ Correcting the premium information in the ABC system.
- ◆ Issuing a *Notice of Decision* to notify the recipient of the changed amount.

Each case identified on the report will require entries to correct the premium amount on ABC, unless April is the last month of the current premium period. (In that case, simply document the changed premium amount in the case record.) Make the following ABC entries after March cutoff but before April cutoff to recalculate the premium on ABC.

- ◆ Use entry reason "H."
- ◆ Use a positive date of April 1.
- ◆ Reenter the premium period currently showing on TD05.
- ◆ Reenter income in both the earned income and unearned income fields.



Issue a *Notice of Decision* to notify the recipient of the changed amount. Suggested language for the notice is as follows.

Your premium for Medicaid for Employed People with Disabilities has changed effective \*\*/\*\*/\*\* due to a change in the federal poverty levels. Your new premium amount for the remainder of the  (first month of current premium period)  to  (last month of current premium period)  premium period is  (new premium amount)

EM 8-F Medicaid for Employed People with Disabilities  
441 Iowa Admin. Code 75.1(39)b(1)

A refund will be required for cases with a decrease in premium for April, if the amount billed for April is paid in full. Quality Assurance will issue any refunds that are due for the month of April by May 31, 2002.

When you approve a case that includes months before April after the poverty level changes have been made on the ABC system, manually determine whether the premium for the months before April should have been at a higher level. Complete a recoupment for the difference between the system-calculated amount and the actual amount owed.

**Effective Date**

April 1, 2002

**Material Superseded**

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

<u>Page</u>	<u>Date</u>
41	August 14, 2001
63	March 13, 2001
72, 72a	June 13, 2000
97	March 13, 2001
98	November 20, 2001
101-103	March 13, 2001
104	November 20, 2001
106, 108, 109, 110, 112, 117, 118	March 13, 2001

**Additional Information**

Refer questions about this general letter to your service area IM II supervisor.



May 7, 2002

**GENERAL LETTER NO. 8-F-38**

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

SUBJECT: Employees' Manual, Title 8, Chapter F, **COVERAGE GROUPS**, Contents (page 4), revised; pages 24a, 24b, 90, 91, 92, and 119 through 128, revised; and pages 129 and 130, new.

**Summary**

This chapter is revised to:

- ◆ Implement changes in policy and procedure for premium billing and collection for Medicaid for employed people with disabilities (MEPD).
- ◆ Implement a change in the definition of "creditable coverage" due to the Breast and Cervical Cancer Treatment Technical Amendment Act of 2001. Health care available through the Native American Indian Health Services or a tribal organization is no longer considered coverage that excludes a person from the breast or cervical cancer treatment coverage group.
- ◆ Incorporate relevant instructions from Manual Letter 8-F-3 on children who lost SSI due to the change in disability criteria.

MEPD rules have been amended to:

- ◆ Change the due date for premium payments to the 14th of the month the premium is to cover. (The premium for the month the case is approved is due on the 14th of the month following the month the case is approved. The premiums for the months before the month the case is approved are due on the 14th of the third month following the month the case is approved.)
- ◆ Provide that no *Medical Assistance Eligibility Card* is issued for a month until the premium is paid.
- ◆ Remove requirement that the Department send reminder notices when a premium is not paid by the due date. If the current month's premium is not paid timely, the client is canceled.
- ◆ Change the due date for reviews to the sixth month of a premium period. Workers will send review forms to clients at the end of the fifth month of the premium period.

- ◆ Change the method that premium payments are applied to unpaid months. Payments are applied to any unpaid months in the following order (when there is still time to pay):
  1. The month in which the payment is received.
  2. The month following the month in which the payment is received when payment is received in last five working days of a month.
  3. The month before the month in which the payment is received.
  4. The oldest unpaid month and forward until all prior months have been paid.

A billing statement is sent for the month the case is approved, the month following the month a case is approved (if the case is approved in the last five working days of the month) and for months back to the month of the positive date on ABC. There will no longer be “initial” and “beginning” months.

When a premium that is due the 14th of the month the payment is to cover is not received by the due date, the billing system will send an e-mail instructing the worker to cancel the case.

The case can be reinstated if payment is received before the effective date of cancellation. The case can be reopened once in a six-month period if payment is received in the month following the month it is due. The billing system notifies the worker via e-mail when payments are made after the due date. The worker determines if the case can be reinstated or reopened.

### **Effective Date**

June 1, 2002

### **MEPD Implementation**

With these policy changes, the June premium payment will be due June 14.

- ◆ If the June premium is paid by May 14, the next bill will be mailed at the end of June for the month of July, due July 14.
- ◆ If the June bill is not paid by May 14, another bill will be sent at the end of May for the month of June, due June 14.

If a client has any initial months' premium payments with a due date in June or later, the due date will remain the same.

If a client has any beginning months' premium payments with a due date of June 14, the June payment will be due June 14. The July premium will be due July 14. A new billing statement will be sent for the month of June and for the month of July.

<b>Comparison Chart</b>	
<b>Old Policy</b>	<b>New Policy</b>
Initial months, Beginning months, and Ongoing months.	Months before the month of approval, The month of approval, and Months after the month of approval.
“Initial” months are the month of approval and the months before the month the case is approved, back to the month of the positive date on ABC. Clients have 60 days to pay.	All months from the month of the positive date on ABC up to the month of approval are “months before the month of approval.” Clients have until the 14th of the third month following the month of approval to pay.
<p>“Beginning” months are the two months following the month of approval. Clients must pay both months by the 14th of the month following the month of approval.</p> <p>If the first beginning month is not paid, the client does not have Medicaid eligibility for that month. If the second beginning month is not paid, the client is canceled and must reapply.</p>	The “month of approval” is the month the case is approved on ABC. Clients must pay the premium for that month by the 14th of the month following the month of approval.
<p>“Ongoing” months start with the third month after the month of approval.</p> <p>Premiums are due on the 14th of the month before the month the premium is to cover.</p>	<p>All of the months following the month of approval are “ongoing” months.</p> <p>Premiums are due on the 14th of the month the premium is to cover.</p>
<p>If an ongoing month is not paid by the due date, the client is canceled. The case may be reinstated if the premium is paid before the effective date of cancellation.</p> <p>The case may be reopened once in a six-month period if payment is received in the month following the month the payment is to cover.</p>	<p>If an ongoing month is not paid by the due date, the client is canceled. The case may be reinstated if the premium is paid before the effective date of cancellation.</p> <p>The case may be reopened once in a six month period if payment is received in the month following the month the payment is to cover.</p>
Reminder notices are sent when initial and ongoing premiums are not paid.	No reminder notices will be sent.

Old Policy	New Policy
<p>WAR messages with notice reason number are sent when:</p> <ul style="list-style-type: none"> <li>◆ A case is to be canceled for nonpayment of beginning month and ongoing premiums.</li> <li>◆ Premiums are paid after the due date.</li> </ul>	<p>E-mail messages with notice reason number are sent when:</p> <ul style="list-style-type: none"> <li>◆ The premium has not been paid by the due date and a case should be canceled.</li> <li>◆ Premium payments are received after the due date. Worker determines if case should be reinstated or reopened or if it is too late for either option.</li> </ul>
<p>Premium reviews and annual reviews are completed in the fifth month of the premium period.</p>	<p>Premium reviews and annual reviews are completed in the sixth month of the premium period.</p>
<p>Increases in premiums for prior months can be collected only through completion of a claim for the difference.</p>	<p>Increases in premiums for prior months can be collected only through completion of a claim for the difference.</p>
<p>Decreases in premium for prior months premiums can be corrected only through a refund through QA.</p>	<p>Decreases in premium amounts can be credited to the recipient's account through entry of the changed amount on the MEPC screen. A balance will be shown on the next billing statement and will be credited to any unpaid premiums.</p>
<p>Premium payments are applied according to the months as identified by the client.</p>	<p>Premium payments are applied in a specified order:</p> <ul style="list-style-type: none"> <li>◆ To the current month.</li> <li>◆ To the month following the month a payment is received when the payment is received in the last five working days of a month.</li> <li>◆ To the month before the month in which the payment is received.</li> <li>◆ To the oldest unpaid month and forward until all old prior month have been paid.</li> </ul>

**Material Superseded**

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

<u>Page</u>	<u>Date</u>
Manual Letter No. 8-F-3	August 15, 2000
Contents (page 4)	February 12, 2002
24a, 24b	February 12, 2002
90, 91	June 22, 1999
92	November 20, 2001
119-128	October 31, 2000

**Additional Information**

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



October 29, 2002

**GENERAL LETTER NO. 8-F-39**

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

SUBJECT: Employees' Manual, Title 8, Chapter F, **COVERAGE GROUPS**, Contents (pages 1 and 2), revised; pages 24g through 24r, revised; and pages 24s through 24v, new.

**Summary**

The section of this chapter dealing with the Breast or Cervical Cancer Treatment (BCCT) coverage group is expanded to include instructions regarding case actions that, on most other coverage groups, are handled via the Automated Benefit Calculation (ABC) system. The case actions for BCCT cases must be handled and managed differently than other coverage groups since BCCT cases are not entered on the ABC system. The case actions are:

- ◆ Application processing
- ◆ Annual reviews
- ◆ Canceling eligibility under BCCT
- ◆ Establishing retroactive eligibility
- ◆ Replacing lost medical assistance cards
- ◆ Reimbursing medical transportation expenses

**Effective Date**

Upon receipt.

**Material Superseded**

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

<u>Page</u>	<u>Date</u>
Contents (pages 1 and 2)	February 12, 2002
24g-24r	February 12, 2002

**Additional Information**

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



December 24, 2002

**GENERAL LETTER NO. 8-F-40**

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

SUBJECT: Employees' Manual, Title 8, Chapter F, **COVERAGE GROUPS**, Contents (pages 1, 2 and 3,) revised; pages 24i through 24v, 25, 30a, 36, 37, 38, 72e, 81 through 85, 89, 92, 94, 97, 98, 104, 111, and 112, revised; and pages 24w, 24x, 72f, and 72g, new.

**Summary**

Breast and Cervical Cancer Treatment

Clarification has been added regarding women receiving Medicaid under the breast and cervical cancer treatment (BCCT) coverage group who were categorically eligible under a mandatory coverage group but who were over income limits or over resource limits at the time of approval under BCCT. When these women are due for an annual review, a determination must be made regarding continued ineligibility under mandatory coverage groups.

However, no such determination must be made for women who continue to be not categorically eligible under a mandatory coverage group.

Family Medical Assistance Program (FMAP)

Page 25 is revised to clarify that an FMAP eligible group may contain only the parents or only the specified relative.

Transitional Medicaid

Page 30a is revised to clarify that transitional Medicaid eligibility does not exist if the FMAP eligible group does not contain a child.

Pages 36 and 37 are revised to clarify that for both six month periods the transitional Medicaid eligible group must contain either an eligible or ineligible specified relative whose income is used. During the second six month period, the eligible or ineligible specified relative must have earned income in each month, unless good cause exists.

Page 38 is revised to clarify that when a *Transitional Medicaid Notice of Decision/Quarterly Income Report*, form 470-2663, is manually issued, a self-addressed postage-paid envelope must be included for the recipient's use in returning the completed form.



### Medicaid/*hawk-i* Composite Families

A new section has been added dealing with cases where some family members receive health care coverage through the *hawk-i* program and other family members are receiving or applying for Medicaid. This new section is not intended to implement new policies or procedures. Instead, it is intended only to clarify current policies and procedures.

This policy change does not affect current Medicaid policy allowing children to be voluntarily excluded from the Medicaid eligible group so that income or resources of the child are not counted in the Medicaid eligibility determination. Children voluntarily excluded for these reasons should still be referred to *hawk-i*.

### Cost of Living Adjustment

This chapter has been revised to reflect the 2003 Social Security cost-of-living adjustment increase of 1.4%.

### Home Health Specified Low Income Medicare Beneficiaries (HH-SLMB)

This chapter has been revised to document the HH-SLMB coverage group is discontinued effective December 31, 2002.

### **Effective Date**

BCCT, FMAP, and transitional Medicaid policies are effective upon receipt.

Policies for Medicaid/*hawk-i* composite families, cost of living adjustments, and HH-SLMB are effective January 1, 2003.

### **Implementation Instructions for Medicaid/*hawk-i* Composite Families**

#### Applications

This policy change is effective for Medicaid applications processed on or after January 1, 2003, regardless of the application date. Apply this policy to any month of the application period in which some family members received health care coverage through the *hawk-i* program. This includes months before January 2003.

#### Ongoing Cases

No desk review is needed to identify cases where Medicaid-eligible family members have been voluntarily excluded because they chose to receive health care coverage through the *hawk-i* program until the *hawk-i* annual review. All cases must be identified no later than the next Medicaid annual review following the issuance of this general letter.

Affected cases are ones where Medicaid-eligible family members have been voluntarily excluded because they chose to receive health care coverage through the *hawk-i* program until the *hawk-i* annual review. When such a case is identified, complete an automatic

redetermination and include in the Medicaid eligible group the members receiving health care coverage through the *hawk-i* program as considered persons.

Including the family members receiving health care coverage through the *hawk-i* program as considered people could result in an adverse action for one or more family member currently receiving Medicaid. If this happens, contact the family and give them the option to voluntarily exclude some or all of the people receiving health care coverage through the *hawk-i* program due to the income of the people receiving *hawk-i*. Document the family's decision in the case file.

### **Material Superseded**

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

<u>Page</u>	<u>Date</u>
Contents (pages 1, 2)	October 29, 2002
Contents (page 3)	February 12, 2002
24i-24v	October 29, 2002
25, 30a	December 19, 2000
36, 37	August 14, 2001
38, 72e	December 19, 2000
81-85, 89	November 20, 2001
92	May 5, 2002
94	November 20, 2001
97, 98, 104	March 12, 2002
111	November 20, 2001
112	March 12, 2002

### **Additional Information**

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



# STATE OF IOWA

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

DEPARTMENT OF HUMAN SERVICES  
JESSIE K. RASMUSSEN, DIRECTOR

March 11, 2003

## GENERAL LETTER NO. 8-F-41

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

SUBJECT: Employees' Manual, Title 8, Chapter F, **COVERAGE GROUPS**, Contents (page 3), revised; and pages 4, 24c, 41, 63, 95, 97, 101, 106, 109, 111, 112, 117, 118, and 130, revised.

### Summary

This chapter is revised to:

- ◆ Update the poverty levels for 2003. The new amounts affect the mothers and children (MAC), transitional Medicaid, qualified Medicare beneficiary, specified low-income Medicare beneficiary, expanded special low-income Medicare beneficiary, and qualified disabled and working persons groups.
- ◆ Remove the policy for home-health specified low-income Medicare beneficiaries.

### Implementation for MEPD

The income levels for Medicaid for employed people with disabilities (MEPD) premiums have also been increased based on the increased poverty levels. The ABC system will:

- ◆ Recalculate the premiums, so that billing statements issued at March cutoff for April premiums due in April will be correct.
- ◆ Send notices to notify recipients of the premium decreases.

If the premium decreases, the difference will reside as a credit when the premium has been paid in advance.

When you approve a case that includes months before April after the poverty level changes have been made on the ABC system, manually determine whether the premium for the months before April should have been at a higher level. Complete a recoupment for the difference between the system-calculated amount and the actual amount owed.

A client may prefer to be billed for a higher premium rather than have a recoupment completed. The client must give permission in writing for the Department to bill for a higher premium without timely notice. In this case, you may use the MEPD screen to issue a corrected billing statement for any months before April 2003.

**Effective Date**

April 1, 2003

**Material Superseded**

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

<u>Page</u>	<u>Date</u>
Manual Letter 8-F-4	December 10, 2002
Contents (page 3)	December 24, 2002
4	March 14, 2000
24c	February 12, 2002
41, 63	March 12, 2002
95	May 22, 2001
97	December 24, 2002
101, 106, 109	March 12, 2002
111, 112	December 24, 2002
112a	November 20, 2001
117, 118	March 12, 2002
130	May 7, 2002

**Additional Information**

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



# STATE OF IOWA

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

DEPARTMENT OF HUMAN SERVICES  
KEVIN W. CONCANNON, DIRECTOR

December 2, 2003

## GENERAL LETTER NO. 8-F-42

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

SUBJECT: Employees' Manual, Title 8, Chapter F, **COVERAGE GROUPS**, Contents,  
(page 4), revised; pages 81 through 85, 89, 92, 94, 98, 104, 118, 129, and 130,  
revised; pages 118a and 131, new.

### Summary

This chapter is revised to:

- ◆ Add the 2004 Social Security cost-of-living adjustment increase of 2.1%.
- ◆ Incorporate changes in the premium amounts charged for Medicaid for employed people with disabilities (MEPD). Premiums for MEPD are based on a sliding scale. The maximum amount charged is equal to the average cost of state employee's health insurance.  

As the cost of state employee's health insurance has increased, the maximum premium amount has also increased, from \$201 to \$355. The beginning premium amount has been increased from \$20 to \$22. More increments have been added to the sliding scale.
- ◆ Corrections have been made to instructions in section, "Relationship to Medically Needy." When the new billing system was implemented some instructions regarding the Unit of Quality Assurance (QA) became obsolete; therefore, references to QA have been deleted.
- ◆ Add a section on the relationship between MEPD and qualified Medicare beneficiaries and specified low-income Medicare beneficiaries.

### Implementation for MEPD Changes

The ABC system will use the increased premium amounts to calculate premiums effective with all calculations entered on ABC by December 19.

The ABC system will issue a *Notice of Decision* at timely notice day in December (December 19) to notify recipients of their new premium amount effective with the January 2004 premium.

The billing statements for January 2004 with the new premium amounts will be issued at the regular billing date, which is the ABC system cutoff day, December 23.

When a case is approved after December 19 and the approval includes months before January 2004, make the entry for all months being approved, then:

- ◆ Manually determine the premium amount for the months before January 2004 using premiums in effect for those months.
- ◆ Complete a manually issued *Notice of Decision* to notify the recipient of the amount of the premium for the prior months. Suggested language to use for notice:

Your premium for Medicaid for employed people with disabilities for the months of through \_\_\_ is \$\_\_\_\_. Your premium is less than your premium for January 2004 and ongoing as premiums for this coverage group were increased effective January 1, 2004. You will receive a billing statement for the amount stated above.

EM 8-F Medicaid for Employed People with Disabilities  
441 Iowa Admin. Code 75.1(39)“b”

- Use the MEPC screen on ABC to adjust the premium amounts for months before January 2004 so that a correct billing statement will be issued. See 14-B(9), **Change to MEPC Premium**, for MEPC screen instructions.

Revised form 470-3686, *MEPD Earned Income Worksheet*, with the increased premium calculations will be available on Outlook for use effective December 19. Use this form on or after December 19 for calculating premiums for January 2004 and beyond.

### **Effective Date**

January 1, 2004

### **Material Superseded**

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

<u>Page</u>	<u>Date</u>
Contents (page 4)	May 7, 2002
81-85, 89, 92, 94, 98, 104	December 24, 2002
118	March 11, 2003
129	May 7, 2002
130	March 11, 2003

### **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

April 6, 2004

## GENERAL LETTER NO. 8-F-43

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

SUBJECT: Employees' Manual, Title 8, Chapter F, **COVERAGE GROUPS**, Contents (pages 1 and 2), revised; pages 16, 20, 22, 23, 24, 24a through 24w, 27 through 30, 30a, 37, 38, 41, 42, 43, 55, 56, 63, 74, 76, 97, 101, 106, 109, 117, 118, and 118a, revised; and page 30b, new.

### Summary

This chapter is revised to:

- ◆ Update the poverty levels for 2004. The new amounts affect the mothers and children, transitional Medicaid, qualified Medicare beneficiary, specified low-income Medicare beneficiary, expanded special low-income Medicare beneficiary, qualified disabled and working persons, and Medicaid for employed people with disabilities groups.
- ◆ Clarify that newborns should not be added to the mother's case when the mother is an SSI recipient.
- ◆ Remove references to monthly reporting.
- ◆ Amend the section on breast and cervical cancer treatment (BCCT) coverage to:
  - Clarify that a sanctioned person is not eligible for Medicaid under the Breast and Cervical Cancer Early Detection Program.
  - Change the minimum age when a woman with cervical cancer or a precancerous condition of the cervix can be referred to a qualified provider from 50 to 40.
  - Remove the limited benefits coverage groups from the list of mandatory Medicaid coverage groups, since they do not provide full Medicaid coverage.
  - Reflect changes in making referrals to BCCEDP. Wording has been modified to conform to the Iowa Department of Public Health's rules for this program.
  - Change the release form from 470-0461, *Authorization for Release of Information*, to 470-3951, *Authorization to Obtain or Release Health Care Information*. This is being done to comply with HIPAA guidelines and because most medical providers prefer or require this form.
  - Add that Quality Assurance should be notified when a woman receiving Medicaid under the BCCT coverage group moves so the proper worker is notified of the annual review.

- Clarify that you cancel eligibility under the BCCT when a woman fails to provide verification of when treatment ends or fails to sign and return the release of information.
- Clarify that medical transportation reimbursements must be made on a case with a medical aid type.
- ◆ Add instructions that a *hawk-i* referral shall be done on a child who is voluntarily excluded due to income.
- ◆ Amend the section on extended Medicaid to:
  - Clarify an example.
  - Add a section on adding people to the eligible group.
- ◆ Amend the section on Transitional Medicaid to:
  - Correct an example.
  - Clarify that a “considered” child under transitional Medicaid is part of the eligible group.
  - Clarify that a voluntarily excluded child is not part of the transitional Medicaid eligible group.
  - Add a link to the policy on requirements for a complete report.
  - Add that if a household returns a complete quarterly report after the due date but before the effective date of cancellation, an automatic redetermination is done to another to coverage group.
  - Add that good cause shall be allowed when prorating a non-recurring lump sum.
  - Add an example showing that when there are people on a MAC case who are eligible or “considered” for Medicaid under 133% and 200% of poverty, the NOD will show only the 133% calculation. The system does do a 200% calculation for eligibility purposes.
- ◆ Clarify whom to include when determining family size for MEPD computations when the disabled person is age 18 and older. Include the disabled person’s spouse and any of their children who are under the age of 18 and unmarried.
- ◆ Correct references that refer to 8-C, **COOPERATION WITH HIPP, TPL, DIA, AND QC**. The correct reference is 8-C, **Cooperation With Third-Party Liability Unit**.
- ◆ Remove Manual Letter 8-F-6, on reinstating E-SLMB cases canceled October 1, 2003.

### **Implementation of Poverty Level Changes for MEPD**

The income levels for Medicaid for employed people with disabilities (MEPD) premiums have also been increased based on the increased poverty levels. The ABC system will:

- ◆ Recalculate the premiums so that billing statements issued at March cutoff for April premiums due in April will be correct.
- ◆ Send notices to notify recipients of the premium decreases.

If the premium decreases, the difference will reside as a credit when the premium has been paid in advance.



When you approve a case that includes months before April after the poverty level changes have been made on the ABC system, manually determine whether the premium for the months before April should have been at a higher level. Complete a recoupment for the difference between the system-calculated amount and the actual amount owed.

A client may prefer to be billed for a higher premium rather than have a recoupment completed. The client must give permission in writing for the Department to bill for a higher premium without timely notice. In this case, you may use the MEPC screen to issue a corrected billing statement for any months before April 2004.

### **Effective Date**

Poverty level changes are effective April 1, 2004. All other changes are effective upon receipt.

### **Material Superseded**

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

<u>Page</u>	<u>Date</u>
Manual Letter 8-F-6	October 14, 2003
Contents (pages 1 and 2)	December 24, 2002
16	December 19, 2000
20, 22, 23	March 14, 2000
24	February 12, 2002
24a, 24b	May 7, 2002
24c	March 11, 2003
24d-24f	February 12, 2002
24g, 24h	October 29, 2002
24i-24x	December 24, 2002
27	December 19, 2000
28	May 22, 2001
29	December 19, 2000
30	August 14, 2001
30a, 37, 38	December 24, 2002
41	March 11, 2003
42	August 14, 2001
43, 55, 56	March 14, 2000
63	March 11, 2003
74	December 19, 2000
76	June 22, 1999
97, 101, 106, 109, 117	March 11, 2003
118, 118a	December 2, 2003

### **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 17, 2004

## GENERAL LETTER NO. 8-F-44

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

SUBJECT: Employees' Manual, Title 8, Chapter F, **COVERAGE GROUPS**, Contents (page 4), revised; pages 125 through 131, revised; and page 132, new.

### Summary

This chapter is revised to:

- ◆ Incorporate rule changes for the Medicaid for employed people with disabilities (MEPD) coverage group. The changes are:
  - The order in which the premium payment is applied.
  - The instances in which an automatic refund is generated by the billing system.
- ◆ Include the date when billing statements are issued.

Currently, billing statements are mailed five working days before the end of the month. This did not allow enough time for the client to receive the billing statement and remit the payment so that Medicaid eligibility could be established by the first of the month.

In order to allow clients more time between the receipt of the billing statement and the first of the following month to pay, billing statements will be issued earlier. Billing statements will be generated at the end of the 15th day of the month or, if the 15th day falls on a weekend or holiday, the end of day of the first working day after the weekend or holiday. This will allow the client more time to send in the following month's premium payment.

Currently premium payments received before the last five working days of the month are applied to past months if the current month is already paid. With the rule change, premiums received after the billing statement has been issued will be held and applied to the following month if the current month is paid. If excess funds result from the payment, the excess funds will first be applied to old unpaid months. If there are no old unpaid months, the excess funds will be held as a credit.

A new section about refunds has been added. Currently automatic refunds are generated by the billing system when a case has been inactive for two months. With this change, the billing system will also generate automatic refunds when a case has a zero premium for two calendar months.

Clients may also ask for a refund of any excess amount in their accounts. When a client requests a refund, send an e-mail to DHS, Quality Assurance.

**Effective Date**

October 1, 2004

**Material Superseded**

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

<u>Page</u>	<u>Date</u>
Contents, p. 4	December 2, 2003
125-128	May 7, 2002
129-131	December 2, 2003

**Additional Information**

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



December 24, 2004

**GENERAL LETTER NO. 8-F-45**

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

SUBJECT: Employees' Manual, Title 8, Chapter F, **COVERAGE GROUPS**, Contents (pages 1 and 2), revised; pages 14, 16, 20, 24, 24a through 24s, 27, 30a, 30b, 53, 60, 81 through 85, 89, 92, 94, 98, 104, 118, and 118a, revised.

**Summary**

This chapter is revised to:

- ◆ Add the 2005 Social Security cost-of-living adjustment increase of 2.7%.
- ◆ Incorporate changes in the premium amounts charged for Medicaid for employed people with disabilities (MEPD). Premiums for MEPD are based on a sliding scale. The maximum amount charged is equal to the average cost of state employee's health insurance.

As the cost of state employee's health insurance has increased, the maximum premium amount has also increased, from \$355 to \$381. The beginning premium amount has been increased from \$22 to \$24.

- ◆ Update the breast or cervical cancer treatment (BCCT) section by:
  - Adding that a woman who has Susan G. Komen funds used to pay for her services may be BCCT-eligible and remove the section on not referring women to the program.
  - Removing the reference to the minimum age, since the program can make exceptions to the minimum age.
  - Clarifying that a new verification form is not required unless treatment has stopped and started again.
  - Clarifying that a woman is not eligible for Medicaid under BCCT before the month of diagnosis.
  - Clarifying there is generally no retroactive Medicaid under presumptive eligibility.
  - Clarifying and reorganizing policies.
- ◆ Correct the policy that a needy specified relative who is canceled from FMAP due to an increase in earned income is eligible to receive transitional Medicaid.

◆ Clarify that:

- A woman must apply for Medicaid before her pregnancy ends and subsequently be approved to receive postpartum. She must meet all eligibility factors as though she were still pregnant.
- A “newborn” may be added to an existing FMAP-related case or in a new MAC case.
- Extended medical coverage is available for those canceled from FMAP, but not CMAP.
- Parents may be eligible for transitional Medicaid if they go over income for FMAP when their only child receives SSI.
- A child eligible for Medicaid under CMAP can be a separate eligible group from siblings who are eligible for Medicaid under FMAP or MAC.

**Implementation for MEPD Changes**

The ABC system will:

- ◆ Use the increased premium amounts to calculate premiums effective with all calculations entered on ABC on or after December 15.
- ◆ Issue a *Notice of Decision* on December 15 to notify recipients of their new premium amount effective with the January 2005 premium.

The billing statements for January 2005 with the new premium amounts will be issued at the regular billing date, which is December 15.

When a case is approved on or after December 15 and the approval includes months before January 2005, make the entry for all months being approved, then:

- ◆ Manually determine the premium amount for the months before January 2005 using premiums in effect for those months.
- ◆ Manually issue a *Notice of Decision* to notify the recipient of the amount of the premium for the prior months. Suggested language to use for notice is:

Your premium for Medicaid for employed people with disabilities for the months of \_\_\_\_ through \_\_\_\_ is \$\_\_\_\_. Your premium is less than your premium for January 2005 and ongoing because premiums for this coverage group were increased effective January 1, 2005. You will receive a billing statement for the amount stated above.

EM 8-F Medicaid for Employed People with Disabilities  
441 Iowa Admin. Code 75.1(39)“b”

- ◆ Correct the premium on the MEPC screen on ABC. See 14-B(9), **Change to MEPD Premium**, for MEPC screen instructions.

If the MEPC screen is not corrected to show correct amounts before January 1, 2005, the MEPD billing system blocks the month. The months that are blocked do not show on the billing statement. The billing system will send the IM worker WIF 3048, (PREMIUM IS INVALID, MONTH HAS BEEN BLOCKED. PLEASE CORRECT & UNBLOCK), to advise that the premium is incorrect.

Revised form 470-3686, *MEPD Earned Income Worksheet*, with the increased premium calculations will be available on Outlook for use effective December 15. Use this form on or after December 15 for calculating premiums for January 2005 and beyond.

**Effective Date**

January 1, 2005

**Material Superseded**

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

<u>Page</u>	<u>Date</u>
Contents (pages 1 and 2)	April 6, 2004
14, 16, 20, 24, 24a-24w, 27, 30a, 30b	April 6, 2004
53	December 19, 2000
60	May 23, 2001
81-85, 89, 92, 94, 98, 104	December 2, 2003
118, 118a	April 6, 2004

**Additional Information**

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



# STATE OF IOWA

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

DEPARTMENT OF HUMAN SERVICES  
KEVIN W. CONCANNON, DIRECTOR

March 18, 2005

## GENERAL LETTER NO. 8-F-46

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

SUBJECT: Employees' Manual, Title 8, Chapter F, **COVERAGE GROUPS**, pages 41, 63, 72, 97, 99, 101, 103, 106, 108, 109, 117, 118, and 119, revised.

### Summary

This chapter is revised to:

- ◆ Update the poverty levels for 2005. The new amounts affect the following groups:
  - Mothers and children
  - Transitional Medicaid
  - Qualified Medicare beneficiary
  - Specified low-income Medicare beneficiary
  - Expanded special low-income Medicare beneficiary
  - Qualified disabled and working persons
  - Medicaid for employed people with disabilities (MEPD).
- ◆ Clarify qualified Medicare beneficiary eligibility and coverage.
- ◆ Clarify that MEPD premiums are determined using only the income of the disabled person. Income belonging to other family members is not included in the premium calculation.

### Implementation of Poverty Level Changes for MEPD

The income levels for MEPD premiums have been increased based on the increased poverty levels. The ABC system will:

- ◆ Recalculate the premiums so that billing statements issued March 15 for April premiums due in April will be correct.
- ◆ Send notices to notify recipients of the premium decreases. If the premium decreases, the difference will reside as a credit when the premium has been paid in advance.

When you approve a case that includes months before April after the poverty level changes have been made on the ABC system, manually determine whether the premium for the months before April should have been at a higher level. Complete a recoupment for the difference between the system-calculated amount and the actual amount owed.

A client may prefer to be billed for a higher premium rather than have a recoupment completed. The client must give permission in writing for the Department to bill for a higher premium without timely notice. In this case, you may use the MEPC screen to issue a corrected billing statement for any months before April 2005.

**Effective Date**

Poverty level changes are effective April 1, 2005. All other changes are effective upon receipt.

**Material Superseded**

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

<u>Page</u>	<u>Date</u>
41, 63	April 6, 2004
72	March 12, 2002
97, 101	April 6, 2004
99	December 19, 2000
103	March 12, 2002
106	April 6, 2004
108	March 12, 2002
109, 117	April 6, 2004
118, 118a	December 24, 2004
119	May 7, 2002

**Additional Information**

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





# STATE OF IOWA

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

DEPARTMENT OF HUMAN SERVICES  
KEVIN W. CONCANNON, DIRECTOR

November 18, 2005

## GENERAL LETTER NO. 8-F-47

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

SUBJECT: Employees' Manual, Title 8, Chapter F, **COVERAGE GROUPS**, pages 3, 17, 26, 81 through 85, 89, 90, 92, 94, 98, 101, 104, 110, 118, 118a, and 119, revised.

### Summary

This chapter is revised to:

- ◆ Incorporate changes in the premium amounts charged for Medicaid for employed people with disabilities (MEPD). Premiums for MEPD are based on a sliding scale. The maximum amount charged is equal to the average cost of state employee's health insurance.  
As the cost of state employee's health insurance has increased, the maximum premium amount has also increased, from \$381 to \$422. The beginning premium amount has been increased from \$24 to \$27.
- ◆ Add the 2006 Social Security cost-of-living adjustment increase of 4.1% and update other cost-of-living figures.
- ◆ Change the form used for the MEPD six-month premium determination to form 470-3118 or 470-3118(S), *Medicaid Review*.
- ◆ Change language under the section, "Newborn Children of Medicaid-Eligible Mothers," to allow verbal or written statements to verify date of birth for the newborn status.
- ◆ Add a new medical aid type for the PMIC and MHI 300% groups.
- ◆ Correct a reference to expanded specified low-income Medicare beneficiaries (E-SLMB).
- ◆ Correct a cross-reference.

### Implementation for MEPD Changes

The ABC system will:

- ◆ Use the increased premium amounts to calculate premiums effective with all calculations entered on ABC on or after December 15, 2005.
- ◆ Issue a *Notice of Decision* on December 15, 2005, to notify recipients of their new premium amount effective with the January 2006 premium.

The billing statements for January 2006 with the new premium amounts will be issued on the regular billing date, which is December 15, 2005.

When a case is approved on or after December 15, 2005, and the approval includes eligibility for months before January 2006, make the entry for all months being approved. Then:

- ◆ Manually determine the premium amount for the months before January 2006 using premiums in effect for those months.
- ◆ Manually issue a *Notice of Decision* to notify the recipient of the amount of the premium for the prior months. Suggested language to use for notice is:

Your MEPD premium for the months of \_\_\_\_\_ through \_\_\_\_\_ is \$\_\_\_\_\_. Effective January 1, 2006, the premium is being increased. You will receive a billing statement for the amount stated above.

EM 8-F Medicaid for Employed People with Disabilities  
441 Iowa Admin. Code 75.1(39)“b”

- ◆ Correct the premium on the MEPC screen on ABC. See 14-B(9), **Change to MEPD Premium**, for MEPC screen instructions.

If the MEPC screen does not show a correct premium amount before January 1, 2006, the MEPD billing system blocks the month. The months that are blocked do not show on the billing statement. The billing system will send the IM worker a WIF message, 3048, (PREMIUM IS INVALID, MONTH HAS BEEN BLOCKED. PLEASE CORRECT & UNBLOCK), to advise that the premium is incorrect.

Revised form 470-3686, *MEPD Earned Income Worksheet*, with the increased premium calculations will be available on Outlook for use effective December 15, 2005. Use this form on or after December 15, 2005, for calculating premiums for January 2006 and beyond.

### **Effective Date**

The new Medicaid review form is effective December 1, 2005.  
All other changes are effective January 1, 2006,

### **Material Superseded**

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

<u>Page</u>	<u>Date</u>
3, 17	January 6, 1998
26	December 19, 2000
81-85, 89	December 24, 2004
90	May 7, 2002
92, 94, 98	December 24, 2004
101	March 18, 2005
104	December 24, 2004

110  
118, 118a, 119

March 12, 2002  
March 18, 2005

**Additional Information**

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



February 3, 2006

GENERAL LETTER NO. 8-F-48

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

SUBJECT: Employees' Manual, Title 8, Chapter F, COVERAGE GROUPS, Contents (pages 1-4), revised; pages 14, 16, 17, 23, 24, 37, 51, 52, 56, 59, 60, 64, 70, 71, and 72f, revised; pages 22a through 22j, new.

Summary

This chapter is revised to:

- Implement the Iowa Family Planning Network coverage group.
Reflect the policy of accepting a woman's statement that she is pregnant as verification of the pregnancy.
Correct a printing error.

Effective Date

February 1, 2006

Material Superseded

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

Table with 2 columns: Page, Date. Lists superseded pages and their effective dates.

64  
70, 71  
72f

August 14, 2001  
June 13, 2000  
December 24, 2004

**Additional Information**

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



February 17, 2006

**GENERAL LETTER NO. 8-F-49**

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

SUBJECT: Employees' Manual, Title 8, Chapter F, **COVERAGE GROUPS**, pages 97, 101, 106, 109, 110, 117, 118, and 118a, revised.

**Summary**

This chapter is revised to update the poverty levels for 2006. The new amounts affect the following groups:

- ◆ Qualified Medicare beneficiaries (QMB)
- ◆ Specified low-income Medicare beneficiaries (SLMB)
- ◆ Expanded specified low-income Medicare beneficiaries (E-SLMB)
- ◆ Qualified disabled and working people (QDWP)
- ◆ Medicaid for employed people with disabilities (MEPD)

**Implementation of Poverty Level Changes for MEPD**

The income levels for MEPD premiums have been increased based on the increased poverty levels. The ABC system will:

- ◆ Recalculate the premiums so that billing statements issued February 15, 2006, for March premiums will be correct.
- ◆ Send notices of the premium decreases. If the premium decreases, the difference will reside as a credit when the premium has been paid in advance.

After the poverty level changes have been made on the ABC system, when you approve a case that includes months before March, manually determine whether the premium for the months before March should have been at a higher level. Complete a recoupment for the difference between the system-calculated amount and the actual amount owed.

A client may prefer to be billed for a higher premium rather than have a recoupment completed. The client must give permission in writing for the Department to bill for a higher premium without timely notice. In this case, you may use the MEPC screen to issue a corrected billing statement for any months before March 2006.

## **Implementation of Poverty Level Changes for QDWP, QMB, SLMB and E-SLMB**

**QDWP:** The new income limits are effective both for ongoing QDWP cases and for applications processed for March 2006.

**QMB, SLMB, and E-SLMB:** Central office is issuing a printout to IM workers to help identify the ongoing cases that need to have the social security cost-of-living increases included to determine eligibility for QMB, SLMB, and E-SLMB.

- ◆ The new income limits are effective for applications processed for March 2006 and later months. In determining the percentage of poverty for March 2006 and later months, include the social security cost-of-living increases that were previously disregarded for January and February.
- ◆ For ongoing cases where the poverty indicator is required, adjust the percentage of poverty on the ABC system. Also enter the appropriate QMB indicator on TD03 if required. To determine the percentage of poverty, include the social security cost-of-living increases for applications and ongoing cases for March 2006 and later months.
- ◆ Clients who are now eligible for QMB may be ineligible for QMB in March but eligible for SLMB. Clients who are now eligible for SLMB may be ineligible for SLMB in March but eligible for E-SLMB. Clients who are now eligible for E-SLMB may be ineligible for E-SLMB in March. Notify clients if the coverage group changes or if they are no longer eligible.
- ◆ If the poverty level is zero on the printout, do a desk review and enter the client's percentage of poverty using the client's social security cost-of-living increase. Enter the percentage of poverty on TD03.

Cases in certain aid types were previously allowed to have a zero entry in the poverty level. These cases now need the percentage of poverty entered on TD03 to ensure that person is assessed the correct copayment for Medicare Part D.

**Reminder:** If the client's percentage of poverty is actually zero, enter "001" for the percentage of poverty on the ABC TD03 screen. (An entry of "000" will not allow buy-in to occur and may also cause an incorrect copayment be assigned for Medicare Part D.)

If the client is over the resource limit for QMB, SLMB, or E-SLMB, enter "999" for the percentage of poverty on the ABC TD03 screen. The "999" is needed to prevent Medicare Part A and Medicare Part B buy-in.

### **Effective Date**

March 1, 2006

**Material Superseded**

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

<u>Page</u>	<u>Date</u>
97	March 18, 2005
101	November 18, 2005
106, 109	March 18, 2005
110	November 18, 2005
117	March 18, 2005
118, 118a	November 18, 2005

**Additional Information**

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





# STATE OF IOWA

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

DEPARTMENT OF HUMAN SERVICES  
KEVIN W. CONCANNON, DIRECTOR

March 24, 2006

## GENERAL LETTER NO. 8-F-50

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

SUBJECT: Employees' Manual, Title 8, Chapter F, **COVERAGE GROUPS**, Contents (page 3), revised; and pages 1, 2, 3, 7 through 12, 24i, 24p, 24r, 37, 49, 54, 55, 59, 67 through 72, 72a, 72b, 72e, 90, and 110, revised.

### Summary

This chapter is revised to update examples due to the increase in poverty levels for 2006 for the following programs:

- ◆ Mothers and Children (MAC)
- ◆ Transitional Medicaid (TM)

Updates are also being made to the following:

- ◆ Adding coverage groups to the Coverage Group Chart.
- ◆ Changing the name of the Recipient Eligibility Verification System (REVS) to the Eligibility Verification System (ELVS).
- ◆ Removed the word "verified" when a pregnant woman has bills in the retroactive period.
- ◆ Adding IowaCare references.
- ◆ Clarifying that verification of being in need of treatment is necessary for the BCCT program at review.
- ◆ Clarifying that under TM, timely means by the 21st of the report month.
- ◆ Clarifying and adding an example that people under 21 who live in a family where some members received FMAP or MAC may be eligible for CMAP if they are not included in the FMAP or MAC eligible group.
- ◆ Adding a legal reference.
- ◆ Updating and clarifying examples.
- ◆ Clarifying that a person can receive E-SLMB until they meet their Medically Needy spenddown.

### Effective Date

April 1, 2006

## **Material Superseded**

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

<u>Page</u>	<u>Date</u>
Contents (page 3)	February 3, 2006
1, 2	June 26, 2001
3	November 18, 2005
7	January 6, 1998
8	June 13, 2000
9, 10	December 19, 2000
11	May 22, 2001
12	March 14, 2000
24i, 24p, 24r	December 24, 2004
37	February 3, 2006
49	August 14, 2001
54	December 19, 2000
55	April 6, 2004
59	February 3, 2006
67	December 19, 2000
68	March 14, 2000
69	June 13, 2000
70, 71	February 3, 2006
72	March 18, 2005
72a	March 12, 2002
72b	June 13, 2000
72e	December 24, 2002
90	November 18, 2005
110	February 17, 2006

## **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

April 14, 2006

## GENERAL LETTER NO. 8-F-51

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

SUBJECT: Employees' Manual, Title 8, Chapter F, *COVERAGE GROUPS*, pages 22f, 41, and 63, revised.

### Summary

This chapter is revised to update income charts due to the increase in poverty levels for 2006 for the following programs:

- ◆ Iowa Family Planning Network (IFPN)
- ◆ Mothers and Children (MAC)
- ◆ Transitional Medicaid (TM)

### Effective Date

April 1, 2006

### Material Superseded

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

<u>Page</u>	<u>Date</u>
22f	February 3, 2006
41, 63	March 18, 2005

### Additional Information

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



July 14, 2006

**GENERAL LETTER NO. 8-F-52**

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

SUBJECT: Employees' Manual, Title 8, Chapter F, **COVERAGE GROUPS**, Contents (pages 2, 3, and 4), revised; pages 72g, 105, 107, 114, 115, and 124 through 132, revised; and pages 72h through 72m and 133, new.

**Summary**

This chapter is revised to:

- ◆ Implement the new coverage group, "Medicaid for independent young adults." Medicaid coverage under this group is available to youth between the ages of 18 and 21 who left foster care on or after May 1, 2006, if Iowa was responsible for the foster care maintenance payment when the youth turned 18.
- ◆ Revise an example for the Medicare savings programs.
- ◆ Clarify information on Medicaid for employed people with disabilities (MEPD) coverage.

Changes have been made to the section MEPD to:

- ◆ Specify that additional resources are exempt for MEPD only if they belong to the disabled person.
- ◆ Add further clarification of the order that premium payments are applied.
- ◆ Specify that a member whose MEPD case is canceled for nonpayment of a premium cannot make a payment in the month after the month the premium is to cover and have the case reopened if the member has paid the premium that way in the last six months. The member will have to reapply.
- ◆ Reflect a change that is being made to the *MEPD Billing Statement*. All MEPD premiums are due on the 14th of the month. For ongoing eligibility, the payment must be received by the 14th day of the month the payment is to cover. If payment is not received by that date, the worker should cancel the case for failure to pay the premium by the due date.

Currently, the due date printed on the top portion of the billing statement is the 14th of the month. For ongoing cases, this due date has been changed to the last working day of the month before the month the premium is to cover. This change was made with the intent to encourage earlier payment of the premium.

The earlier a premium payment is received, the earlier Medicaid eligibility will show on the Eligibility Verification System, and the less likely it is that a member will have medical care delayed due to inability to demonstrate eligibility. However, a member still has until the 14th of the month to pay before the case can be canceled for nonpayment.

When eligibility is approved after cutoff and before the first day of the following calendar month, the due date will be the 14th of the following month. This will allow the member more time to pay the first premium.

- ◆ Change references to “fiscal agent” to “the IME Medically Needy (MN) Unit” to reflect the change in organizational structure of the Division of Medical Services.
- ◆ Specify that when a member qualifies both for MEPD coverage and for either qualified Medicare beneficiary (QMB) or specified low-income Medicare beneficiary (SLMB) coverage, separate cases must be set up for each coverage group.

**Effective Date**

July 1, 2006

**Material Superseded**

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

<u>Page</u>	<u>Date</u>
Contents (page 2)	February 3, 2006
Contents (page 3)	March 24, 2006
Contents (page 4)	February 3, 2006
72g	December 24, 2002
105, 107	March 13, 2001
114, 115	February 8, 2000
124	May 7, 2002
125-132	September 17, 2004

**Additional Information**

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



December 8, 2006

**GENERAL LETTER NO. 8-F-53**

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

SUBJECT: Employees' Manual, Title 8, Chapter F, **COVERAGE GROUPS**, pages 79, 81 through 86, 88, 89, 90, 92, 94, 98, 101, 102, 103, 104, 108, 118, and 118a, revised.

**Summary**

This chapter is revised to add the 2007 Social Security cost-of-living adjustment increase of 3.3% and update the MEPD premium amounts and other cost-of-living figures.

**Effective Date**

January 1, 2007

**Material Superseded**

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

<u>Page</u>	<u>Date</u>
79	December 15, 1998
81-85	November 18, 2005
86	December 15, 1998
88	December 21, 1999
89	November 18, 2005
90	March 24, 2006
92, 94, 98	November 18, 2005
101	February 17, 2006
102	March 12, 2002
103	March 18, 2005
104	November 18, 2005
108	March 18, 2005
118, 118a	February 17, 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

January 26, 2007

## GENERAL LETTER NO. 8-F-54

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

SUBJECT: Employees' Manual, Title 8, Chapter F, **COVERAGE GROUPS**, pages 119 and 120, revised.

### Summary

This chapter is revised to update the language under the section, "Medicaid for Employed People With Disabilities: Premiums: How to Establish Premium Periods." Entries for MEPD reviews must be made no later than the date of timely notice. This change is required due to the system-generated issuance of the *Medicaid Review* forms for MEPD and the automatic cancellation of cases that are not coded as reviewed by the date of timely notice.

### Effective Date

Upon receipt.

### Material Superseded

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

<u>Page</u>	<u>Date</u>
119	November 18, 2005
120	May 2, 2002

### Additional Information

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



February 16, 2007

**GENERAL LETTER NO. 8-F-55**

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

SUBJECT: Employees' Manual, Title 8, Chapter F, **COVERAGE GROUPS**, pages 97, 101, 106, 109, 117, 118, and 118a, revised.

**Summary**

This chapter is revised to update the poverty levels for 2007. The new amounts affect the following groups:

- ◆ Qualified Medicare beneficiaries (QMB)
- ◆ Specified low-income Medicare beneficiaries (SLMB)
- ◆ Expanded specified low-income Medicare beneficiaries (E-SLMB)
- ◆ Qualified disabled and working people (QDWP)
- ◆ Medicaid for employed people with disabilities (MEPD)

**Implementation of Poverty Level Changes for MEPD**

The income levels for MEPD premiums have been changed based on the 2007 federal poverty levels. On February 15, the new poverty levels will be installed in the MEPD premium calculation system.

When a case is approved after February 14, all premiums will be calculated using the new poverty levels. The worker must determine if the premiums for eligible months before March 2007 would have different premiums by completing separate *MEPD Income Worksheets* for those months.

If the premium amount for prior months differs from the amount calculated for March, follow the instructions at 14 B(9), **MEDICAID CASE ACTIONS: Approving an Application: Manual: Medicaid for Employed People with Disabilities (MEPD)**, with the following changes:

- ◆ Enter 000 in the TD05 RSN1 field.
- ◆ Enter the approval on ABC with a TD05 MED POS DT of March 1, 2007.



- ◆ Issue a handwritten a *Notice of Decision* that states the correct premium amounts for the prior months.
- ◆ Enter eligibility for months preceding March 2007 via the MEPD RETR screen with the correct premium amount for those months.

Note that the instructions for TD05 MED LAST REV and MED NEXT REV remain the same:

- ◆ Enter a MED LAST REV with the first month for which all eligibility factors are met.
- ◆ Enter the MED NEXT REV with the sixth month of the premium period.

### **Implementation of Poverty Level Changes for QDWP**

The new income limits are effective both for ongoing QDWP cases and for applications processed for March 2007.

### **Implementation of Poverty Level Changes for QMB, SLMB, and E-SLMB**

Central office is issuing a printout to IM workers to help identify the ongoing cases that need to have the social security cost-of-living increases included to determine eligibility for QMB, SLMB, and E-SLMB.

- ◆ The new income limits are effective for applications processed for March 2007 and later months.
- ◆ For ongoing cases where the poverty indicator is required, adjust the percentage of poverty on the ABC system and enter the appropriate QMB indicator on TD03 if required.
- ◆ In determining the percentage of poverty for March 2007 and later months, include the social security cost-of-living increases that were previously disregarded for January and February.
- ◆ Members who are now eligible for SLMB may be eligible for QMB in March. Members who are now eligible for E-SLMB may be eligible for SLMB in March. Notify members if the coverage group changes or if they are no longer eligible.

If the poverty level is zero on the printout, do a desk review and enter the member's percentage of poverty using the member's social security cost-of-living increase. Enter the percentage of poverty on TD03.

Cases in certain aid types were previously allowed to have a zero entry in the poverty level. These cases now need to have the percentage of poverty entered on TD03 to ensure that person is assessed the correct copayment for Medicare Part D.

**Reminder:** If the member's percentage of poverty is actually zero, enter "001" for the percentage of poverty on the ABC TD03 screen. (An entry of "000" will not allow buy-in to occur and may cause an incorrect copayment to be assigned for Medicare Part D.)

If the member is over the resource limit for QMB, SLMB, or E-SLMB, enter “999” for the percentage of poverty on the ABC TD03 screen. The “999” is needed to prevent Medicare Part A and Medicare Part B buy-in.

**Effective Date**

March 1, 2007

**Material Superseded**

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

<u>Page</u>	<u>Date</u>
97	February 17, 2006
101	December 8, 2006
106, 109, 117	February 17, 2006
118, 118a	December 8, 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

March 9, 2007

## GENERAL LETTER NO. 8-F-56

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

SUBJECT: Employees' Manual, Title 8, Chapter F, *COVERAGE GROUPS*, pages 22f, 41, 63, and 72j, revised.

### Summary

This chapter is revised to update the federal poverty level amounts for 2007 for:

- ◆ Family Planning Network
- ◆ Transitional Medicaid
- ◆ Mothers and Children (MAC)
- ◆ Medicaid for Independent Young Adults (MIYA)

### Effective Date

April 1, 2007

### Material Superseded

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

<u>Page</u>	<u>Date</u>
22f, 41, 63	April 14, 2006
72j	July 14, 2006

### Additional Information

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



August 3, 2007

**GENERAL LETTER NO. 8-F-57**

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

SUBJECT: Employees' Manual, Title 8, Chapter F, **COVERAGE GROUPS**, pages 9, 24c, 24e, 24f, 24i, 30, 35, 56, 57, 58, 72b, 72c, and 72g, revised.

**Summary**

This chapter is revised to:

- ◆ Eliminate the requirement for an interview.
- ◆ Change the earned income deduction from 50% to 58%.
- ◆ Remove the reference "full Medicaid coverage" since we have Medicaid programs that do not provide "full" coverage.
- ◆ Add that form 470-0397, *Request for Special Update*, needs to be completed when a woman eligible for ongoing Breast and Cervical Cancer Treatment (BCCT) is eligible for coverage prior to the presumptive period.

**Effective Date**

Effective August 1, 2007, eliminate the requirement for an interview and change the earned income deduction from 50% to 58%.

All other changes are effective upon receipt.

**Material Superseded**

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

<u>Page</u>	<u>Date</u>
9	March 24, 2006
24c, 24e, 24f	December 24, 2004
24i	March 24, 2006
30	April 6, 2004
35	December 19, 2000
56	February 3, 2006

57	March 14, 2000
58	August 14, 2001
72b	March 24, 2006
72c	March 14, 2000
72g	July 14, 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

September 21, 2007

## GENERAL LETTER NO. 8-F-58

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

SUBJECT: Employees' Manual, Title 8, Chapter F, *COVERAGE GROUPS*, pages 16  
through 21, 22a, and 22b, revised.

### Summary

This chapter is revised on the "newborn status" policy. Newborn status will be deemed to children born to women who obtain Medicaid eligibility for the month of the birth. This includes women who apply:

- ◆ After the birth and obtain Medicaid eligibility retroactively, or
- ◆ Only for three-day emergency services.

### Effective Date

October 1, 2007

### Material Superseded

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

<u>Page</u>	<u>Date</u>
16, 17	February 3, 2006
18, 19	March 14, 2000
20	December 24, 2004
21	March 14, 2000
22a, 22b	February 3, 2006

### Additional Information

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



December 21, 2007

**GENERAL LETTER NO. 8-F-59**

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

SUBJECT: Employees' Manual, Title 8, Chapter F, **COVERAGE GROUPS**, Contents (pages 3 and 4), revised; pages 1 through 5, 24k, 24l, 37, 43 through 46, 50, 55, 56, 58, 81 through 85, 89, 92, 94, 98, 104, 105, and 111 through 130, revised.

**Summary**

This chapter is revised to:

- ◆ Add the 2008 Social Security cost-of-living adjustment increase of 2.3% and update figures affected by the cost-of-living changes.
- ◆ Incorporate policy on “newborn” children,
- ◆ Remove the medical care program of the Indian Health Service as a creditable health coverage under the BCCT program,
- ◆ Clarify the following Transitional Medicaid policies:
  - When a family applies for another coverage group;
  - That good cause verification must be received before the effective date of cancellation;
  - That a change in income not reported timely on the quarterly report results in the change being effective the month following the receipt of a complete quarterly report.
- ◆ Remove references to face-to-face interviews and to self-supporting parents under CMAP.
- ◆ Clarify that a person eligible under FMAP or MAC is not included in the CMAP household
- ◆ Adding “age” as an eligibility requirement exception under MAC.
- ◆ Reflect the change in the premium period for Medicaid for employed people with disabilities (MEPD) from 6 months to 12 months and update the premium period examples accordingly. The MEPD premium table will be adjusted annually on April 1 for both the premium amounts and the federal poverty level.
- ◆ Reflect the new process of 1 assign one MEPD premium amount per 12-month premium period. That amount will not change unless the member reports a decrease in income. The current process allows for several premium adjustments throughout the year due to annual changes in the premium amounts and the federal poverty levels.
- ◆ Add special procedures for billing and accepting payments when MEPD premiums are assessed for a month earlier than 24 months before the current month.

- ◆ Reflect moving following MEPD sections to Chapter 8-G, *CASE MAINTENANCE*.
  - Effect of Nonpayment of Premiums
  - Reopening of Case Canceled for Failure to Pay Premium
  - Refund

### **Effective Date**

MEPD changes were effective November 1, 2007.

COLA changes are effective January 1, 2008.

All other changes are effective upon receipt.

### **Material Superseded**

Remove the following pages from Employees' Manual, Title 8, Chapter F, *COVERAGE GROUPS*, and destroy them:

<u>Page</u>	<u>Date</u>
Contents (page 3)	July 14, 2006
Contents (page 4)	July 14, 2006
1-3	March 24, 2006
4	March 11, 2003
5	March 14, 2000
24k, 24l	December 24, 2004
37	March 24, 2006
43	April 6, 2004
44	March 14, 2000
45	December 19, 2000
46, 50	March 14, 2000
55	March 24, 2006
56, 58	August 3, 2007
81-85, 89, 92, 94, 98, 104	December 8, 2006
105	July 14, 2006
111	March 11, 2003
112, 113	February 8, 2000
114, 115	July 14, 2006
116	February 8, 2006
117, 118	February 16, 2007
119, 120	January 26, 2007
121-123	May 7, 2002
124-133	July 14, 2006

### **Additional Information**

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





February 8, 2008

## GENERAL LETTER NO. 8-F-60

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

SUBJECT: Employees' Manual, Title 8, Chapter F, **COVERAGE GROUPS**, pages 97, 101, 102, 105, 106, 109, and 110, revised.

### Summary

This chapter is revised to update the poverty levels for 2008. The new amounts affect the following groups:

- ◆ Qualified Medicare beneficiaries (QMB)
- ◆ Specified low-income Medicare beneficiaries (SLMB)
- ◆ Expanded specified low-income Medicare beneficiaries (E-SLMB)
- ◆ Qualified disabled and working people (QDWP)

**Implementation for QDWP:** The new income limits are effective both for ongoing QDWP cases and for applications processed for March 2008.

**Implementation for QMB, SLMB, and E-SLMB:** Central office is issuing a printout to IM workers to help identify the ongoing cases that need to have the social security cost-of-living increases included to determine eligibility for QMB, SLMB, and E-SLMB.

- ◆ The new income limits are effective for applications processed for March 2008 and later months. In determining the percentage of poverty for March 2008 and later months, include the social security cost-of-living increases that were previously disregarded for January and February.
- ◆ For ongoing cases where the poverty indicator is required, adjust the percentage of poverty on the Automated Benefit Calculation (ABC) system. Also enter the applicable QMB indicator on the TD03 screen in ABC if required. To determine the percentage of poverty, include the social security cost-of-living increases for applications and ongoing cases for March 2008 or later months.
- ◆ Members who are now eligible for QMB may not be eligible for QMB in March but would be eligible for SLMB. Members who are now eligible for SLMB may not be eligible for SLMB in March but would be eligible for E-SLMB. Members who are now eligible for E-SLMB may not be eligible for E-SLMB. Notify members if the coverage group changes or if they are no longer eligible.

- ◆ If the poverty level is zero on the printout, do a desk review and enter the member's percentage of poverty using the member's social security cost-of-living increase. **Enter the percentage of poverty on the TD03 screen's POV field in ABC.**

Cases in certain aid types were previously allowed to have a zero entry in the poverty level. These cases now need the percentage of poverty entered on the TD03 screen's POV field in ABC to ensure that person is assessed the correct copayment for Medicare Part D.

**Reminder:** If the member's percentage of poverty is actually zero, enter "001" for the percentage of poverty on the TD03 POV field. An entry of "000" will not allow buy-in to occur and may also cause an incorrect copayment to be assigned for Medicare Part D.

If the member is over the resource limit for QMB, SLMB, or E-SLMB, enter "999" for the percentage of poverty on the TD03 screen in ABC. The "999" is needed to prevent Medicare Part A and Medicare Part B buy-in.

### **Effective Date**

March 1, 2008

### **Material Superseded**

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

<u>Page</u>	<u>Date</u>
97, 101	February 16, 2007
102	December 8, 2006
105	December 21, 2007
106, 109	February 16, 2007
110	March 24, 2006

### **Additional Information**

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



March 7, 2008

**GENERAL LETTER NO. 8-F-61**

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

SUBJECT: Employees' Manual, Title 8, Chapter F, **COVERAGE GROUPS**, pages 22f, 41,  
42, 63, 72j, 102, 103, 104, 116, 117, and 118, revised.

**Summary**

This chapter is revised to:

- ◆ Update the poverty levels for 2008 for the following groups:
  - Iowa Family Planning Network (IFPN)
  - Transitional Medicaid (TM)
  - Mothers and children (MAC)
  - Medicaid for independent young adults (MIYA)
  - Medicaid for employed people with disabilities (MEPD)
- ◆ Correct an example and a cross-reference.
- ◆ Change some references from "recipient" to "member."

**Effective Date**

Poverty level changes are effective April 1, 2008. All other changes are effective upon receipt.

**Material Superseded**

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

<u>Page</u>	<u>Date</u>
22f, 41	March 9, 2007
42	April 6, 2004
63, 72j	March 9, 2007
102	February 8, 2008
103	December 8, 2006
104, 116-118	December 21, 2007

**Additional Information**

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



April 18, 2008

**GENERAL LETTER NO. 8-F-62**

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

SUBJECT: Employees' Manual, Title 8, Chapter F, **COVERAGE GROUPS**, pages 99  
through 106, 109, 110, and 111, revised.

**Summary**

This chapter is revised to clarify for qualified Medicare beneficiaries (QMB), specified low income Medicare beneficiaries (SLMB), and expanded- specified low income Medicare beneficiaries (E-SLMB) that:

- ◆ A person does not need to be aged or disabled to receive these benefits. Persons of any age who have end-stage renal disease may receive Medicare without meeting the usual disability requirements.
- ◆ The net countable monthly income is compared to the income limits.
- ◆ Income is treated according to SSI-related policies.

**Effective Date**

Upon receipt.

**Material Superseded**

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

<u>Page</u>	<u>Date</u>
99	March 18, 2005
100	December 19, 2000
101	February 8, 2008
102-104	March 7, 2008
105, 106, 109, 110	February 8, 2008
111	December 21, 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  
KEVIN W. CONCANNON, DIRECTOR

June 13, 2008

## GENERAL LETTER NO. 8-F-63

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

SUBJECT: Employees' Manual, Title 8, Chapter F, **COVERAGE GROUPS**, Contents (pages 2 through 4), revised; Contents (page 5), new; pages 3, 4, 24s, 25, 52, 60a, 72g, 72m, 93, 114, 115, 117, and 118, revised; and pages 72n through 72s, new.

### Summary

This chapter is revised to implement continuous eligibility for children determined eligible under the following coverage groups:

- ◆ Family Medical Assistance Program (FMAP)
- ◆ Child Medical Assistance Program (CMAP)
- ◆ Mothers and Children (MAC)

The chapter is also revised to:

- ◆ Update the premium amounts for MEPD effective July 1, 2008.
- ◆ Add "presumptive eligibility for pregnant women" and "presumptive eligibility for BCCT" aid types to the coverage group chart.
- ◆ Add a cross-reference to 8-N: "Determining Coverage Group" under the section, "People in a Medical Institution Within the 300% Income Limit."
- ◆ Clarify that the special exemptions for resources only apply to disabled persons eligible for Medicaid for employed people with disabilities (MEPD).
- ◆ Note that the worker should use form 470-3686, *MEPD Income Worksheet*, (available on eForms) to determine income eligibility and premium amount.
- ◆ Add a cross-reference to 8-B: "Restricting Months of Beginning Eligibility for MEPD" under the section, "Premiums."

### Effective Date

July 1, 2008

**Material Superseded**

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

<u>Page</u>	<u>Date</u>
Contents (page 2)	July 14, 2006
Contents (pages 3 and 4)	December 21, 2007
3, 4	December 21, 2007
24s, 25	December 24, 2002
52	February 3, 2006
60a	February 12, 2002
72g	August 3, 2007
72m	July 14, 2006
93	December 21, 1999
114, 115	December 21, 2007
117, 118	March 7, 2008

**Additional Information**

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



January 2, 2009

**GENERAL LETTER NO. 8-F-64**

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

SUBJECT: Employees' Manual, Title 8, Chapter F, **COVERAGE GROUPS**, Contents (pages 4 and 5), revised, pages 4 through 7, 72m through 72s, 73, 74, 81 through 86, 89, 90, 92, 94, 98, 102, 103, 104, 108, and 127, revised; and pages 72t and 131 through 136, new.

**Summary**

This chapter is revised to:

- ◆ Add the new Medicaid coverage group, "Medicaid for kids with special needs" (MKSNI).
- ◆ Add the 2009 Social Security cost-of-living adjustment increase of 5.8% and update figures affected by the cost-of-living increase.
- ◆ Update continuous eligibility provisions for children who are under age 19 and have been determined to be eligible for ongoing Medicaid.
- ◆ Add a reference to Programs for All-Inclusive Care of the Elderly (PACE) along with references to waiver services.

**Effective Date**

January 1, 2009.

**Material Superseded**

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

<u>Page</u>	<u>Date</u>
Contents (pages 4 and 5)	June 13, 2008
4	June 13, 2008
5	December 31, 2000
6	June 13, 2000
7	March 24, 2006
72m-72s	June 13, 2008

73	December 19, 2000
74	April 6, 2004
81-85	December 21, 2007
86	December 8, 2006
89	December 21, 2007
90	December 8, 2006
92, 94, 98	December 21, 2007
102-104	April 18, 2008
108	December 8, 2006
127	December 21, 2007

**Additional Information**

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





February 6, 2009

**GENERAL LETTER NO. 8-F-65**

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

SUBJECT: Employees' Manual, Title 8, Chapter F, **COVERAGE GROUPS**, pages 97, 101, 106, and 109, revised.

**Summary**

This chapter is revised to update the poverty levels for 2009. The new amounts affect the following groups:

- ◆ Qualified Medicare beneficiaries (QMB)
- ◆ Specified low-income Medicare beneficiaries (SLMB)
- ◆ Expanded specified low-income Medicare beneficiaries (E-SLMB)
- ◆ Qualified disabled and working people (QDWP)

**Implementation for QDWP:** The new income limits are effective both for ongoing QDWP cases and for applications processed for March 2009.

**Implementation for QMB, SLMB, and E-SLMB:** Central office is issuing a printout to IM workers to help identify the ongoing cases that need to have the social security cost-of-living increases included to determine eligibility for QMB, SLMB, and E-SLMB.

- ◆ The new income limits are effective for applications processed for March 2009 and later months. In determining the percentage of poverty for March 2009 and later months, include the social security cost-of-living increases that were previously disregarded for January and February.
- ◆ For ongoing cases where the poverty indicator is required, adjust the percentage of poverty on the Automated Benefit Calculation (ABC) system. Also enter the applicable QMB indicator on the TD03 screen in ABC if required. To determine the percentage of poverty, include the social security cost-of-living increases for applications and ongoing cases for March 2009 or later months.
- ◆ Members who are now eligible for QMB may not be eligible for QMB in March but would be eligible for SLMB. Members who are now eligible for SLMB may not be eligible for SLMB in March but would be eligible for E-SLMB. Members who are now eligible for E-SLMB may not be eligible for E-SLMB. Notify members if the coverage group changes or if they are no longer eligible.

- ◆ If the poverty level is zero on the printout, do a desk review and enter the member's percentage of poverty using the member's social security cost-of-living increase. **Enter the percentage of poverty on the TD03 screen's POV field in ABC.**

Cases in certain aid types were previously allowed to have a zero entry in the poverty level. These cases now need the percentage of poverty entered on the TD03 screen's POV field in ABC to ensure that person is assessed the correct copayment for Medicare Part D.

**Reminder:** If the member's percentage of poverty is actually zero, enter "001" for the percentage of poverty on the TD03 POV field. An entry of "000" will not allow buy-in to occur and may also cause an incorrect copayment to be assigned for Medicare Part D.

If the member is over the resource limit for QMB, SLMB, E-SLMB, or QDWP but has income at or below 150% of poverty, enter "998" for the percentage of poverty on the TD03 screen in ABC. If the member is over the resource limit for QMB, SLMB, E-SLMB, or QDWP and income is over 150%, enter "999." The "999" is needed to prevent Medicare Part A and Medicare Part B buy-in.

### **Effective Date**

March 1, 2009

### **Material Superseded**

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

<u>Page</u>	<u>Date</u>
97	February 8, 2008
101, 106, 109	April 18, 2008

### **Additional Information**

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



March 27, 2009

**GENERAL LETTER NO. 8-F-66**

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

SUBJECT: Employees' Manual, Title 8, Chapter F, **COVERAGE GROUPS**, pages 16, 22a, 22e, 22f, 24a, 24b, 41, 42, 63, 72j, 112, 115, 116, 117, and 133, revised.

**Summary**

This chapter is revised to:

- ◆ Update the 2009 poverty-level increase for Medicaid.
- ◆ Clarify that verification of citizenship and identity is not required if a child is born to a Medicaid-eligible woman.
- ◆ Clarify that an applicant or member who provides a signed release to a specific individual or organization for specific information has met the requirements for supplying requested information or verification.
- ◆ Correct language and form names and numbers to correspond to current usage.

**Effective Date**

April 1, 2009

**Material Superseded**

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

<u>Page</u>	<u>Date</u>
16, 22a	September 21, 2007
22e	February 3, 2006
22f	March 7, 2008
24a, 24b	December 24, 2004
41, 42, 63, 72j	March 7, 2008
112	December 21, 2007
115	June 13, 2008
116	March 7, 2008
117	June 13, 2008
133	January 2, 2009

**Additional Information**

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



June 12, 2009

**GENERAL LETTER NO. 8-F-67**

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

SUBJECT: Employees' Manual, Title 8, Chapter F, **COVERAGE GROUPS**, Contents (pages 1, 4, and 5), revised; pages 5 through 9, 16 through 22, 22a through 22h, 59, 60, 60a, 60b, 63 through 72, 72a through 72e, 75, 76, and 132 through 136, revised; and pages 76a and 137, new.

**Summary**

Chapter 8-F is revised to:

- ◆ Increase the income limits for pregnant women and their infants under age one to 300% of the federal poverty level.
- ◆ Newborn policy is revised to implement a federal law change that eliminates the following eligibility requirements:
  - The newborn must live with the mother, and
  - The mother would be eligible for Medicaid, is she were still pregnant.
- ◆ Change income policy for the coverage group Medicaid for kids with special needs (MKSN). Follow SSI income policy for this group, including all exclusions and deductions.

**Effective Date**

January 1, 2009, for MKSN income policy.  
July 1, 2009, for FMAP and newborn policies.

**Material Superseded**

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

<u>Page</u>	<u>Date</u>
Contents (p. 1)	February 3, 2006
Contents (pp. 4 and 5)	January 2, 2009
5-7	January 2, 2009
8	March 24, 2006
9	August 3, 2007

16	March 27, 2009
17-21	September 21, 2007
22	April 6, 2004
22a	March 27, 2009
22b	September 21, 2007
22c, 22d	February 3, 2006
22e, 22f	March 27, 2009
22g-22j	February 2, 2006
59	March 24, 2006
60	February 3, 2006
60a,	June 13, 2008
60b	February 12, 2002
63	March 7, 2008
64	February 3, 2006
65	August 14, 2001
66	June 13, 2000
67-72, 72a	March 24, 2006
72b, 72c	August 3, 2007
72d	June 13, 2000
72e	March 24, 2006
75	January 6, 1998
76	April 6, 2004
132	January 2, 2009
133	March 27, 2009
134-136	January 2, 2009

**Additional Information**

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

**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 2, 2009

## GENERAL LETTER NO. 8-F-68

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

SUBJECT: Employees' Manual, Title 8, Chapter F, **COVERAGE GROUPS**, Contents (page 5), revised; pages 111 through 137, revised, and pages 138 through 151, new.

### Summary

This chapter is revised to:

- ◆ Revise the MEPD premium chart with the new premium scale effective August 1, 2009.
- ◆ Change the format of the section on "Medicaid for Employed People with Disabilities" (MEPD) and "Medicaid for Kids with Special Needs (MKSNI)" to policy, procedure, and comment.
- ◆ Change the MEPD section title from "Earned Income" to "Income From Employment."
- ◆ Add MEPD sections under "Premiums" on "Months Between the Application Date and the Approval Date" and "Blocking Premium Payments,"

### Effective Date

August 1, 2009 for MEPD premiums

### Material Superseded

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

<u>Page</u>	<u>Date</u>
Contents (page 5)	January 2, 2009
111	April 18, 2008
112	March 27, 2009
113	December 21, 2007
114	June 13, 2008
115-117	March 27, 2009



118	June 13, 2008
119	December 21, 2007
120-126	March 21, 2007
127-130	December 21, 2007
131	January 2, 2009
132-137	June 12, 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 25, 2009

## GENERAL LETTER NO. 8-F-69

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

SUBJECT: Employees' Manual, Title 8, Chapter F, **COVERAGE GROUPS**, Contents (page 4), revised; and pages 1, 2, 5, 6, 17, 24c, 24s, 25, 37, 38, 72g, 72h, 72m, 72n, 72q, 72r, 100, 106, 110, 119, and 120, revised.

### Summary

The Medicare Improvement for Patients and Providers Act of 2008 (MIPPA), requires that the resource limits for Qualified Medicare Beneficiaries (QMB), Specified Low Income Medicare Beneficiaries, and Expanded Specified Low Income Medicare Beneficiaries match the resource limit for Extra Help for Medicare Part D Prescriptions. Beginning January 1, 2010, the resource limits for these coverage groups are \$6,600 for an individual and \$9,910 for a couple.

A person in a state mental health institute who is over age 21 and under age 65 is not eligible for Medicaid. These revisions clarify that these persons are also not eligible for QMB coverage.

Other revisions to the chapter are to:

- ◆ Add a link to 8-H, **FOSTER CARE, ADOPTION AND GUARDIANSHIP SUBSIDY**.
- ◆ Clarify that a pregnant woman must apply before the end of her pregnancy in order to qualify for postpartum coverage.
- ◆ Add an e-mail address for Quality Assurance.
- ◆ Update referrals to subsidized guardianship.
- ◆ Correct an example where a waiver child would be considered in a Family Medical Assistance Program (FMAP)-related eligible group even though the child on a separate waiver case.
- ◆ Clarify that if the only child in the home is ineligible, this does not meet the criteria of a child being in the eligible group for Transitional Medicaid purposes.
- ◆ Add instruction on explaining the benefits of Medicaid under FMAP vs. Transitional Medicaid (TM).
- ◆ Clarify when a youth leaves foster care and qualifies under Medicaid for Independent Young Adults (MIYA).

- ◆ Clarify under MIYA that foster care includes a court-ordered psychiatric medical institutions for children (PMIC) placement.
- ◆ Clarify under MIYA that Iowa would need to be responsible for placement and care of the youth rather than responsible only for the maintenance payment.
- ◆ Correct the legal reference for continuous eligibility.
- ◆ Add that a child who is not in “newborn” status and turns one year old remains continuously eligible when the income guidelines change due to age.
- ◆ Add that minor parents and children under age 19 representing themselves must cooperate with the Department in order to be eligible for Medicaid.
- ◆ Add a section on cooperation with the Department of Inspections and Appeals (DIA) and Quality Control (QC) to explain that when a parent a of a continuously eligible child does not cooperate with DIA or QC, the child will not lose Medicaid until annual review.

### **Effective Date**

Effective January 1, 2010, the resource limits for QMB, SLMB, and E-SLMB match the resource limit for Extra Help for Medicare Part D Prescriptions.

All other changes are effective upon receipt.

### **Material Superseded**

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

<u>Page</u>	<u>Date</u>
Contents (page 4)	June 12, 2009
1, 2	December 21, 2007
5, 6	June 12, 2009
17	June 12, 2009
24c	August 3, 2007
24s, 25	June 13, 2008
37	December 21, 2007
38	April 6, 2004
72g	June 13, 2008
72h	July 14, 2006
72m, 72n, 72q, 72r	January 2, 2009
100	April 18, 2008
106	February 6, 2009
110	April 18, 2008
119, 120	October 2, 2009

### **Additional Information**

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



# STATE OF IOWA

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

DEPARTMENT OF HUMAN SERVICES  
CHARLES J. KROGMEIER, DIRECTOR

April 2, 2010

## GENERAL LETTER NO. 8-F-70

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

SUBJECT: Employees' Manual, Title 8, Chapter F, **COVERAGE GROUPS**, Contents  
(page 1), revised; pages 4 and 120, revised; and pages 4a through 4e, new.

### Summary

This chapter is revised to:

- ◆ Add a new section, "Presumptive Eligibility for Children."
- ◆ Update the aid type table to include the presumptive aid types.
- ◆ Clarify the use of impairment-related work expenses (IRWEs) as deductions for determining income eligibility for Medicaid for Employed Persons with Disabilities (MEPD).

### Effective Date

March 1, 2010 for presumptive eligibility for children.

Upon release for clarifying the use of impairment-related work expenses.

### Material Superseded

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

<u>Page</u>	<u>Date</u>
Contents (page 1)	December 25, 2009
4	January 2, 2009
120	December 25, 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

September 10, 2010

## GENERAL LETTER NO. 8-F-71

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

SUBJECT: Employees' Manual, Title 8, Chapter F, **COVERAGE GROUPS**, Title page, revised; Contents (pages 1 through 4), revised; pages 1 through 151, revised; and pages 152 through 221, new.

### Summary

This chapter is revised to:

- ◆ Clarify the procedures used to determine when a Medicaid for Employed People with Disabilities (MEPD) member qualifies for the six-month work suspension period.
- ◆ Clarify the criteria under MEPD on referring disability determinations when substantial gainful activity is met.
- ◆ Update the MEPD premium scale effective August 1, 2010.
- ◆ Clarify when the Department must conduct the disability determination for children under the Medicaid for Kids with Special Needs (MKSNS) group.
- ◆ Give policy and procedures for Express Lane Eligibility for children for MAC.
- ◆ Updating organizational names and contact information.

### Effective Date

Changes to the MEPD premium scale are effective August 1, 2010. All other changes are effective upon receipt.

### Material Superseded

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

<u>Page</u>	<u>Date</u>
Title page	January 6, 1998
Contents (page 1)	April 2, 2010
Contents (pages 2 and 3)	June 13, 2008
Contents (page 4)	December 25, 2009
Contents (page 5)	October 2, 2009

1, 2	December 25, 2009
3	June 13, 2008
4, 4a-4e	April 2, 2010
5, 6	December 25, 2009
7-9	June 12, 2009
10-12	March 24, 2006
13	March 14, 2000
14	February 3, 2006
15	December 19, 2000
16	June 12, 2009
17	December 25, 2009
18-22, 22a-22h	June 12, 2009
23, 24	February 3, 2006
24a, 24b	March 27, 2009
24c	December 25, 2009
24d	December 24, 2004
24e, 24f	August 3, 2007
24g, 24h	December 24, 2004
24i	August 3, 2007
24j	December 24, 2004
24k, 24l	December 21, 2007
24m-24o	December 24, 2004
24p	March 24, 2006
24q	December 24, 2004
24r	March 24, 2006
24s, 25	December 25, 2009
26	November 18, 2005
27	December 24, 2004
28, 29	April 6, 2004
30	August 3, 2007
30a, 30b	December 24, 2004
31, 32	March 14, 2000
33, 34	August 14, 2001
35	August 3, 2007
36	December 24, 2002
37, 38	December 25, 2009
39	March 14, 2000
40	December 19, 2000
41, 42	March 27, 2009
43-46	December 21, 2007
47	August 14, 2001
48	December 19, 2000
49	March 24, 2006
50	December 21, 2007
51	February 3, 2006
52	June 13, 2008
53	December 24, 2004
54	March 24, 2006
55, 56	December 21, 2007
57	August 3, 2007

58	December 21, 2007
59, 60, 60a, 60b	June 12, 2009
61, 62	March 14, 2000
63-72, 72a-72e	June 12, 2009
72f	February 3, 2006
72g, 72h	December 25, 2009
72i	July 14, 2006
72j	March 27, 2009
72k, 72l	July 14, 2006
72m, 72n	December 25, 2009
72o, 72p	January 2, 2009
72q, 72r	December 25, 2009
72s, 72t, 73, 74	January 2, 2009
75, 76, 76a	June 12, 2009
77	June 22, 1999
78	January 6, 1998
79	December 8, 2006
80	January 6, 1998
81-86	January 2, 2009
87	February 8, 2000
88	December 8, 2006
89, 90	January 2, 2009
91	May 7, 2002
92	January 2, 2009
92a	June 22, 1999
93	June 13, 2008
94	January 2, 2009
95	March 11, 2003
96	May 22, 2001
97	February 6, 2009
98	January 2, 2009
99	April 18, 2008
100	December 25, 2009
101	February 6, 2009
102-104	January 2, 2009
105	April 18, 2008
106	December 25, 2009
107	July 14, 2006
108	January 2, 2009
109	February 6, 2009
110	December 25, 2009
111-118	October 2, 2009
119	December 25, 2009
120	April 2, 2010
121-151	October 2, 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-F-72

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

SUBJECT: Employees' Manual, Title 8, Chapter F, **COVERAGE GROUPS**, pages 29, 30, and 31, revised.

### Summary

Chapter 8-F is revised to update the instructions and examples for Iowa Family Planning Network eligibility for recently pregnant Medicaid members to reflect that approval is now an automated process for these women.

### Effective Date

Upon receipt.

### Material Superseded

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

<u>Page</u>	<u>Date</u>
29-31	September 10, 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

March 25, 2011

## GENERAL LETTER NO. 8-F-73

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

SUBJECT: Employees' Manual, Title 8, Chapter F, **COVERAGE GROUPS**, pages 33, 37, 38, 76, 99, 125, 164, 167, 169, 174, 175, 178, 189, and 214, revised.

### Summary

Chapter 8-F is revised to:

- ◆ Update the income limits for IFPN, transitional Medicaid, MAC, MIYA, QDWP, QMB, SLMB, E-SLMB, and MКСN coverage groups with the new federal poverty levels.
- ◆ Correct form numbers.

### Effective Date

April 1, 2011

### Material Superseded

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

<u>Page</u>	<u>Date</u>
33, 37, 38, 76, 99, 125, 164, 167, 169, 174, 175, 178, 189, 214	September 10, 2010

### Additional Information

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



# Iowa Department of Human Services

Terry E. Branstad  
Governor

Kim Reynolds  
Lt. Governor

Charles M. Palmer  
Director

July 22, 2011

## GENERAL LETTER NO. 8-F-74

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

SUBJECT: Employees' Manual, Title 8, Chapter F, **COVERAGE GROUPS**, Title page, revised; Contents (page 2), revised; pages 7, 20, 84, 87, 109, 111, 129, 130, 178, 186, 191, 192, and 193, revised; and page 110a, new.

### Summary

Chapter 8-F is revised to:

- ◆ Update the MEPD premium scale effective August 1, 2011.
- ◆ Update examples concerning presumptive eligibility, eligibility as a newborn, continuous eligibility, FMAP Medicaid, and MEPD intent to return to work.
- ◆ Give an explanation of the new procedures for Transitional Medicaid.
- ◆ Create a link to 14-B(7) for express lane eligibility procedures.
- ◆ Add three examples for express lane scenarios.
- ◆ Add a legal reference for E-SLMB.
- ◆ Provide additional information about excluding Native American Indians from paying premiums for MEPD.
- ◆ Add a legal reference for the MEPD premium section.

### Effective Date

August 1, 2011

### Material Superseded

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

<u>Page</u>	<u>Date</u>
Title page	September 10, 2010
Contents (page 2)	September 10, 2010
7, 20, 84, 87, 109, 111, 129, 130	September 10, 2010
178	March 25, 2011
186, 191-193	September 10, 2010

**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

December 9, 2011

## GENERAL LETTER NO. 8-F-75

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

SUBJECT: Employees' Manual, Title 8, Chapter F, **COVERAGE GROUPS**, pages  
167, 175, and 178, revised.

### Summary

The Medicare Improvement for Patients and Providers Act of 2008 (MIPPA) requires that the resource limits for Qualified Medicare Beneficiaries (QMB), Specified Low-Income Medicare Beneficiaries (SLMB), and Expanded Specified Low-Income Medicare Beneficiaries (E-SLMB) match the resource limit for Extra Help for Medicare Part D prescriptions. Beginning January 1, 2012, the resource limits for these coverage groups are \$6,940 for an individual and \$10,410 for a couple.

### Effective Date

January 1, 2012

### Material Superseded

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

<u>Page</u>	<u>Date</u>
167, 175	March 25, 2011
178	July 22, 2010

### 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 27, 2012

## GENERAL LETTER NO. 8-F-76

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

SUBJECT: Employees' Manual, Title 8, Chapter F, **COVERAGE GROUPS**, Contents (page 1), revised; and pages 26 through 33, 35 through 38, 128, 145 through 150, 154, 155, 158, and 161, revised.

### Summary

Chapter 8-F is revised to:

- ◆ Clarify procedures for processing reviews and redeterminations for children in newborn status.
- ◆ Implement a mandate from 2010 Iowa Acts, chapter 1192 (House File 2526) to expand Iowa Family Planning Network (IFPN) waiver to cover the following:
  - Men who meet the IFPN income, age and insurance coverage requirements.
  - Persons that are at least 12 and under 55 years of age.
  - Persons that are underinsured or have health insurance coverage that does not include coverage for benefits provided under IFPN.
  - Persons that have income up to 300% of the federal poverty level.
- ◆ Add the 2012 Social Security cost-of-living increase of 3.6% and update figures affected by this adjustment.

### Effective Date

January 1, 2012

### Material Superseded

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

<u>Page</u>	<u>Date</u>
Contents (p. 1)	September 10, 2010
26-28	September 10, 2010
29-33	November 5, 2010
35-38, 128, 145-150, 154, 155, 158, 161	September 10, 2010

**Additional Information**

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



# Iowa Department of Human Services

Terry E. Branstad  
Governor

Kim Reynolds  
Lt. Governor

Charles M. Palmer  
Director

February 24, 2012

## GENERAL LETTER NO. 8-F-77

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

SUBJECT: Employees' Manual, Title 8, Chapter F, **COVERAGE GROUPS**, pages 12, 29, 30, 33, 40, 51, 76, 109, 125, 164, 169, 174, 176, 178, 179, 189, 202, and 214, revised.

### Summary

Chapter 8-F is revised to:

- ◆ Update the income limits for IFPN, transitional Medicaid, MAC, MIYA, QDWP, QMB, SLMB, E-SLMB, and MKSN coverage groups based on the new federal poverty levels.
- ◆ Clarify the age range for Family Planning Network eligibility.

### Effective Date

April 1, 2012

### Material Superseded

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

<u>Page</u>	<u>Date</u>
12	September 10, 2010
29, 30, 33	January 27, 2012
40, 51	September 10, 2010
76	March 25, 2011
109	July 2, 2011
125, 164, 169, 174	March 25, 2011
176	September 10, 2010
178	December 9, 2011
179	September 10, 2010
189	March 25, 2011
202	September 10, 2010
214	March 25, 2011

### 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

June 1, 2012

## GENERAL LETTER NO. 8-F-78

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

SUBJECT: Employees' Manual, Title 8, Chapter F, **COVERAGE GROUPS**, Contents (page 2), revised; and pages 6, 7, 8, 12, 13, 26, 28, 38, 39, 42, 43, 50 through 54, 57, 99, 203, 204, and 205, revised.

### Summary

Chapter 8-F is revised to:

- ◆ Note that OASIS applications issued for presumptively eligible children and women who are pregnant or receiving treatment for breast or cervical cancer (BCCT) are clearly identified at the top of the first page as an application as a result of a presumptive Medicaid determination.
- ◆ Revise the section on presumptive approval for pregnant women to reflect processing through the Iowa Medicaid Portal Access (IMPA).
- ◆ Clarify that RREDs are not issued when a newborn child is the only active Medicaid member on the case.
- ◆ Clarify the citizenship requirement for BCCT eligibility and the steps for verification of citizenship.
- ◆ Delete the section on reimbursing medical transportation expenses for BCCT members.
- ◆ Clarify that when determining eligibility for the BCCT coverage group, credible coverage includes Medically Needy when the spenddown has been met.
- ◆ Clarify procedures for automatic determination for BCCT when a different Medicaid coverage has ended.
- ◆ Clarify current presumptive BCCT application procedures.
- ◆ Update the income amounts for federal poverty levels for the MAC group effective April 1, 2012.
- ◆ Change the address to submit MEPD premium payments.
- ◆ Revise the instructions for telling MEPD members to send their premiums to the correct address.



**Effective Date**

April 1, 2012, for federal poverty level changes. Other changes are effective upon release of this letter.

**Material Superseded**

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

<u>Page</u>	<u>Date</u>
Contents (p. 2)	July 22, 2011
6	September 10, 2010
7	July 22, 2011
8	September 10, 2010
12	February 24, 2012
13	September 10, 2010
26, 28, 38	January 27, 2012
39, 42, 43, 50	September 10, 2010
51	February 24, 2012
52-54, 57	September 10, 2010
99	March 25, 2011
203-205	September 10, 2010

**Additional Information**

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



# Iowa Department of Human Services

Terry E. Branstad  
Governor

Kim Reynolds  
Lt. Governor

Charles M. Palmer  
Director

October 26, 2012

## GENERAL LETTER NO. 8-F-79

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

SUBJECT: Employees' Manual, Title 8, Chapter F, **COVERAGE GROUPS**, pages 102, 186, and 192, revised.

### Summary

Chapter 8-F is revised to:

- ◆ Clarify child care expenses.
- ◆ Update the notice code in an example concerning closing of an MEPD case with timely notice when requested information was not returned with the review form.
- ◆ Update the MEPD premium scale effective August 1, 2012.

### Effective Date

MEPD premium scale changes are effective August 1, 2012. Other changes are effective upon release of this letter.

### Material Superseded

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

<u>Page</u>	<u>Date</u>
102	September 10, 2010
186, 192	July 22, 2011

### 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-F-80

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

SUBJECT: Employees' Manual, Title 8, Chapter F, **COVERAGE GROUPS**, Contents (page 4), revised; and pages 137, 145 through 150, 154, 157, 158, 160, 161, 167, 175, 178, and 202, revised.

### Summary

Chapter 8-F is revised to:

- ◆ Add the 2013 Social Security cost-of-living increase of 1.7% and update figures affected by this adjustment.
- ◆ Update the resource limits for qualified Medicare beneficiaries (QMB), specified low-income Medicare beneficiaries (SLMB), and expanded low-income Medicare beneficiaries (E-SLMB).
- ◆ Update the reference to form 470-3928. The name of the form has been changed from *Important Information About Premium Payments for Medicaid for Employed People with Disabilities (MEPD)* to *MEPD Information About Premium Payments*.
- ◆ Remove the reference to the "since December 1973" Medicaid coverage group, since there is no longer anyone who qualifies for this group.

### Effective Date

January 1, 2013

### Material Superseded

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

<u>Page</u>	<u>Date</u>
Contents (page 4)	September 10, 2010
137	September 10, 2010
145-150, 154	January 27, 2012
157	September 10, 2010
158	January 27, 2012
160	September 10, 2010
161	January 27, 2012
167, 175	December 9, 2011
178, 202	February 24, 2012

**Additional Information**

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



# Iowa Department of Human Services

Terry E. Branstad  
Governor

Kim Reynolds  
Lt. Governor

Charles M. Palmer  
Director

March 29, 2013

## GENERAL LETTER NO. 8-F-81

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

SUBJECT: Employees' Manual, Title 8, Chapter F, **COVERAGE GROUPS**, pages 33, 76, 99, 125, 164, 169, 174, 178, 189, 194, and 214, revised.

### Summary

Chapter 8-F is revised to update the income limits for IFPN, transitional Medicaid, MAC, MIYA, QDWP, QMB, SLMB, E-SLMB, MEPD, and MКСN coverage groups based on the new federal poverty levels.

### Effective Date

April 1, 2013

### Material Superseded

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

<u>Page</u>	<u>Date</u>
33, 76	February 24, 2012
99	June 1, 2012
125, 164, 169, 174	February 24, 2012
178	January 25, 2013
189	February 24, 2012
194	September 10, 2010
214	February 24, 2012

### Additional Information

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



# Iowa Department of Human Services

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Terry E. Branstad  
Governor

Kim Reynolds  
Lt. Governor

Charles M. Palmer  
Director

August 2, 2013

## **GENERAL LETTER NO. 8-F-82**

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

SUBJECT: Employees' Manual, Title 8, Chapter F, ***COVERAGE GROUPS***, page 192,  
revised.

### **Summary**

Chapter 8-F is revised to update the MEPD premium scale effective August 1, 2013.

### **Effective Date**

August 1, 2013

### **Material Superseded**

This material replaces Employees' Manual, Title 8, Chapter F, page 192, dated October 26, 2012.

### **Additional Information**

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



# Iowa Department of Human Services

Terry E. Branstad  
Governor

Kim Reynolds  
Lt. Governor

Charles M. Palmer  
Director

February 21, 2014

## GENERAL LETTER NO. 8-F-83

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

SUBJECT: Employees' Manual, Title 8, Chapter F, **COVERAGE GROUPS**, pages 2, 16, 17, 31, 32, 115, 116, 129, 145 through 149, 154, 158, 161, 165, 166, 167, 172, 175, 178, 182, and 205, revised.

### Summary

Chapter 8-F is revised to:

- ◆ Add the 2014 Social Security cost-of-living increase of 1.5% and update figures affected by this adjustment.
- ◆ Update the resource limits for qualified Medicare beneficiaries (QMB), specified low-income Medicare beneficiaries (SLMB), and expanded low-income Medicare beneficiaries (E-SLMB).
- ◆ Remove references to the IowaCare Program as the program ended on December 31, 2013.

### Effective Date

January 1, 2014

### Material Superseded

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

<u>Page</u>	<u>Date</u>
2, 16, 17	September 10, 2010
31, 32	January 27, 2012
115, 116	September 10, 2010
129	July 22, 2011
145-149, 154, 158, 161	January 25, 2013
165, 166	September 10, 2010
167	January 25, 2013
172	September 10, 2010
175	January 25, 2013
178	March 29, 2013
182	September 10, 2010
205	June 1, 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

April 4, 2014

## GENERAL LETTER NO. 8-F-84

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

SUBJECT: Employees' Manual, Title 8, Chapter F, **COVERAGE GROUPS**, pages 33, 76, 99, 125, 164, 169, 171, 174, 178, 189, 191, and 214, revised.

### Summary

Chapter 8-F is revised to update the income limits for IFPN, transitional Medicaid, MAC, MIYA, QDWP, QMB, SLMB, E-SLMB, MEPD, and MКСN coverage groups based on the new federal poverty levels.

### Effective Date

April 1, 2014

### Material Superseded

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

<u>Page</u>	<u>Date</u>
33, 76, 99, 125, 164, 169	March 29, 2013
171	September 10, 2010
174	March 29, 2013
178	February 21, 2014
189	March 29, 2013
191	July 22, 2011
214	March 29, 2013

### Additional Information

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



# Iowa Department of Human Services

Terry E. Branstad  
Governor

Kim Reynolds  
Lt. Governor

Charles M. Palmer  
Director

July 25, 2014

## **GENERAL LETTER NO. 8-F-85**

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

SUBJECT: Employees' Manual, Title 8, Chapter F, ***COVERAGE GROUPS***, page 192,  
revised.

### **Summary**

Chapter 8-F is revised to update the MEPD premium scale effective August 1, 2014.

### **Effective Date**

August 1, 2014

### **Material Superseded**

This material replaces Employees' Manual, Title 8, Chapter F, page 192, dated August 2, 2013.

### **Additional Information**

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



# Iowa Department of Human Services

Terry E. Branstad  
Governor

Kim Reynolds  
Lt. Governor

Charles M. Palmer  
Director

January 30, 2015

## GENERAL LETTER NO. 8-F-86

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

SUBJECT: Employees' Manual, Title 8, Chapter F, **COVERAGE GROUPS**, Contents (page 1), revised; and pages 29 through 32, 36, 37, 145 through 149, 154, 158, 161, 165, 166, 167, 172, 175, 178, and 182, revised.

### Summary

Chapter 8-F is revised to:

- ◆ Update material regarding other medical coverage, including *hawk-i* coverage and group or private insurance coverage.
- ◆ Add clarifying information regarding claiming good cause due to confidentiality.
- ◆ Add the 2015 Social Security cost-of-living increase of 1.7% and update figures affected by this adjustment.
- ◆ Update the resource limits for qualified Medicare beneficiaries (QMB), specified low-income Medicare beneficiaries (SLMB), and expanded low-income Medicare beneficiaries (E-SLMB).
- ◆ Update legal references.
- ◆ Update all links due to the Department's new website.

### Effective Date

January 1, 2015

### Material Superseded

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

<u>Page</u>	<u>Date</u>
Contents (page 1)	July 22, 2011
29, 30	February 24, 2012
31, 32	February 21, 2014
36, 37	January 27, 2012
145-149, 154, 158, 161, 165-167, 172, 175	February 21, 2014
178	April 4, 2014
182	February 21, 2014

**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

April 17, 2015

## GENERAL LETTER NO. 8-F-87

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

SUBJECT: Employees' Manual, Title 8, Chapter F, **COVERAGE GROUPS**, pages 164, 169, 174, 178, 189, 205, and 214, revised.

### Summary

Chapter 8-F is revised to:

- ◆ Update the income limits of the following coverage groups:
  - Qualified Disabled Working Persons (QDWP)
  - Qualified Medicare Beneficiaries (QMB)
  - Specified Low-Income Medicare Beneficiaries (SLMB)
  - Expanded Specified Low-Income Medicare Beneficiaries (E-SLMB)
  - Medicaid for Employed People with Disabilities (MEPD)
  - Medicaid for Kids with Special Needs (MKSIN)
- ◆ Update the +4 on the MEPD Lockbox zip code.
- ◆ Remove instructions for local offices to keep a supply of MEPD premium envelopes.

### Effective Date

March 1, 2015

### Material Superseded

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

<u>Page</u>	<u>Date</u>
164, 169, 174	April 4, 2014
178	January 30, 2015
189	April 4, 2014
205	February 21, 2014
214	April 4, 2014

### Additional Information

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



# Iowa Department of Human Services

Terry E. Branstad  
Governor

Kim Reynolds  
Lt. Governor

Charles M. Palmer  
Director

July 10, 2015

## GENERAL LETTER NO. 8-F-88

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

SUBJECT: Employees' Manual, Title 8, Chapter F, **COVERAGE GROUPS**, pages 5, 29, 30, 31, 33, 36, and 192, revised.

### Summary

Chapter 8-F is revised to:

- ◆ Correct the form number of the *Application: Presumptive Health Care Coverage for Children*. The correct form number is 470-4855.
- ◆ Update legal references.
- ◆ Update the Iowa Family Planning Network Monthly Income Limits: 300% of Poverty table.
- ◆ Update the Medicaid for Employed People with Disabilities (MEPD) premium scale effective August 1, 2015.

### Effective Date

The changes to the MEPD premium scale are effective August 1, 2015.

All other changes are effective upon receipt.

### Material Superseded

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

<u>Page</u>	<u>Date</u>
5	September 10, 2010
29-31	January 30, 2015
33	April 4, 2014
36	January 30, 2015
192	July 25, 2014

### 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-F-89

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

SUBJECT: Employees' Manual, Title 8, Chapter F, **COVERAGE GROUPS**, pages  
189, 190, and 191, revised.

### Summary

Chapter 8-F is revised to add language regarding the COLA disregard for the Medicaid for Employed People with Disabilities (MEPD) program.

### Effective Date

January 1, 2016

### Material Superseded

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

<u>Page</u>	<u>Date</u>
189	April 17, 2015
190	September 10, 2010
191	April 4, 2014

### 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

April 1, 2016

## GENERAL LETTER NO. 8-F-90

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

SUBJECT: Employees' Manual, Title 8, Chapter F, **COVERAGE GROUPS**, pages 33, 164, 165, 166, 169, 171, 174, 178, 189, and 214, revised.

### Summary

Chapter 8-F is revised to update the:

- ◆ Iowa Family Planning Network Monthly Income Limits: 300% of Federal Poverty table.
- ◆ Income limits of the following coverage groups:
  - Qualified Disabled Working Persons (QDWP)
  - Qualified Medicare Beneficiaries (QMB)
  - Specified Low-Income Medicare Beneficiaries (SLMB)
  - Expanded Specified Low-Income Medicare Beneficiaries (E-SLMB)
  - Medicaid for Employed People with Disabilities (MEPD)
  - Medicaid for Kids with Special Needs (MKSNS)

### Effective Date

March 1, 2016, for QDWP, QMB, SLMB, E-SLMB, and MEPD.

April 1, 2016, for MKSNS.

### Material Superseded

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

<u>Page</u>	<u>Date</u>
33	July 10, 2015
164	April 17, 2015
165, 166	January 30, 2015
169	April 17, 2015
171	April 4, 2014
174, 178	April 17, 2015
189	January 1, 2016
214	April 17, 2015



**Additional Information**

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



# Iowa Department of Human Services

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Terry E. Branstad  
Governor

Kim Reynolds  
Lt. Governor

Charles M. Palmer  
Director

August 5, 2016

## **GENERAL LETTER NO. 8-F-91**

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

SUBJECT: Employees' Manual, Title 8, Chapter F, ***COVERAGE GROUPS***, page 192,  
revised.

### **Summary**

Chapter 8-F is revised to update the Medicaid for Employed People with Disabilities (MEPD) premium scale effective August 1, 2016.

### **Effective Date**

August 1, 2016

### **Material Superseded**

This material replaces Employees' Manual, Title 8, Chapter F, page 192, dated July 10, 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 3, 2017

## GENERAL LETTER NO. 8-F-92

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

SUBJECT: Employees' Manual, Title 8, Chapter F, **COVERAGE GROUPS**, Contents (page 4), revised; and pages 43, 141, 145 through 149, 154, 156, 158, 161, 165, 166, 167, 172, 175, 178, and 182, revised.

### Summary

Chapter 8-F is revised to:

- ◆ Add the 2017 Social Security cost-of-living increase of .3% and update figures affected by this adjustment.
- ◆ Remove references to the coverage group "People Ineligible for SSI Due to Reevaluation of Childhood Disability." This coverage group is obsolete because any child who was eligible is now over the age of 18 and no longer eligible under this coverage group.
- ◆ Update the resource limits for qualified Medicare beneficiaries (QMB), specified low-income Medicare beneficiaries (SLMB), and expanded low-income Medicare beneficiaries (E-SLMB).

### Effective Date

January 1, 2017

### Material Superseded

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

<u>Page</u>	<u>Date</u>
Contents (page 4)	January 25, 2013
43	June 1, 2012
141	September 10, 2010
145-149, 154	January 30, 2015
156	September 10, 2010
158, 161	January 30, 2015
165, 166	April 1, 2016
167, 172, 175	January 30, 2015
178	April 1, 2016
182	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 31, 2017

## GENERAL LETTER NO. 8-F-93

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

SUBJECT: Employees' Manual, Title 8, Chapter F, **COVERAGE GROUPS**, pages 164, 169, 174, 178, 189, 192, and 214, revised.

### Summary

Chapter 8-F is revised to update the income limits of the following coverage groups:

- ◆ Qualified Disabled Working Persons (QDWP)
- ◆ Qualified Medicare Beneficiaries (QMB)
- ◆ Specified Low-Income Medicare Beneficiaries (SLMB)
- ◆ Expanded Specified Low-Income Medicare Beneficiaries (E-SLMB)
- ◆ Medicaid for Employed People with Disabilities (MEPD)
- ◆ Medicaid for Kids with Special Needs (MKSNS)

### Effective Date

March 1, 2017, for QDWP, QMB, SLMB, E-SLMB, and MEPD

April 1, 2017, for MKSN

### Material Superseded

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

<u>Page</u>	<u>Date</u>
164, 169, 174	April 1, 2016
178	March 3, 2017
189	April 1, 2016
192	August 5, 2016
214	April 1, 2016

### 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

June 9, 2017

## GENERAL LETTER NO. 8-F-94

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

SUBJECT: Employees' Manual, Title 8, Chapter F, **COVERAGE GROUPS**, page 33,  
revised.

### Summary

Chapter 8-F is revised to update the Iowa Family Planning Network Monthly Income Limits: 300% of Federal Poverty table.

### Effective Date

Upon receipt.

### Material Superseded

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

<u>Page</u>	<u>Date</u>
33	April 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

September 15, 2017

## GENERAL LETTER NO. 8-F-95

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

SUBJECT: Employees' Manual, Title 8, Chapter F, **COVERAGE GROUPS**, Contents (pages 1 through 4); revised; and pages 2, 29, 37 through 40, and 192, revised.

### Summary

Chapter 8-F is revised to:

- ◆ Remove the Iowa Family Planning Network coverage group from the chapter.
- ◆ Update the Medicaid for Employed People with Disabilities (MEPD) premium scale effective August 1, 2017.

### Effective Date

Upon receipt.

### Material Superseded

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

<u>Page</u>	<u>Date</u>
Contents (page 1)	January 30, 2015
Contents (page 2)	June 1, 2012
Contents (page 3)	September 10, 2010
Contents (page 4)	March 3, 2017
2	February 21, 2014
29-31	July 10, 2015
32	January 30, 2015
33	June 9, 2017
34	September 10, 2010
35	January 27, 2012
36	July 10, 2015
37	January 30, 2015
38, 39	June 1, 2012
40	February 24, 2012
192	March 31, 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

February 16, 2018

## GENERAL LETTER NO. 8-F-96

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

SUBJECT: Employees' Manual, Title 8, Chapter F, *Coverage Groups*, pages 141, 145 through 149, 154, 158, 161, 165, 166, 167, 172, 175, 178, and 182, revised.

### Summary

Chapter 8-F is revised to:

- ◆ Add the 2018 Social Security cost-of-living increase of 2.0 percent and update figures affected by this adjustment.
- ◆ Update the resource limits for qualified Medicare beneficiaries (QMB), specified low-income Medicare beneficiaries (SLMB), and expanded low-income Medicare beneficiaries (E-SLMB).

### Effective Date

January 1, 2018

### Material Superseded

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

<u>Page</u>	<u>Date</u>
141, 145-149, 154, 158, 161, 165-167, 172, 175	March 3, 2017
178	March 31, 2017
182	March 3, 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

March 23, 2018

## GENERAL LETTER NO. 8-F-97

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

SUBJECT: Employees' Manual, Title 8, Chapter F, **Coverage Groups**, Contents (page 4); revised; and pages 164, 166, 169, 170, 172, 173, 174, 177, 178, 179, 182, 189, 192, 194, 200, 201, and 214, revised.

### Summary

Chapter 8-F is revised to update:

- ◆ The income limits of the following coverage groups:
  - Qualified Disabled Working Persons (QDWP)
  - Qualified Medicare Beneficiaries (QMB)
  - Specified Low-Income Medicare Beneficiaries (SLMB)
  - Expanded Specified Low-Income Medicare Beneficiaries (E-SLMB)
  - Medicaid for Employed People with Disabilities (MEPD)
  - Medicaid for Kids with Special Needs (MКСN)
- ◆ References to retroactive coverage.

### Effective Date

March 1, 2018, for QDWP, QMB, SLMB, E-SLMB, and MEPD

April 1, 2018, for MКСN

### Material Superseded

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

<u>Page</u>	<u>Date</u>
Contents (page 4)	September 15, 2017
164	March 31, 2017
166	February 16, 2018
169	March 31, 2017
170	September 10, 2010
172	February 16, 2018
173	September 10, 2010
174	March 31, 2017

177	September 10, 2010
178	February 16, 2018
179	February 24, 2012
182	February 18, 2018
189	March 31, 2017
192	September 15, 2017
194	March 29, 2013
200, 201	September 10, 2010
214	March 31, 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

July 20, 2018

## GENERAL LETTER NO. 8-F-98

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

SUBJECT: Employees' Manual, Title 8, Chapter F, **Coverage Groups**, Contents (page 3), revised; and pages 140, 141, and 192, revised.

### Summary

Chapter 8-F is revised to update:

- ◆ Update the SSA recipients and dependent relatives coverage group to remove any reference to the dependent. As of January 1, 2014, the dependent on the dependent person supplement Medicaid case is no longer eligible for Medicaid based on being the dependent on the State Supplementary Assistance recipient.
- ◆ Update the Medicaid for Employed People with Disabilities (MEPD) premium scale.

### Effective Date

The MEPD premium scale changes are effective August 1, 2018. All other changes are effective immediately.

### Material Superseded

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

<u>Page</u>	<u>Date</u>
Contents (page 3)	September 15, 2017
140	September 10, 2010
141	February 16, 2018
192	March 23, 2018

### Additional Information

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

April 26, 2019

**GENERAL LETTER NO. 8-F-99**

ISSUED BY: Iowa Medicaid Enterprise

SUBJECT: Employees' Manual, Title 8, Chapter F, **Medicaid Coverage Groups**, Title page, revised; and pages 44, 45, 109, 112, 131, 145 through 149, 154, 158, 161, 164 through 167, 169, 172, 174, 175, 178, 182, 189, 192, and 214, revised.

**Summary**

Chapter 8-F is revised to:

- ◆ Add the 2019 Social Security cost-of-living increase of 2.8 percent and update figures affected by this adjustment.
- ◆ Update the resource limits for qualified Medicare beneficiaries (QMB), specified low-income Medicare beneficiaries (SLMB), and expanded low-income Medicare beneficiaries (E-SLMB).
- ◆ 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 F:

<u>Page</u>	<u>Date</u>
Title page	July 22, 2011
44, 45	September 10, 2010
109	February 24, 2012
112, 131	September 10, 2010
145-149, 154, 158, 161	February 16, 2018
164	March 23, 2018
165	February 16, 2018
166	March 23, 2018
167	February 16, 2018
169, 172, 174	March 23, 2018

175  
178, 182, 189  
192  
214

February 16, 2018  
March 23, 2018  
July 20, 2018  
March 23, 2018

**Additional Information**

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

August 9, 2019

**GENERAL LETTER NO. 8-F-100**

ISSUED BY: Iowa Medicaid Enterprise

SUBJECT: Employees' Manual, Title 8, Chapter F, **Medicaid Coverage Groups**, page 192, revised.

**Summary**

Chapter 8-F is revised to update the Medicaid for Employed People with Disabilities (MEPD) premium scale effective August 1, 2019.

**Effective Date**

August 1, 2019

**Material Superseded**

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

<u>Page</u>	<u>Date</u>
192	April 26, 2019

**Additional Information**

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

March 12, 2021

## **GENERAL LETTER NO. 8-F-101**

ISSUED BY: Iowa Medicaid Enterprise

SUBJECT: Employees' Manual, Title 8, Chapter F, *Coverage Groups*, Contents 1 and 2, and Contents 3, revised; Contents 4, removed; pages 1, 2, 3 and 4, 5, 6-8, 9 and 10, 11-13, 14 and 15, 16 and 17, 18 and 19, 20, 21-25, 26, 27, 28, 29-40, 41, 42, 43, 44 and 45, 46-49, 50-54, 55 and 56, 57, 58-75, 76, 77-83, 84, 85 and 86, 87, 88-98, 99, 100 and 101, 102, 103-108, 109, 110, revised; 110a, removed; 111, 112, 113 and 114, 115 and 116, 117-124, 125, 126 and 127, 128, 129, 130, and 131 revised; 132-136, 137, 138 and 139, 140 and 141, 142-144, 145-149, 150, 151-153, 154, 155, 156, 157, 158, 159, 160, 161, 162 and 163, 164-167, 168, 169, 170, 171, 172, 173, 174 and 175, 176, 177, 178, 179, 180 and 181, 182, 183-185, 186, 187 and 188, 189, 190, 191, 192, 193, 194, 195-199, 200 and 201, 202, 203 and 204, 205, 206-213, 214, 215-221, removed.

### **Summary**

Chapter 8-F 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.

### **Effective Date**

Immediately.

### **Material Superseded**

<u>Page</u>	<u>Date</u>
Contents 1 and 2	September 15, 2017
Contents 3	July 20, 2018
Contents 4	March 23, 2018
1	September 10, 2010
2	September 15, 2017
3 and 4	September 10, 2010
5	July 10, 2015
6-8	June 1, 2012



9 and 10	September 10, 2010
11-13	June 1, 2012
14 and 15	September 10, 2010
16 and 17	February 21, 2014
18 and 19	September 10, 2010
20	July 22, 2011
21-25	September 10, 2010
26	June 1, 2012
27	January 27, 2012
28	June 1, 2012
29-40	September 15, 2017
41	September 10, 2010
42	June 1, 2012
43	March 3, 2017
44 and 45	April 26, 2019
46-49	September 10, 2010
50-54	June 1, 2012
55 and 56	September 10, 2010
57	June 1, 2012
58-75	September 10, 2010
76	April 4, 2014
77-83	September 10, 2010
84	July 22, 2011
85 and 86	September 10, 2010
87	July 22, 2011
88-98	September 10, 2010
99	April 4, 2014
100 and 101	September 10, 2010
102	October 26, 2012
103-108	September 10, 2010
109	April 26, 2019
110	September 10, 2010
110a	July 22, 2011
111	July 22, 2011
112	April 26, 2019
113 and 114	September 10, 2010
115 and 116	February 21, 2014
117-124	September 10, 2010
125	April 4, 2014
126 and 127	September 10, 2010
128	January 27, 2012
129	February 21, 2014
130	July 22, 2011
131	April 26, 2019
132-136	September 10, 2010
137	January 25, 2013
138 and 139	September 10, 2010
140 and 141	July 20, 2018
142-144	September 10, 2010
145-149	April 26, 2019
150	January 25, 2013
151-153	September 10, 2010
154	April 26, 2019

155	January 27, 2012
156	March 3, 2017
157	January 25, 2013
158	April 26, 2019
159	September 10, 2010
160	January 25, 2013
161	April 26, 2019
162 and 163	September 10, 2010
164-167	April 26, 2019
168	September 10, 2010
169	April 26, 2019
170	March 23, 2018
171	April 1, 2016
172	April 26, 2019
173	March 23, 2018
174 and 175	April 26, 2019
176	February 21, 2014
177	March 23, 2018
178	April 26, 2019
179	March 23, 2018
180 and 181	September 10, 2010
182	April 26, 2019
183-185	September 10, 2010
186	October 26, 2012
187 and 188	September 10, 2010
189	April 26, 2019
190	January 1, 2016
191	January 1, 2016
192	August 9, 2019
193	July 22, 2011
194	March 23, 2018
195-199	September 10, 2010
200 and 201	March 23, 2018
202	January 25, 2013
203 and 204	June 1, 2012
205	April 17, 2015
206-213	September 10, 2010
214	April 26, 2019
215-221	September 10, 2010

### **Additional Information**

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

August 27, 2021

**GENERAL LETTER NO. 8-F-102**

ISSUED BY: Iowa Medicaid Enterprise

SUBJECT: Employees' Manual, Title 8, Chapter F, *Coverage Groups* 75, 76, 78, 79, 83, 85, 88, 91, 94, 95, 99, 100, 103, 106, 112, 113, and 126, revised.

**Summary**

Chapter 8-F is revised to update the Non-MAGI program income limits for COLA

**Effective Date**

Immediately

**Material Superseded**

Remove the following material from Employees' Manual, Title 8, Chapter F, and destroy it:

<u>Page</u>	<u>Date</u>
75, 76, 78, 79, 83, 85, 88, 91, 94, 95, 99, 100, 103, 106, 112, 113, and 126	March 12, 2021

**Additional Information**

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

December 17, 2021

**GENERAL LETTER NO. 8-F-103**

ISSUED BY: Iowa Medicaid Enterprise

SUBJECT: Employees' Manual, Title 8, Chapter F, *Coverage Groups*, page 64, revised.

**Summary**

This chapter is revised to clarify that continuous eligibility for children policies do not apply to individuals who did not have either U.S. citizenship and identity or non-citizenship/alien status verified within the reasonable opportunity period.

**Effective Date**

Immediately

**Material Superseded**

Remove the following material from Employees' Manual, Title 8, Chapter F, and destroy it:

<u>Page</u>	<u>Date</u>
64	March 12, 2021

**Additional Information**

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

February 4, 2022

**GENERAL LETTER NO. 8-F-104**

ISSUED BY: Iowa Medicaid Enterprise

SUBJECT: Employees' Manual, Title 8, Chapter F, *Coverage Groups*, page 7, 63, 64, 75 and 76, 77, 78 and 79, 83, 85, 88, 92, 94, 96, 98, 100, 102, 103, 106, revised.

**Summary**

This chapter is revised to:

- ◆ Update example under Continuous Eligibility for Pregnant and Postpartum Women
- ◆ Clarify the Continuous Eligibility for Children does not apply when the child is found to not have been initially eligible
- ◆ Add the 2022 Social Security cost-of-living increase of 5.9% and update figures affected by this adjustment.
- ◆ Update the resource limits for qualified Medicare beneficiaries (QMB), specified low-income Medicare beneficiaries (SLMB), and expanded low-income Medicare beneficiaries (E-SLMB) to \$8,400 for an individual and \$12,600 for a couple.

**Effective Date**

January 1, 2022.

**Material Superseded**

Remove the following material from Employees' Manual, Title 8, Chapter F, and destroy it:

Page	Date
7	March 12, 2021
63	March 12, 2021
64	December 17, 2021
75 and 76	August 27, 2021
77	March 12, 2021
78 and 79, 83, 85, 88	August 27, 2021
92	March 12, 2021
94	August 27, 2021
96, 98	March 12, 2021
100	August 27, 2021
102	March 12, 2021
103, 106	August 27, 2021

**Additional Information**

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

June 17, 2022

**GENERAL LETTER NO. 8-F-105**

ISSUED BY: Iowa Medicaid Enterprise

SUBJECT: Employees' Manual, Title 8, Chapter F, *Coverage Groups*, page 91, 95, 97, 99, 101, 102, 112, 113, 119, 126, revised.

**Summary**

This chapter is revised to update the Non-MAGI program income limits for COLA and to update the MEPD return address for premiums.

**Effective Date**

Immediately.

**Material Superseded**

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

<u>Page</u>	<u>Date</u>
91, 95	August 27, 2021
97	March 12, 2021
99	August 27, 2021
101	March 12, 2021
102	February 4, 2022
112, 113	August 27, 2021
119	March 12, 2021
126	August 27, 2021

**Additional Information**

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

April 14, 2023

**GENERAL LETTER NO. 8-F-106**

ISSUED BY: Iowa Medicaid

SUBJECT: Employees' Manual, Title 8, Chapter F, **Medicaid Coverage Groups**, Title Page, Contents 1-3, 1-6, 7, 8-62, 63 and 64, 65-74, 75-79, 80-82, 83, 84, 85, 86 and 87, 88, 89 and 90, 91, 92, 93, 94, 95, 96, 97, 98, 99, 100, 101 and 102, 103, 104 and 105, 106, revised; 107-111, 112 and 113, 114-118, 119, 120-125, 126, 127-131, removed.

**Summary**

This chapter is revised to

- Add the 2023 Social Security cost-of-living increase of 8.7 percent and update figures affected by this adjustment.
- Update the resource limits for qualified Medicare beneficiaries (QMB), specified low-income Medicare beneficiaries (SLMB), and expanded low-income Medicare beneficiaries (E-SLMB) to \$9,090 for an individual and \$13,630 for a couple.
- Update Expanded Medicaid for Independent Young Adults (EMIYA) eligibility requirements due to a modification in the Social Security Act. The criteria for youth who aged out of foster care prior to December 31, 2022 has not changed. For youth who aged out of foster care on or after January 1, 2023:
  - The youth cannot be enrolled in Medicaid even though they meet the eligibility requirements. For youth who aged out of foster care prior to December 31, 2022, they must not be eligible for or enrolled in a mandatory Medicaid group.
  - The youth may have been enrolled in Medicaid in any state on the date they aged out of foster care. For youth who aged out of foster care prior to December 31, 2022, the youth had to have been enrolled in Medicaid in Iowa on the date they aged out of foster care.

**Effective Date**

January 1, 2023.

**Material Superseded**

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

<u>Page</u>	<u>Date</u>
Title Page	April 26, 2019
Contents 1-3	March 12, 2021
1-6	March 12, 2021
7	February 4, 2022
8-62	March 12, 2021
63 and 64	February 4, 2022
65-74	March 12, 2021
75-79	February 4, 2022
80-82	March 12, 2021
83	February 4, 2022
84	March 12, 2021
85	February 4, 2022
86 and 87	March 12, 2021
88	February 4, 2022

89 and 90	March 12, 2021
91	June 17, 2022
92	February 4, 2022
93	March 12, 2021
94	February 4, 2022
95	June 17, 2022
96	February 4, 2022
97	June 17, 2022
98	February 4, 2022
99	June 17, 2022
100	February 4, 2022
101 and 102	June 17, 2022
103	February 4, 2022
104 and 105	March 12, 2021
106	February 4, 2022
107-111	March 12, 2021
112 and 113	June 17, 2022
114-118	March 12, 2021
119	June 17, 2022
120-125	March 12, 2021
126	June 17, 2022
127-131	March 12, 2021

**Additional Information**

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



July 14, 2023

## GENERAL LETTER NO. 8-F-107

ISSUED BY: Iowa Medicaid

SUBJECT: Employees' Manual, Title 8, Chapter F, **Medicaid Coverage Groups**, 72, 76, 80, 83, 90, 96, 103, revised.

### Summary

This chapter is revised to update the non-MAGI program income limits for COLA.

### Effective Date

Immediately.

### Material Superseded

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

<u>Page</u>	<u>Date</u>
72, 76, 80, 83, 90, 96, 103	April 14, 2023

### Additional Information

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

March 8, 2024

## GENERAL LETTER NO. 8-F-108

ISSUED BY: Iowa Medicaid

SUBJECT: Employees' Manual, Title 8, Chapter F, **Medicaid Coverage Groups**, 60-63, 66, 68, 70, 73-75, 79, 80, 83, 85, revised.

### Summary

This chapter is revised to

- Add the 2024 Social Security cost-of-living increase of 3.2 percent and update figures affected by this adjustment.
- Update the resource limits for qualified Medicare beneficiaries (QMB), specified low-income Medicare beneficiaries (SLMB), and expanded low-income Medicare beneficiaries (E-SLMB) to \$9,430 for an individual and \$14,130 for a couple.

### Effective Date

January 1, 2024.

### Material Superseded

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

<u>Page</u>	<u>Date</u>
60-63, 66, 68, 70, 73-75, 79	April 14, 2023
80, 83	July 14, 2023
85	April 14, 2023

### Additional Information

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