



TERRY E. BRANSTAD, GOVERNOR

DEPARTMENT OF HUMAN SERVICES

CHARLES M. PALMER, DIRECTOR

June 25, 1996

GENERAL LETTER NO. 8-G-12

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

SUBJECT: Employees' Manual, Title 8, Chapter G, *Case Maintenance*, Title page, revised; Contents page 1, revised; and pages 1 through 19, new.

Summary

This general letter transmits the revised 8-G, *Case Maintenance*. Policy information in the existing chapter VIII-G, *Utilization Review*, has been rewritten to incorporate the department's new manual style and format, and is contained in the rewritten 8-G along with selected policy information from VIII-A, B, C, and D.

There is no new policy information in this chapter.

Effective Date

August 1, 1996

Material Superseded

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

Also obsolete:

- ◆ Manual letter VIII-G-1, "Recipient Health Education and Lock-In Interviews," dated August 6, 1991.
- ◆ Interpretative memo MS-VIII-92-2, "Monthly Reporting for Newborn Children of Medicaid-eligible Mothers."

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

February 11, 1997

GENERAL LETTER NO. 8-G-13

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

SUBJECT: Employees' Manual, Title 8, Chapter G, *Case Maintenance*, Contents (page 1), revised; and page 1, revised.

Summary

This general letter changes the word "provide" information to "supply," as a result of revisions of the rules in the Iowa Administrative Code.

There is no new policy information.

Effective Date

March 1, 1997

Material Superseded

Remove Contents (page 1), and page 1, both dated June 25, 1996, from the Employees' Manual, Title 8, Chapter G, and destroy.

Additional Information

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



January 13, 1998

GENERAL LETTER NO. 8-G-14

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

SUBJECT: Employees' Manual, Title 8, Chapter G, *Case Maintenance*, Contents, page 1, revised, Contents page 2, new; pages 1 through 19; revised, and and pages 20 through 47, new.

Summary

This general letter transmits several changes:

- ◆ There is new policy on gathering information about estranged spouses.

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

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

Do not cancel a case when the client is unable to provide verification from the spouse who is no longer in the household. Interview the client to obtain the best information available. Ask the client to provide information that would help to verify what he is telling you about the spouse who is no longer in the home. From the information provided, determine eligibility. If the client fails to provide the requested information cancel the case.

- ◆ 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.
- 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.
- ◆ A 30-day waiting period will no longer apply to parents who are employed 100 hours or less. The effective date of eligibility for persons applying for FMAP who are unemployed is the first day of the month in which the application was filed.
- ◆ Assigned child support will no longer be considered when determining ongoing eligibility.
- ◆ References to the work transition period (WTP) have been removed from the manual.

Effective Date

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

Elimination of the 30-day wait applies to all applications filed on or after January 1, 1998.

New policies regarding obtaining information from the spouse who has left the household are effective upon receipt of this general letter.

Policies regarding the disregard of assigned child support are effective February 1, 1998.

Material Superseded

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

<u>Page</u>	<u>Date</u>
Title page	June 25, 1996
Manual Letter No. 8-G-2	March 25, 1997
Contents, (page 1)	February 11, 1997
1	February 11, 1997
2 - 19	June 25, 1996

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 22, 1998

GENERAL LETTER NO. 8-G-15

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

SUBJECT: Employees' Manual, Title 8, Chapter G, *Case Maintenance*, Contents (page 1), revised, and pages 3, 12, and 13, revised; and page 12a, new.

Summary

This general letter transmits the policy to be followed when making a referral to the HAWK-I program.

When a family becomes ineligible for Medicaid due to excess resources or due to an increase in income which results in having to meet a spenddown under the Medically Needy program, a referral shall be made to the HAWK-I program for the children under the age of 19 if it appears the family is otherwise eligible. The *Referral to the Healthy And Well Kids in Iowa (HAWK-I) Program*, form 470-3565, has been created for this purpose.

A referral is not required if HAWK-I eligibility clearly does not exist (e.g. a parent is employed by the state of Iowa or all of the children have other health insurance). Additionally, a referral is not required if the family would be eligible for Medicaid but is not eligible because they have failed to cooperate with an eligibility requirement of the program (e.g. fails to cooperate with CSRU).

Referrals shall be made to Eligibility Services Incorporated (ESI), the third party administrator for the HAWK-I program. The *Referral to the Healthy And Well Kids in Iowa (HAWK-I) Program*, form 470-3565, is considered an application for the HAWK-I program. Upon receipt, ESI will notify the family that they have received the referral form and will proceed with determining eligibility for the HAWK-I program.

Making the referral to the HAWK-I program does not change other policies regarding the automatic redetermination process for Medicaid. Existing automatic redetermination policies must be followed for determining Medicaid eligibility.

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

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

Due to the transition to the Iowa Plan, page 12 is revised to change a reference to “MHAP” to the “Iowa Plan.”

Effective Date

Policy on referrals to HAWK-I shall apply to persons who lose Medicaid eligibility on or after January 1, 1999.

The MHAP and IMSACP programs will be terminated effective December 31, 1998.

Material Superseded

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

<u>Page</u>	<u>Date</u>
Contents (page 1)	January 13, 1998
3, 12, 13	January 13, 1998

Additional Information

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



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

DEPARTMENT OF HUMAN SERVICES
CHARLES M. PALMER, DIRECTOR

February 9, 1999

GENERAL LETTER NO. 8-G-16

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

SUBJECT: Employees' Manual, Title 8, Chapter G, *Case Maintenance*, pages 1, 2, 3, 7, 10, 11, 18, and 27, revised.

Summary

Policy has been changed in the length of time a client has to supply information or verification. Current policy requires a client to supply information or verification within five working days. With this change, clients will be required to supply information or verification within ten calendar days. This change provides for consistency with food stamp policies.

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

The cross reference on page seven is corrected.

Effective Date

Upon receipt of this manual material.

Material Superseded

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

<u>Page</u>	<u>Date</u>
1, 2	January 13, 1998
3	December 22, 1998
7, 10, 11, 18, 27	January 13, 1998

Additional Information

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



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

DEPARTMENT OF HUMAN SERVICES
JESSIE K. RASMUSSEN, DIRECTOR

June 22, 1999

GENERAL LETTER NO. 8-G-17

ISSUED BY: Bureau of Eligibility, Division of Medical Services

SUBJECT: Employees' Manual, Title 8, Chapter G, *Case Maintenance*, Contents (pages 1 and 2), revised; and pages 4, 5, 6, 23, 24 and 43, revised; and pages 6a through 6c, new.

Summary

The Seventy-Eighth Session of the Iowa General Assembly directed the Department to eliminate the face-to-face interview as a condition of ongoing Medicaid eligibility for children under age 21. This letter transmits changes to the sections discussing eligibility reviews for both FMAP-related and SSI-related cases. The change eliminates the face-to-face interview as a part of the Medicaid eligibility review for both FMAP-related and SSI-related children under age 21.

This chapter is also revised to:

- ◆ Add information regarding the state warrant monthly match which will generate a tickler message to workers notifying them of persons who have received certain state warrants. This change addresses the first phase of implementing the new WRNT screen. In phase one of the implementation, day care warrants will be identified. At a later date, child support and adoption subsidy warrants will be added.
- ◆ A new category: Changes Reported From IEVS and Other Automated Sources. (ICER information has been moved from Chapter E to Chapter G.)

Effective Date

July 1, 1999

For ongoing FMAP-related or SSI-related Medicaid cases with reviews due in July and later months, do not require a face-to-face interview as part of the annual review for children under age 21.

Material Superseded

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

<u>Page</u>	<u>Date</u>
Contents (page 1)	December 22, 1998
Contents (page 2)	June 13, 1998
4, 5, 6, 23, 24, and 43	January 13, 1998

Additional Information

When adults need to be canceled for failing to attend the face-to-face interview but the children are remaining active, a manual notice of decision must be issued for the adults. Suggested wording of the notice is:

- ◆ For State Supplemental Assistance and all Medicaid, except Medically Needy, and QMB and SLMB groups:

Medical Assistance for (names) is canceled beginning (date) because you did not attend your required interview.

EM 6-B Application Processing; EM 8-B Interviews; EM 8-G Eligibility Reviews; 441 Iowa Admin. Code 50.2(249), 50.4(4), 76.1(3), 76.2(1), 76.7(249A), and 76.13(249A)

- ◆ For Medically Needy:

Medical Assistance for (names) is canceled beginning (date) because you did not attend your required interview.

EM 8-J Interviews; EM 8-B Interviews; 441 Iowa Admin. Code 75.1(35)"k," 76.1(249A), 76.13(249A)

- ◆ For QMB and SLMB groups:

Medical Assistance for (names) is canceled beginning (date) because you did not attend your required interview.

EM 8-B Interviews; EM 8-G Eligibility Reviews; 441 Iowa Admin. Code 76.2(1), 76.7(249A), and 76.13(249A)

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



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

DEPARTMENT OF HUMAN SERVICES
JESSIE K. RASMUSSEN, DIRECTOR

August 10, 1999

GENERAL LETTER NO. 8-G-18

ISSUED BY: Bureau of Eligibility, Division of Medical Services

SUBJECT: Employees' Manual, Title 8, Chapter G, *Case Maintenance*, Contents (pages 1 and 2), revised; and pages 1, 3, 7, 14, 15, 16, 23, 29, 30, 34, 35, 38, and 42, revised.

Summary

Revisions to this chapter:

- ◆ Eliminate the sanction for people who fail to timely report changes in earnings or fail to timely report earnings on the monthly report form.
- ◆ Remove monthly reporting requirement for people with income or recent work history from earnings in kind. See General Letter 8-E-45 for specific information.
- ◆ Correct the date a person is added to the case after providing the social security number or proof of the number.
- ◆ Remove the section on returning or recovering parents who are in the eligible group. See **Budgeting for Ongoing Eligibility** on how to count the income of a returning parent not in the eligible group.

Effective Date

The elimination of the earned income sanction is effective with the September 1999 benefit month.

The exemption of earnings in kind is effective with the September 1999 benefit month. Therefore, monthly reporting is no longer required based solely on either income or a recent work history from earnings in kind. See General Letter 8-E- 45 for more information.

The remaining changes are effective upon receipt.

Implementation Instructions

Beginning with the benefit month of September 1999:

- ◆ Apply the 20% earned income deduction and deductions for child care and adult care (as appropriate) to earnings even if the person fails to timely report changes in income or fails to report earnings on the monthly report form by the sixteenth day of the report month.
- ◆ Do not cancel FMAP and FMAP-related recipients for September when a recipient whose sole reason for monthly reporting is based on income or a work history from earnings in kind fails to return a complete monthly report for the July budget month. These recipients are no longer required to report monthly beginning with the July 1999 budget month.
- ◆ When processing PAERs or RREDs for these cases for the July budget month, remove the monthly reporting code by system cutoff in August to prevent the system from issuing a monthly report for the August budget month.

Note: Monthly reports for recipients with either income or a work history from earnings in kind are still required for the June budget month. Cancel FMAP and FMAP-related recipients effective August when the recipient fails to return a complete report as required.

Material Superseded

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

<u>Page</u>	<u>Date</u>
Contents (pages 1 and 2)	June 22, 1999
1, 3, 7	February 9, 1999
14-16, 21-23, 29, 30, 34, 35, 38, 42	January 13, 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

November 2, 1999

GENERAL LETTER NO. 8-G-19

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

SUBJECT: Employees' Manual, Title 8, Chapter G, *Case Maintenance*, page 13, revised.

Summary

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

Effective Date

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

Material Superseded

Remove from the Employees' Manual, Title 8, Chapter G, page 13, dated December 22, 1998, and destroy it.

Additional Information

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



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

DEPARTMENT OF HUMAN SERVICES
JESSIE K. RASMUSSEN, DIRECTOR

March 28, 2000

GENERAL LETTER NO. 8-G-20

ISSUED BY: Bureau of Eligibility, Division of Medical Services

SUBJECT: Employees' Manual, Title 8, Chapter G, *Case Maintenance*, Title page, revised; Contents (pages 1 and 2), revised; pages 1 through 47, revised; and pages 48 through 52, new.

Summary

Page 2 is revised to clarify the worker's and the recipient's responsibility when third party information is needed for eligibility purposes and to change the word "deny" to "cancel."

Page 6b is revised to add child support payments to types of warrants that are reported on the WRNT screen.

Pages 7 and 8 are revised to include policies and examples regarding suspension of FMAP-related Medicaid cases.

Page 13 is revised to clarify when to make referrals to the HAWK-I program and to remove references to children being ineligible for Medicaid due to excess resources. The 1st bullet is changed from gross family income to family countable income. The 4th bullet is revised to change the word "inmate" to "residents."

Page 17 and 18 are revised to add a legal reference, clarify who must sign the report, and add reference to the transitional Medicaid quarterly report.

Page 19 is revised to clarify the procedures to follow when a PAER, RRED, or quarterly report is returned incomplete. Clarification is also added to Example #1.

Page 21 is revised to add a legal reference and to clarify that monthly reporting and reviews of eligibility pertain to FMAP-related Medicaid recipients, not just FMAP recipients.

Page 23 is revised to add emphasis to the policy and to add examples.

Page 24 is revised to clarify procedures when clients inquire about the impact on their Medicaid benefits of a potential change in circumstances.

Page 25 is revised to clarify

- ◆ When Medicaid can be reinstated after a cancellation due to failure to supply requested information regarding a reported change.
- ◆ The exception to the policy regarding adding a new household member to an existing FMAP-related Medicaid eligible group.

Page 27 is revised in the first example to change “FMAP” to “CMAP” and to further clarify that the family is eligible for FMAP once the parent is added to the eligible group.

Page 28 is revised to correct the legal reference and clarify the chart for determining the income of people being added to an existing eligible group.

Page 29 is revised to direct the reader to another manual chapter for policies when a person being added to an existing eligible group was a Medicaid recipient on another case during the two months prior to the month the person is being added.

Page 31 is revised to correct items 3, 4, and 5 in the chart. Clarification is also added regarding the use of the prospective income of a person being added to a retrospectively budgeted eligible group. Example 1 is also clarified.

Page 32 is revised in Example 1 to change “FMAP” to “CMAP.”

Page 35 is revised in Example 3 to clarify that a nonrecurring lump sum is prorated.

Page 37 is revised to add clarification regarding what income to use in determining eligibility in the retrospectively budgeted months immediately following the two initial prospectively budgeted months. Clarification is also added to Example 1.

Other pages are revised to:

- ◆ Clarify the charts and examples.
- ◆ Remove redundant wording.
- ◆ Make minor wording changes.

Effective Date

Upon receipt.

Material Superseded

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

<u>Page</u>	<u>Date</u>
Title page	January 13, 1998
Contents (pages 1 and 2)	August 10, 1999
1	August 10, 1998
2	February 9, 1999
3	August 10, 1999
4-6, 6a-6c	June 22, 1999
7	August 10, 1999
8, 9	January 13, 1998
10, 11	February 9, 1999
12, 12a	December 22, 1998
13	November 2, 1999
14-16	August 10, 1999
17	January 13, 1998
18	February 9, 1999
19, 20	January 13, 1998
23	August 10, 1999
24	June 22, 1999
25, 26	January 13, 1998
27	February 9, 1999
28	January 13, 1998
29, 30	August 10, 1999
31-34	January 13, 1998
35	August 10, 1999
36, 37	January 13, 1998
38	August 10, 1999
39-41	January 13, 1998
42	August 10, 1999
43	June 22, 1999
44-47	January 13, 1998

Additional Information

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



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

DEPARTMENT OF HUMAN SERVICES
JESSIE K. RASMUSSEN, DIRECTOR

June 13, 2000

GENERAL LETTER NO. 8-G-21

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

SUBJECT: Employees' Manual, Title 8, Chapter G, *CASE MAINTENANCE*, Contents (page 1), revised; and pages 4, 19, 20, 27, and 46 through 49, revised.

Summary

Page 19 is revised to change the third-party administration of the HAWK-I program to MAXIMUS effective June 1, 2000.

Pages 19 and 46 are revised to reflect the increase in the MAC income limit to 200% of the federal poverty level for pregnant women and infants.

This general letter also transmits information to include the Spanish PAER, form 470-3719(S), *Reporte de Elegibilidad de Asistencia Publica*, to the revised pages. Other form numbers are also updated.

Effective Date

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

July 1, 2000, the income limit changes to 200% of the federal poverty level for pregnant women and infants under the MAC coverage group and the HAWK-I program.

Material Superseded

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

<u>Page</u>	<u>Date</u>
Contents (page 1)	March 28, 2000
4, 19, 20, 27, 46-49	March 28, 2000

Additional Information

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

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 27, 2000

GENERAL LETTER NO. 8-G-22

ISSUED BY: Bureau of Eligibility, Division of Medical Services

SUBJECT: Employees' Manual, Title 8, Chapter G, *CASE MAINTENANCE*, Contents (page 2), revised; pages 48 and 49, revised; and page 48a, new.

Summary

The Medicaid for employed people with disabilities (MEPD) coverage group provides that premiums be assessed when gross income of the disabled person is above 150% of the federal poverty level. The monthly MEPD premium amount is set for a six-month period. This letter releases instructions for reviews of the current premium amount.

Workers must gather income information before the end of the current premium period to determine the monthly premium amount to charge for the next six months. Form 470-3693, *Earned Income Statement for Premium*, has been developed to gather the income information. The form is on line on the public state-approved forms folder on Outlook. Workers must enter the address and other information as identified on the form and mail it to the client for completion.

The new premium amount for the next six-month premium period must be entered on ABC by timely notice day of the the fifth month of the current premium period for correct bills to be issued to the clients for the first month of the next premium period. For MEPD clients whose coverage began in March 2000, income information must be gathered in June and put on the system by July timely notice day to ensure correct premiums are collected for September.

Effective Date

Immediately.

Material Superseded

Remove Table of Contents (page 2), dated March 28, 2000, and pages 48 and 49, dated June 13, 2000, from Employees' Manual, Title 8, Chapter G, and destroy them.

Additional Information

The Division of Data management will produce a report from the ABC system listing MEPD clients who are in the fourth month of their premium period. The first report is expected to be issued June 26. Refer questions about this general letter to your regional benefit administrator.



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

DEPARTMENT OF HUMAN SERVICES
JESSIE K. RASMUSSEN, DIRECTOR

September 19, 2000

GENERAL LETTER NO. 8-G-23

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

SUBJECT: Employees' Manual, Title 8, Chapter G, *CASE MAINTENANCE*, Title page, revised; Contents (pages 1 and 2), revised; and pages 1 through 48, revised.

Summary

This chapter is revised due to changes for FMAP-related coverage groups, including:

- ◆ The elimination of monthly reporting, retrospective budgeting, and the six-month review.
- ◆ The limiting of changes a client is required to report after eligibility has been established.

Clarification has also been added in determining the effective date of a change. Some other minor changes were also made.

Monthly Reporting

October 2000 is the first month for which clients are not required to monthly report as a condition of FMAP-related Medicaid eligibility. The report normally issued at the end of October will not be issued.

However, FMAP-related recipients who are subject to monthly reporting for FIP or Food Stamps and those programs will be issued monthly report forms for October. Failure to submit a complete report will continue to be cause for cancellation for the FIP and food stamp programs, but will no longer be cause for cancellation for FMAP-related Medicaid.

Retrospective Budgeting

Since October 2000 will be the first month for which a monthly report form will not be issued for FMAP-related Medicaid, December 2000 will be the first month subject to prospective budgeting.

Determine eligibility for October 2000 retrospectively, using the August 2000 income reported on the monthly report form received in September. Determine eligibility for November 2000 retrospectively using the September income reported on the monthly report form received in October.

Allow the income from September, used to determine November eligibility, to roll forward to be used for eligibility for December and future months, unless you have information that indicates September income is not the best indicator of future income. In that situation, in November, request the recipient to provide one of the following:

- ◆ Proof of income from the 30-day period before the date of the request, if indicative of future income, or
- ◆ Proof of income from a longer period of time (e.g., 60 or 90 days before the date of the request), if indicative of future income, or
- ◆ Verification of anticipated future income from the source of the income.

Semi-Annual Review

The six-month review is eliminated for FMAP-related coverage groups. Beginning with reviews conducted in October, form 470-2881, *Review/Recertification Eligibility Document*, will be sent for all FMAP-related Medicaid reviews unless the FIP semi-annual review is due in the same month. (In that case, a PAER will be sent and used to conduct both reviews.)

Beginning with the system month of October (the day after September cutoff through October cutoff), when entries are made in field TD05, 118, MED LAST REV, the ABC system will calculate the date that goes in field TD05, 119, MED NEXT REV as an annual date, unless alignment shortens the date.

Conduct a face-to-face interview for annual reviews of cases on which adults receive Medicaid. Do not require face-to-face interviews for annual reviews of cases on which only children receive Medicaid. Do not cancel Medicaid of children when their parents who receive Medicaid fail to attend the face-to-face interview.

Changes Required to be Reported

Beginning with October, FMAP-related Medicaid recipients are required to report only certain changes between approval and the first annual review, and between annual reviews. These changes are:

- ◆ Beginning and ending income, including beginning to receive recurring lump-sum income from the same source as other income is currently received.
- ◆ Changes in household composition.
- ◆ Changes in mailing or living address.
- ◆ Changes in health insurance coverage, including starting or dropping coverage.

At annual reviews, recipients continue to be required to report all changes. If a recipient reports a change between annual reviews that is not required to be reported, treat it as a reported change and take the appropriate action.

Effective Date

October 1, 2000

Material Superseded

Remove the entire Chapter G from Employees' Manual, Title 8, and destroy it. This includes the following pages.

<u>Page</u>	<u>Date</u>
Title page	March 28, 2000
Contents (page 1)	June 13, 2000
Contents (page 2)	June 27, 2000
1-3	March 28, 2000
4	June 13, 2000
5-18	March 28, 2000
19, 20	June 13, 2000
21-26	March 28, 2000
27	June 13, 2000
28-45	March 28, 2000
46, 47	June 13, 2000
48, 48a, 49	June 27, 2000
50-52	March 28, 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 10, 2000

GENERAL LETTER NO. 8-G-24

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

SUBJECT: Employees' Manual, Title 8, Chapter G, *CASE MAINTENANCE*, Contents (page 1), revised; pages 5, 8, and 10, revised; and pages 10a and 10b, new.

Summary

DHS and DIA have jointly developed a template form 427-0578, *AWARE Hotline Complaint*, which will be used by DIA and DHS for sharing hotline referral information received by DIA. Information is being added to this chapter describing the process and the form generated by DIA as a part of DIA's Anti-Welfare Abuse Recognition Effort (AWARE).

Other minor corrections in references are included.

Effective Date

Upon receipt.

Material Superseded

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

<u>Page</u>	<u>Date</u>
Contents (page 1)	September 19, 2000
5, 8, 10	September 19, 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 12, 2000

GENERAL LETTER NO. 8-G-25

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

SUBJECT: Employees' Manual, Title 8, Chapter G, *CASE MAINTENANCE*, Contents (pages 1 and 2), revised; and pages 1, 2, 4 through 10, 10a, 10b, 18 through 22, 25, 26, 28, 31 through 34, 38, 47, and 48, revised.

Summary

Page 2 is revised to clarify when the ten-day period begins and to clarify what "supply" means.

Page 4 is revised to clarify reporting of recurring lump sum income.

Page 5 is revised to clarify that you do not cancel or deny anyone's Medicaid due to information or changes in circumstances that do not affect their eligibility and to add an example.

Page 9 is revised to add information about an exception to procedure for the income amount and delivery date of account type 15 child support payments appearing on WRNT.

Page 18 is revised to update a telephone number for MAXIMUS.

Page 19 is revised to remove "PAER" and add "Quarterly Report."

Page 20 is revised to clarify that:

- ◆ An original signature is required on a faxed report.
- ◆ You may have verification of earned income without having all pay stubs.

Page 21 is revised to clarify that reported changes do not always require verification for a report to be considered complete and to update a form number.

Page 25 is revised to change Example 2.

Pages 26, 28, 31, 33, and 34 are revised to remove references to deprivation.

Pages 32 and 33 are revised to remove the chart on adding a considered person, as this is addressed under "Establishing the Date of Application and Eligibility." Adding a considered person is handled in the same way as adding a new person.

Page 38 is revised for a minor word usage correction.

Pages 22, 47, and 48 are revised to update form numbers.

Effective Date

January 1, 2001

Material Superseded

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

<u>Page</u>	<u>Date</u>
Contents (p. 1)	October 10, 2000
Contents (p. 2)	September 19, 2000
2, 4	September 19, 2000
5	October 10, 2000
6, 7	September 19, 2000
8	October 10, 2000
9	September 19, 2000
10, 10a, 10b	October 10, 2000
18-22, 25, 26, 28, 31-34, 38, 47, 48	September 19, 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-G-26

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

SUBJECT: Employees' Manual, Title 8, Chapter G, *CASE MAINTENANCE*, pages 21 and 22, revised; and page 20a, new.

Summary

Page 21 is revised to clarify the procedures regarding a system-generated quarterly report. It is not a change in policy.

Effective Date

Upon receipt.

Material Superseded

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

<u>Page</u>	<u>Date</u>
20, 21	December 12, 2000

Additional Information

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



August 14, 2001

GENERAL LETTER NO. 8-G-27

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

SUBJECT: Employees' Manual, Title 8, Chapter G, *CASE MAINTENANCE*, Contents (pages 1 and 2), revised; pages 25 through 29, and 33 through 36, 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.

Effective Date

Upon receipt.

Material Superseded

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

<u>Page</u>	<u>Date</u>
Contents (pages 1 and 2)	December 12, 2000
25, 26	December 12, 2000
27	September 19, 2000
28	December 12, 2000
29	September 19, 2000
33, 34	December 12, 2000
35, 36	September 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

December 18, 2001

GENERAL LETTER NO. 8-G-28

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

SUBJECT: Employees' Manual, Title 8, Chapter G, *CASE MAINTENANCE*, page 43, revised.

Summary

This chapter is revised to:

- ◆ Remove the references to forms 470-3118, *Medically Needy Recertification/State Supplementary and Medicaid Review*, and 470-0442, *Application for Medical Assistance or State Supplementary Assistance*, from the chapter.
- ◆ Add the use of the *Health Services Application*, form 470-2927 or 470-2927(S), for all SSI-related reviews and Medically Needy recertifications.

Effective Date

January 1, 2002

Material Superseded

Remove page 43, dated September 19, 2000, from Employees' Manual, Title 8, Chapter G, and destroy it.

Additional Information

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



STATE OF IOWA

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

DEPARTMENT OF HUMAN SERVICES
JESSIE K. RASMUSSEN, DIRECTOR

April 30, 2002

GENERAL LETTER NO. 8-G-29

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

SUBJECT: Employees' Manual, Title 8, Chapter G, *CASE MAINTENANCE*, pages 43 and 44, revised.

Summary

This chapter is revised to reflect changes in the date to conduct a premium review for Medicaid for employed people with disabilities (MEPD) due to billing system changes effective June 1, 2002, and to clarify premium review procedures.

Currently premiums are due the month before the month the premium is to cover, and premium reviews are due in the fifth month of the premium period. Under rule changes effective June 1, premiums will be due in the month the premium is to cover. Therefore, premium reviews will be due in the sixth month of the premium period.

Effective Date

June 1, 2002

Discontinue MEPD premium reviews or annual reviews in the fifth month of the premium period effective with the month of May 2002.

Under current rules, premium reviews for the six-month premium period of July through December would be due in May. With conversion to the new billing system, no premium review for the premium period July through December can be entered until June. Therefore, do not complete the July through December premium reviews or enter them on the system in May.

Material Superseded

Remove page 43, dated December 18, 2001, and page 44, dated September 19, 2000, from Employees' Manual, Title 8, Chapter G, and destroy them.

Additional Information

The 617 report, MEPD Premium Reviews, will be changed beginning with the printout issued at May month end to identify premium reviews due in the sixth month of the premium period rather than the fifth month of the premium period.

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



STATE OF IOWA

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

DEPARTMENT OF HUMAN SERVICES
JESSIE K. RASMUSSEN, DIRECTOR

November 19, 2002

GENERAL LETTER NO. 8-G-30

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

SUBJECT: Employees' Manual, Title 8, Chapter G, *CASE MAINTENANCE*, Contents (page 2), revised; pages 43 and 44, revised; and page 44a, new.

Summary

This chapter has been revised to:

- ◆ Clarify policy and procedure for increasing or decreasing a premium for Medicaid for Employed People with Disabilities (MEPD) using the redesigned billing system and
- ◆ Correct an error of the name for MEPD on page 43.

Before June 1, 2002, decreases or increases to a MEPD premium were completed through the ABC, TD05 screen. With the implementation of the redesigned billing system, changes to premiums are made using the MEPC screen on ABC. This revision incorporates policy for use of the new MEPC screen.

Effective Date

June 1, 2002

Material Superseded

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

<u>Page</u>	<u>Date</u>
Contents (page 2)	August 14, 2001
43, 44	April 30, 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
JESSIE K. RASMUSSEN, DIRECTOR

January 21, 2003

GENERAL LETTER NO. 8-G-31

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

SUBJECT: Employees' Manual, Title 8, Chapter G, *CASE MAINTENANCE*, page 18, revised.

Summary

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

Effective Date

Upon receipt.

Material Superseded

Remove the following pages from Employees' Manual, Title 8, Chapter G, and destroy it:

<u>Page</u>	<u>Date</u>
18	December 12, 2000

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 27, 2004

GENERAL LETTER NO. 8-G-32

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

SUBJECT: Employees' Manual, Title 8, Chapter G, *CASE MAINTENANCE*, page 18,
revised.

Summary

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

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

Effective Date

Upon receipt.

Material Superseded

Remove page 18, dated January 21, 2003, from Employees' Manual, Title 8, Chapter G, and destroy it.

Additional Information

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



STATE OF IOWA

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

DEPARTMENT OF HUMAN SERVICES
KEVIN W. CONCANNON, DIRECTOR

January 28, 2005

GENERAL LETTER NO. 8-G-33

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

SUBJECT: Employees' Manual, Title 8, Chapter G, *CASE MAINTENANCE*, page 20,
revised.

Summary

A faxed *Review/Recertification Eligibility Documents* (RRED), form 470-2881, shall be treated as an original. An original signature will no longer be required.

Effective Date

February 1, 2005

Material Superseded

Remove the following pages from Employees' Manual, Title 8, Chapter G, and destroy it:

<u>Page</u>	<u>Date</u>
20	December 12, 2000

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 25, 2005

GENERAL LETTER NO. 8-G-34

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

SUBJECT: Employees' Manual, Title 8, Chapter G, *CASE MAINTENANCE*, pages 19,
43, and 44, revised.

Summary

This chapter is revised to reflect new form 470-3118 or 470-3118(S), *Medicaid Review*. This form will be used to gather information for:

- ◆ SSI-related Medicaid reviews, instead of the *Health Service Application*.
- ◆ FMAP-related Medically Needy recertifications, instead of the *Review/Recertification Eligibility Document*.
- ◆ The six-month premium review for Medicaid for employed people with disabilities (MEPD), instead of form 470-3693, *Earned Income Statement for Premium*.

Effective Date

December 1, 2005

Material Superseded

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

<u>Page</u>	<u>Date</u>
19	December 12, 2000
43, 44	November 19, 2002

Additional Information

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



STATE OF IOWA

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

DEPARTMENT OF HUMAN SERVICES
KEVIN W. CONCANNON, DIRECTOR

February 3, 2006

GENERAL LETTER NO. 8-G-35

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

SUBJECT: Employees' Manual, Title 8, Chapter G, *CASE MAINTENANCE*, Contents
(page 2), revised, and pages 45 through 48, revised.

Summary

This chapter is revised to:

- ◆ Add the new organizational units and phone numbers within the Iowa Medicaid Enterprise that handle member overuse of medical services and lock-in.
- ◆ Change references from "recipient" to "member" on the pages revised.

Effective Date

Upon receipt.

Material Superseded

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

<u>Page</u>	<u>Date</u>
Contents (p. 2)	November 19, 2002
44a	November 19, 2002
45, 46	September 19, 2000
47, 48	December 12, 2000

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-G-36

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

SUBJECT: Employees' Manual, Title 8, Chapter G, *CASE MAINTENANCE*,
page 43, revised.

Summary

The "Additional SSI-Related Case Maintenance" section of this chapter is revised to:

- ◆ Clarify under "Eligibility Review" when the IM worker is responsible for an annual review of eligibility.
- ◆ Indicate under "Premium Redetermination for MEPD" that the *Medicaid Review* form is now generated from the Automated Benefit Calculation system for MEPD cases.

Effective Date

Upon receipt.

Material Superseded

Remove from Employees' Manual, Title 8, Chapter G, page 43, November 25, 2005, and destroy it.

Additional Information

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



August 3, 2007

GENERAL LETTER NO. 8-G-37

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

SUBJECT: Employees' Manual, Title 8, Chapter G, *CASE MANAGEMENT*, Contents (pages 1 and 2), revised; and pages 2, 3, 4, 7, 8, 9, 20, 20a, 23 through 26, 30, and 39 through 47, revised.

Summary

This chapter is revised to:

- ◆ Eliminate the requirement for an interview.
- ◆ Clarify wording that a third party is not responsible for returning client information timely.
- ◆ Correct legal references.
- ◆ Clarify what changes must be reported by the client regarding third-party liability.
- ◆ Clarify that verification requirements apply when acting on changes.
- ◆ Change the state warrant information to add the *Child Care Assistance - CCA Warrant Report*.
- ◆ Clarify the requirements for a complete report.
- ◆ Remove the word "budget" month that references retrospective budgeting.
- ◆ Add language that a quarterly report is due by the 21st of the month.
- ◆ Add that Comm. 233, *Rights and Responsibilities*, must be sent or given at the annual review.
- ◆ Clarify the voter registration procedures.
- ◆ Update changes received on other program's forms and update examples.
- ◆ Clarify that recoupment begins the month a lump sum was received when a lump sum is not timely reported.
- ◆ Change the earned income deduction from 50% to 58%.

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 G, and destroy them:

<u>Page</u>	<u>Date</u>
Contents, page 1	August 14, 2001
Contents, page 2	February 3, 2006
2	December 12, 2000
3	September 19, 2000
4, 7, 8, 9	December 12, 2000
20	January 28, 2005
20a	March 13, 2001
23, 24	September 19, 2000
25, 26	August 14, 2001
30, 39-42	September 19, 2000
43	January 26, 2007
44	November 25, 2005
45-47	February 3, 2006

Additional Information

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



December 7, 2007

GENERAL LETTER NO. 8-G-38

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

SUBJECT: Employees' Manual, Title 8, Chapter G, *CASE MAINTENANCE*, Contents
(page 2), revised; pages 42 through 47, revised; and pages 48 and 49, new.

Summary

Updates were made due to the following changes:

- ◆ The premium period for Medicaid for employed people with disabilities (MEPD) has changed from six months to 12 months.
- ◆ The limit on the number of times an MEPD case may be reopened after the receipt of a late payment in the month following the month that the payment was due has been removed.
- ◆ The current process for assessing MEPD premiums allows for several premium adjustments throughout the year due to annual changes in the premium amounts and the federal poverty levels. The new process assigns one premium amount per 12-month premium period, which will not change unless the member reports a decrease in income.
- ◆ Clarification on situations that allow for an increase in the MEPD premium during the 12-month premium period has been added.
- ◆ The following sections have been added to the chapter:
 - "Effect of Nonpayment of Premiums"
 - "Reopening of a Case Canceled for Failure to Pay Premium"
 - "Refunds"
- ◆ References to 470-3348, *Medical Assistance Eligibility Card (Lock-In)*, have been removed due to the change to an annual Medicaid card.

Effective Date

November 1, 2007

Material Superseded

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

<u>Page</u>	<u>Date</u>
Contents (page 2)	August 3, 2007
42-47	August 3, 2007

Additional Information

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



July 25, 2008

GENERAL LETTER NO. 8-G-39

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

SUBJECT: Employees' Manual, Title 8, Chapter G, *CASE MAINTENANCE*, Contents (pages 1 and 2), revised; pages 9, 10, 10a, 10b, 11, 12, and 45 through 49, revised; and pages 50 and 51, new.

Summary

This chapter is revised to:

- ◆ Remove reference to the *ICER Cover Letter*, form 470-3625. This form has been revised and renamed *Employer's Statement of Earnings Cover Letter*. The form is available for completion in eForms with the *Employer's Statement of Earnings*, form 4700-2844, attached.
- ◆ Change a section name from "Premium Change" to "Premium Change for Current or Past System Months"; add more detail and some examples on how to decrease or increase an MEPD premium; and change language under the "Refund" section. The SPIRS Help Desk now handles MEPD premium refunds.
- ◆ Update terms and references.

Effective Date

Immediately

Material Superseded

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

<u>Page</u>	<u>Date</u>
Contents (page 1)	August 3, 2007
Contents (page 2)	December 7, 2007
9	August 3, 2007
10, 10a, 10b	December 12, 2000
11, 12	September 19, 2000
45-49	December 7, 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
EUGENE I GESSOW, DIRECTOR

October 17, 2008

GENERAL LETTER NO. 8-G-40

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

SUBJECT: Employees' Manual, Title 8, Chapter G, *CASE MANAGEMENT*, pages 19 and 20, revised.

Summary

This chapter is revised to specify that when both parents or a parent and stepparent are in the home, either may sign the report form.

Effective Date

November 1, 2008

Material Superseded

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

<u>Page</u>	<u>Date</u>
19	November 25, 2005
20	August 3, 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
EUGENE I. GESSOW, DIRECTOR

March 6, 2009

GENERAL LETTER NO. 8-G-41

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

SUBJECT: Employees' Manual, Title 8, Chapter G, *CASE MANAGEMENT*; pages 39 and 40, revised; and pages 40a through 40f, new.

Summary

This chapter is revised to clarify policy on acting on changes.

Effective Date

Upon receipt.

Material Superseded

Remove from Employees' Manual, Title 8, Chapter G, pages 39 and 40, dated August 3, 2007, and destroy them.

Additional Information

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



STATE OF IOWA

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

DEPARTMENT OF HUMAN SERVICES
EUGENE I. GESSOW, DIRECTOR

April 3, 2009

GENERAL LETTER NO. 8-G-42

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

SUBJECT: Employees' Manual, Title 8, Chapter G, *CASE MANAGEMENT*; pages 1
through 6, revised.

Summary

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

Effective Date

Upon receipt.

Material Superseded

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

<u>Page</u>	<u>Date</u>
1	December 12, 2000
2-4	August 3, 2007
5, 6	December 12, 2000

Additional Information

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



June 12, 2009

GENERAL LETTER NO. 8-G-43

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

SUBJECT: Employees' Manual, Title 8, Chapter G, *CASE MAINTENANCE*, Contents
(page 1), revised; and pages 5, 6, and 9 through 14, revised.

Summary

Changes to Chapter 8-G include:

- ◆ Revision of newborn policy to implement a federal law change that eliminates the requirement that the mother must be eligible for Medicaid if she were still pregnant.
- ◆ Update of the procedure on AWARE hotline referrals.
- ◆ Revision of report names to match current versions.

Effective Date

July 1, 2009.

Material Superseded

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

<u>Page</u>	<u>Date</u>
Contents (p. 1)	July 25, 2008
5, 6	April 3, 2009
9, 10, 10a, 10b, 11, 12	July 25, 2008
13, 14	September 19, 2000

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 11, 2009

GENERAL LETTER NO. 8-G-44

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

SUBJECT: Employees' Manual, Title 8, Chapter G, *CASE MAINTENANCE*, Contents (page 2), revised; pages 10 through 15, 18, and 41 through 51, revised; and pages 52 through 61, new.

Summary

This chapter is revised to:

- ◆ Re-format the following sections to "Policy," "Procedure," and "Comment":
 - "Death of a Member,"
 - "Reinstatement,"
 - "Eligibility Review (SSI-related),"
 - "MEPD Reviews,"
 - "Effect of Non-Payments of Premiums,"
 - "Reopening a Case Canceled for Failure to Pay a Premium,"
 - "Premium Change for Current or Past System Months," and
 - "Refunds."
- ◆ Add a new section, "Reinstating a Case Canceled for Failure to Pay a Premium."
- ◆ Renumber pages.

Effective Date

Upon receipt.

Material Superseded

This material supersedes the following pages from Employees' Manual, Title 8, Chapter G:

<u>Page</u>	<u>Date</u>
Contents (page 2)	July 25, 2008
10-14	June 12, 2009
15	September 19, 2000

18	April 17, 2004
40a-40f	March 6, 2009
41	August 3, 2007
42-44	December 7, 2007
45-51	July 25, 2008

Additional Information

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



STATE OF IOWA

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

DEPARTMENT OF HUMAN SERVICES
CHARLES J. KROGMEIER, DIRECTOR

March 26, 2010

GENERAL LETTER NO. 8-G-45

ISSUED BY: Division of Adult, Children, and Family Services

SUBJECT: Employees' Manual, Title 8, Chapter G, *CASE MAINTENANCE*, Contents (page 1), revised; pages 5, 11, and 12, revised; and pages 4a, 12a, 12b, and 12c, new.

Summary

This chapter is revised to:

- ◆ Add instructions on how to treat returned mail and that moving within Iowa is not required to be reported.
- ◆ Remove the reinstatement policy when information is provided at least three working days before the effective date of cancellation.
- ◆ Add the new reinstatement policy on the 14-day grace period.

Effective Date

March 1, 2010

Material Superseded

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

<u>Page</u>	<u>Date</u>
Contents (page 1)	June 12, 2009
5	June 12, 2009
11, 12	December 11, 2009

Additional Information

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



STATE OF IOWA

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

DEPARTMENT OF HUMAN SERVICES
CHARLES J. KROGMEIER, DIRECTOR

April 9, 2010

GENERAL LETTER NO. 8-G-46

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

SUBJECT: Employees' Manual, Title 8, Chapter G, *CASE MAINTENANCE*, page 12a,
revised.

Summary

This chapter is revised to correct the procedure when partial information is provided under "Grace period."

Effective Date

March 1, 2010

Material Superseded

This material replaces Employees' Manual, Title 8, Chapter G, page 12a, dated March 26, 2010.

Additional Information

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



STATE OF IOWA

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

DEPARTMENT OF HUMAN SERVICES
CHARLES J. KROGMEIER, DIRECTOR

September 24, 2010

GENERAL LETTER NO. 8-G-47

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

SUBJECT: Employees' Manual, Title 8, Chapter G, *CASE MAINTENANCE*, pages 18
and 23 through 26, revised.

Summary

This chapter is revised to:

- ◆ Update the referral address for the *hawk-i* program.
- ◆ Add information about processing eligibility for children under express-lane procedures.
- ◆ Revise an example in the "Eligibility Reviews" to show that the children have continuous eligibility until the next review when parents do not comply with requests for information.
- ◆ Update voter registration procedures.

Effective Date

Upon receipt.

Material Superseded

This material replaces Employees' Manual, Title 8, Chapter G, page 18, dated December 11, 2009, and pages 23 through 26, dated August 3, 2007.

Additional Information

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



STATE OF IOWA

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

DEPARTMENT OF HUMAN SERVICES
CHARLES J. KROGMEIER, DIRECTOR

November 5, 2010

GENERAL LETTER NO. 8-G-48

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

SUBJECT: Employees' Manual, Title 8, Chapter G, *CASE MAINTENANCE*, Contents (pages 1 and 2), revised; pages 11, 12, 12a, 12b, 12c, 23, 24, 25, 48, 51, 55, 59, 60, and 61, revised; and page 12d, new.

Summary

Chapter 8-G is revised to:

- ◆ Change the names of two manual sections from 'Eligibility Reviews' to 'FMAP-Related Eligibility Reviews' and 'SSI-Related Eligibility Reviews' for clarity.
- ◆ Add instructions for the use of the new *Prisoner Match Report*, S470X438-A.
- ◆ Note there is no hardship allowed for payment of MEPD premiums.
- ◆ Change an example for MEPD to state that form 470-4856, *MEPD Intent to Return to Work*, must be used to verify intent to return to work.
- ◆ Update phone numbers and names for the Iowa Medicaid Enterprise.

Effective Date

Upon receipt.

Material Superseded

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

<u>Page</u>	<u>Date</u>
Contents (page 1)	March 26, 2010
Contents (page 2)	December 11, 2009
11, 12	March 26, 2010
12a	April 9, 2010
12b, 12c	March 26, 2010
23-25	September 24, 2010
48, 51, 55, 59-61	December 11, 2009

Additional Information

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



Iowa Department of Human Services

Terry E. Branstad
Governor

Kim Reynolds
Lt. Governor

Charles M. Palmer
Director

March 2, 2012

GENERAL LETTER NO. 8-G-49

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

SUBJECT: Employees' Manual, Title 8, Chapter G, *CASE MAINTENANCE*, Contents (page 1), revised; pages 1-4, 4a, 12, 12a, 16, 19, 20, 20a, 21-25, 29, 30, 31, and 34, revised; and pages 4b and 20b, new.

Summary

Chapter 8-G is revised to:

- ◆ Add PACE to the chart about SSI-related redeterminations.
- ◆ Add instructions and an example on how to determine the effective date to add a “considered” parent to an FMAP-related case when there is also a voluntarily excluded stepparent.
- ◆ Add a new section, “Interviews Due to Questionable Information,” under “CLIENT REPORTING REQUIREMENTS.”
- ◆ Remove a reference to form 470-1968, *Notice of Cancellation*, as the form is obsolete.
- ◆ Reorganize the sections on FMAP reporting. A new section, “Reporting for Transitional Medicaid,” is added. The section “If a Household Fails to Return a Complete Report” is deleted.
- ◆ Allow interviews to be scheduled by telephone call as well as by written notice.

Effective Date

Upon receipt.

Material Superseded

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

<u>Page</u>	<u>Date</u>
Contents (p. 1)	November 5, 2010
1-4	April 3, 2009
4a	March 26, 2010
12, 12a	November 5, 2010

16	September 9, 2000
19, 20	October 17, 2008
20a	August 3, 2007
21, 22	March 13, 2001
23-25	November 5, 2010
29	April 14, 2001
30	August 3, 2007
31	December 2, 2000
34	August 14, 2001

Additional Information

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

April 26, 2019

GENERAL LETTER NO. 8-G-50

ISSUED BY: Iowa Medicaid Enterprise

SUBJECT: Employees' Manual, Title 8, Chapter G, **Medicaid Case Maintenance**, Title page, revised; and pages 10, 11, 31, 32, 43, and 45, revised.

Summary

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

Effective Date

July 1, 2018

Material Superseded

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

<u>Page</u>	<u>Date</u>
Title page	September 19, 2000
10	December 11, 2009
11	November 5, 2010
31	March 2, 2012
32	December 12, 2000
43, 45	December 11, 2009

Additional Information

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

April 9, 2021

GENERAL LETTER NO. 8-G-51

ISSUED BY: Iowa Medicaid Enterprise

SUBJECT: Employees' Manual, Title 8, Chapter G, **Medicaid Case Maintenance**
Contents page 1, Contents page 2, 1-4, revised; 4b-4c, removed; 5, 6, 7-8, 9, 10 and 11, 12, revised; 12a, 12b-12d, removed; 13-15, 16, 17, 18, 19 and 20, revised; 20a and 20b, removed; 21-25, 26, 27 and 28, 29 and 30, 31 and 32, 33, 34, 35 and 36, 37, 38, 39 and 40, 41 and 42, 43, 44, 45, 46 and 47, 48, 49 revised; 50, 51, 52-54, 55, 56-58, 59-61, removed.

Summary

Chapter 8-G is revised to:

- ◆ Update the manual to use the correct language and definitions as provided in rules based on the changes with the Affordable Care Act (ACA).
- ◆ Update legal references.
- ◆ Revise manual to bring policy and procedures up-to-date.
- ◆ Add the Passive Renewal case maintenance policies for MAGI-related coverage groups.
- ◆ Add the policy for 90-day reconsideration period.

Effective Date

Immediately.

Material Superseded

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

<u>Page</u>	<u>Date</u>
Contents page 1	March 2, 2012
Contents page 2	November 5, 2010
1-4	March 2, 2012
4b-4c	March 2, 2012
5	March 26, 2010
6	June 12, 2009

7-8	August 3, 2007
9	June 12, 2009
10 and 11	April 26, 2019
12	March 2, 2012
12a	March 2, 2012
12b-12d	November 5, 2010
13-15	December 11, 2009
16	March 2, 2012
17	September 19, 2000
18	September 24, 2010
19 and 20	March 2, 2012
20a and 20b	March 2, 2012
21-25	March 2, 2012
26	September 24, 2010
27 and 28	August 14, 2001
29 and 30	March 2, 2012
31 and 32	April 26, 2019
33	August 14, 2001
34	March 2, 2012
35 and 36	August 14, 2001
37	September 19, 2000
38	December 12, 2000
39 and 40	March 6, 2009
41 and 42	December 11, 2009
43	April 26, 2019
44	December 11, 2009
45	April 26, 2019
46 and 47	December 11, 2009
48	November 5, 2010
49 and 50	December 11, 2009
51	November 5, 2010
52-54	December 11, 2009
55	November 5, 2010
56-58	December 11, 2009
59-61	November 5, 2010

Additional Information

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

November 4, 2022

GENERAL LETTER NO. 8-G-52

ISSUED BY: Bureau of Medicaid Eligibility Policy
Iowa Medicaid

SUBJECT: Employees' Manual, Title 8, Chapter G, **Medicaid Case Maintenance**, Title Page,
Contents 1 and 2, 1-42, revised; 43-49, removed.

Summary

This chapter is revised to

- reflect an updated option for members to submit a report of change on the DHS Services' Portal. Also, the list for when to provide clients with form 470-5590 was updated to match the information for this form in 6-Appendix.
- reflect an update in wording effective with the ACA. A date is no longer required for a review to be considered complete.
- update the name of a Medicaid review form, as it is no longer classified as a RRED. In addition, the list of information that is required to be sent to members at review was updated to reflect accuracy. Some of the forms listed are only relevant to FIP or SNAP reviews.

Effective Date

Upon receipt.

Material Superseded

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

<u>Page</u>	<u>Date</u>
Title Page	April 26, 2019
Contents 1 and 2	April 9, 2021
1-49	April 9, 2021

Additional Information

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