



TERRY E. BRANSTAD, GOVERNOR

DEPARTMENT OF HUMAN SERVICES

CHARLES M. PALMER, DIRECTOR

May 20, 1997

GENERAL LETTER NO. 8-J-42

ISSUED BY: Bureau of Eligibility, Division of Medical Services

SUBJECT: Employees' Manual, Title 8, Chapter J, *Medically Needy*, Title page, revised; Contents (pages 1 through 3), revised; pages 1 through 102, revised; and pages 103 through 106, new.

Summary

This general letter transmits the revised 8-J, *Medically Needy*. The existing chapter is reorganized and rewritten to incorporate the Department's updated manual format and writing style.

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

Contained within this chapter is a change to policy regarding projecting income under the SSI-related Medically Needy coverage group. SSI-related Medically Needy will follow general SSI policy, which states that weekly income can be converted to monthly income by multiplying by 4.3 and biweekly income can be converted to monthly income by multiplying by 2.15.

Effective Date

Upon receipt.

Material Superseded

Remove all existing pages from Employees' Manual, Title VIII, Chapter J, and destroy them. This includes:

<u>Page</u>	<u>Date</u>
Title page	November 13, 1984
Contents (pages 1 through 3)	Various dates
1-102	Various dates

Also obsolete the following interpretive memos:

MS-VIII-88-3, "Composite ADC/MN Cases with Newborn and Stepparent"

MS-VIII-89-4, "Untitled"

MS-VIII-89-24, "Medicaid through the Medically Needy Program for the
Institutionalized"

MS-VIII-90-2, "The Prior Approval Process and the Medically Needy Program"

MS-VIII-91-4, "1619b Eligibility and Spenddown Determination"

Additional Information

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



TERRY E. BRANSTAD, GOVERNOR

DEPARTMENT OF HUMAN SERVICES

CHARLES M. PALMER, DIRECTOR

June 17, 1997

GENERAL LETTER NO. 8-J-43

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

SUBJECT: Employees' Manual, Title 8, Chapter J, *Medically Needy*, Contents (pages 2 and 3), revised; pages 25, 68, 69, 73, and 100, revised; and pages 72a, 72b, and 100a, new.

Summary

As of July 1, providers may submit Medicaid-covered expenses that occur during the certification period for conditionally eligible and for responsible relatives on a claim form directly to the fiscal agent, Consultec. If the provider submits a claim to Consultec, the spenddown process will be faster for clients who have only current medical expenses.

The provider may also choose to submit the Medicaid-covered expenses that occur during the certification period on the *Medical Expense Verification* (MEV) form to the IM worker. Expenses that occurred before the certification period or noncovered Medicaid expenses continue to be submitted on a MEV.

When spenddown has not been met, Consultec will inform the provider that the claim has been denied and that the claim was submitted for spenddown. Consultec will submit the information on the claim electronically to the Medically Needy Spenddown Control (MNSC) system.

Spenddown may already have been met with a Medicaid-covered service submitted on a claim to the fiscal agent when you receive a MEV. If the MEV is for a noncovered service that was incurred earlier than the Medicaid-covered service that expense has priority. All or a portion of the Medicaid-covered service may need to be "backed out" of the MNSC system. After the Medicaid-covered expense has been backed out, it will become Medicaid-payable.

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

Effective Date

July 1, 1997

Material Superseded

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

<u>Page</u>	<u>Date</u>
Contents (pages 2 and 3)	May 20, 1997
25, 68, 69, 73, 100	May 20, 1997

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

September 9, 1997

GENERAL LETTER NO. 8-J-44

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

SUBJECT: Employees' Manual, Title 8, Chapter J, *Medically Needy*, page 85, revised.

Summary

The cost for personal care services in a residential care facility has increased.

Residents of a licensed RCF are allowed a monthly standard deduction for the cost of medically necessary personal care services provided in the RCF to meet spenddown. The amount of the monthly RCF personal care deduction is increased to \$384.26.

Effective Date

October 1, 1997

Material Superseded

Remove from Employees' Manual, Title 8, Chapter J, page 85, dated May 20, 1997, and destroy it:

Additional Information

Please contact your regional benefit payment administrator if you have questions.



TERRY E. BRANSTAD, GOVERNOR

DEPARTMENT OF HUMAN SERVICES

CHARLES M. PALMER, DIRECTOR

January 13, 1998

GENERAL LETTER NO. 8-J-45

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

SUBJECT: Employees' Manual, Title 8, Chapter J, **Medically Needy**, Title page, revised; Contents (pages 1-3), revised; and pages 1 through 106, revised; and page 107 new.

Summary

Before the passage of the Personal Responsibility and Work Opportunity Act of 1996 (PRWOA), people who received cash assistance under the Family Investment Program (FIP) was automatically eligible to receive Medicaid unless they had a Medicaid qualifying trust or had transferred assets. Due to the new five-year lifetime limit to receive cash assistance, the PRWOA removed the link between FIP and Medicaid, so that a person's eligibility for Medicaid was not dependent upon receipt of cash assistance.

The Family Medical Assistance Program (FMAP) replaces the coverage group for people who previously received Medicaid because they received FIP. Medicaid coverage groups for families and children will no longer be referred to as "FIP-related" but will now be referred to as "FMAP-related."

Cross references to Chapters 8-D, **Resources**, and 8-E, **Income**, have been added to the chapter. However, 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 such time as the FIP income and resource policies are incorporated into Title 8.

Legal references have been changed.

There are changes for the implementation of the X-PERT system. The changes include new application forms and changes in the application process for households selected for the X-PERT system.

Effective Date

The changes as a result of delinking are effective retroactively to December 1, 1997.

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

All other changes are effective upon receipt.

Material Superseded

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

<u>Page</u>	<u>Date</u>
Title page	May 20, 1997
Contents (page 1)	May 20, 1997
Contents (page 2 and 3)	June 17, 1997
1-24	May 20, 1997
27-67	May 20, 1997
68, 69	June 17, 1997
70-72	May 20, 1997
72a, 72b, 73	June 17, 1997
74, 76, 78-84	May 20, 1997
85	September 9, 1997
86-99	May 20, 1997
100, 100a	June 17, 1997
101-106	May 20, 1997

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

September 8, 1998

GENERAL LETTER NO. 8-J-46

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

SUBJECT: Employees' Manual, Title 8, Chapter J, *Medically Needy*, page 85, revised.

Summary

The cost for personal care services in a residential care facility has increased.

Residents of a licensed RCF are allowed a monthly standard deduction for the cost of medically necessary personal care services provided in the RCF to meet spenddown. The amount of the monthly RCF personal care deduction is increased to \$560.58.

Effective Date

October 1, 1998

Material Superseded

Remove from Employees' Manual, Title 8, Chapter J, page 85, dated January 13, 1998, and destroy it:

Additional Information

Please contact your regional benefit payment administrator if you have questions.



TERRY E. BRANSTAD, GOVERNOR

DEPARTMENT OF HUMAN SERVICES

CHARLES M. PALMER, DIRECTOR

October 6, 1998

GENERAL LETTER NO. 8-J-47

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

SUBJECT: Employees' Manual, Title 8, Chapter J, *Medically Needy*, Contents (page 2), revised; and pages 1, 14 through 17, 33 through 42, 45, 46, 49, 52, 53, 54, 56 through 62, 65, 68, 69, 73, 74, 79, 83, 84, 99, 100, and 106, revised.

Summary

The chapter has been revised to:

- ◆ Reflect the 1998 Social Security cost of living allowance (COLA) increase of 2.1%.
- ◆ Include the relationship of expanded SLMB and home health SLMB eligibility to Medically Needy eligibility.
- ◆ Delete the reference to children born after September 30, 1993, from examples.
- ◆ Allow a MEV or Medicaid claim to be submitted up to 12 months after the certification period ended for meeting the client's spenddown.
- ◆ Allow an adjustment (back out) to spenddown when an unpaid Medicaid covered service has been used to meet spenddown, and a service paid by the client is received after the spenddown was met. The unpaid claim may be backed out of the MNSC system only if the paid bill for a service is incurred in the certification period with a date before the notice of decision.
- ◆ Add state payment programs and county nurses as examples of the state public program.

Effective Date

COLA increases and relationship of E-SLMB and HH-SLMB are effective January 1, 1998.

The reference to children born after September 30, 1998, is effective July 1, 1998.

State payment program change effective upon receipt.

All other changes effective November 1, 1998.

Material Superseded

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

<u>Page</u>	<u>Date</u>
Table of Contents (page 2), 1, 14-17, 33-42, 45, 46, 49, 52-54, 56-62, 65, 68, 69, 73, 74, 79, 83, 84, 99, 100, 106	January 13, 1998

Additional Information

Please contact your regional benefit payment administrator if you have questions.



TERRY E. BRANSTAD, GOVERNOR

DEPARTMENT OF HUMAN SERVICES

CHARLES M. PALMER, DIRECTOR

December 15, 1998

GENERAL LETTER NO. 8-J-48

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

SUBJECT: Employees' Manual, Title 8, Chapter J, *Medically Needy*, pages 50 through 54, 56 through 61, 65, 66, 69, 70, 94, 95, 96, 101, and 105, revised.

Summary

This chapter has been revised to reflect:

- ◆ The 1999 Social Security cost of living adjustment (COLA) increase of 1.3%.
- ◆ The 1999 Medicare Part B premium increase.
- ◆ The 1999 Medicare Part A deductible increase.

Effective Date

January 1, 1999

Material Superseded

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

<u>Page</u>	<u>Date</u>
43, 44, 50, 51	January 13, 1998
52-54, 56-61, 65	October 6, 1998
66	January 13, 1998
69	October 6, 1998
70, 94-96, 101, 105	January 13, 1998

Note: Instructions to delete pages 43 and 44 were inadvertently omitted from General Letter 8-J-47, issued October 6, 1998.

Additional Information

Please contact your regional benefit payment administrator if you have any questions.



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

DEPARTMENT OF HUMAN SERVICES
JESSIE K. RASMUSSEN, DIRECTOR

June 15, 1999

GENERAL LETTER NO. 8-J-49

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

SUBJECT: Employees' Manual, Title 8, Chapter J, ***Medically Needy***, Table of Contents (pages 1-3), pages 3, 6, 9, 13, 15 through 18, 22, 29, 30, 33, 34, 35, 37, 39 through 42, 46, 52, 66, 67, 70 through 77, 82, 84, 85, and 87 through 105, revised; and pages 18a and 52a, new.

Summary

The MNSC system is being transferred to the MMIS Medically Needy subsystem at Consultec. The following changes will occur with this transfer:

- ◆ The *Medical Expense Verification* form will be eliminated.
- ◆ Providers will submit claims to Consultec for all Medicaid-covered services that occurred during the certification period. If only a portion of the claim is used to meet spenddown, payment for the appropriate amount will be paid to the provider after eligibility has been updated on REVS. The provider will not need to resubmit the claim for payment. Any Medicaid-payable claims that were submitted and not used to meet spenddown will be paid.
- ◆ The clients or provider will submit claims for old bills or non-Medicaid-payable claims to the IM worker. The IM worker will complete and attach the *Medically Needy Transmittal*, form 470-3630, to the claim. Keep a copy of the claim and transmittal in the client's case file. If the provider submits a statement for the bill, in lieu of the claim form, this may be attached to the transmittal. The IM worker will need to determine the amount of this bill that is usable towards spenddown.
- ◆ For transportation costs and for personal care services in an RCF, the worker enters the amount of expenses on the *Medicaid Needy Transmittal* and sends it to Consultec's Medically Needy Unit.
- ◆ The IM worker sends the claim forms to Consultec's Medically Needy Unit within five days of receipt or sooner. Sending these as soon as possible upon receipt will help to reduce the need for backing out Medicaid-covered services that occurred during the certification period.

- ◆ A backout will occur when a Medicaid-covered expense is used to meet spenddown before the receipt of an old bill or a non-Medicaid-covered service that occurred before spenddown was met on the MMIS Medically Needy subsystem.

When this occurs send Consultec the claim for the old bill or non-Medicaid-covered service. Attach the *Medically Needy Transmittal*. Indicate in comments that this is a back out. The MMIS Medically Needy subsystem will back out the Medicaid-covered service that occurred during the certification period. The backed out claim will then be sent to MMIS for payment.

- ◆ The MMIS Medically Needy subsystem will issue ESTDs, BSTDs, NOSS, and Medically Needy Error Reports.

Consultec will send the ESTD when a certification period is created on the Medically Needy subsystem and after an ESTD has been submitted and updated.

The BSTD and the NOSS will be sent biweekly to the worker when a claim has been submitted on the case and spenddown has not been met. The BSTD and the NOSS will continue to be sent when spenddown has been met.

- ◆ Providers may call REVS to verify the amount of the client's spenddown. REVS will nightly update and report the remaining spenddown amount as claims are accumulated to meet the spenddown.
- ◆ MMIS Medically Needy subsystem notifies the IABC system that spenddown has been met and notifies REVS that the remaining amount of the spenddown is \$0. IABC issues the eligibility cards and notifies the fiscal agent that the client is eligible. REVS is updated to indicate that the client is Medicaid eligible.
- ◆ When submitting claims, the IM worker will no longer estimate expenses paid by a third party. For clients who have other health insurance coverage or Medicare, if the claim does indicate an insurance payment, Consultec will return the claim to the provider or will estimate the client's copayment to be 20 percent.

When medical expenses are submitted to the MMIS Medically Needy subsystem, both necessary medical and remedial services not covered under the Medicaid program and necessary medical and remedial services covered by Medicaid will be entered chronologically by the date of submission. In the order of deducting expenses for meeting spenddown, necessary medical and remedial services not covered under the Medicaid program have a higher priority than services covered by Medicaid.

If spenddown was met with a Medicaid-covered service and a non-Medicaid-payable claim that occurred before the date that spenddown was met is later received, submit the claim with the transmittal to Consultec's Medically Needy Unit. The Medicaid-covered claim will be backed out and the appropriate amount will be paid to the provider.

Allow acupuncture services that are a necessary medical and remedial service for spenddown. Acupuncture is not a Medicaid-covered service.

The 78th session of the Iowa Legislature directed the Department not to require a face-to-face interview at the time of the initial interview or at the time of recertification in determining Medicaid eligibility for persons under age 21. An interview is required in determining Medicaid eligibility for adults.

The 78th session of the Iowa Legislature directed the Department to disregard the resources of all responsible relatives and eligible or conditionally eligible persons living together when determining eligibility for FMAP-related, CMAP-related, or SSI-related children under age 21.

Additional information has been added to clarify the following:

- ◆ Examples have been changed and added to reflect current policy.
- ◆ Include a CMAP-related child with the parents on Medically Needy case if the parents are FMAP-related. If the parents are not on FMAP, the parents are considered self-supporting parents. Therefore, use the parents' income to determine eligibility of the CMAP-related child.
- ◆ The necessary items to be included in a Notice of Decision for an SSI-related person who has ongoing eligibility are listed.

Effective Date

The following changes are effective July 1, 1999:

- ◆ Eliminating the face-to-face interview for children.
- ◆ Disregarding resources for children.
- ◆ Allowing acupuncture for meeting spenddown.
- ◆ Moving the MNSC system to Consultec's MMIS Medically Needy subsystem.
- ◆ Eliminating the use of the MEVs.
- ◆ Using medical expenses chronologically by date of submission for meeting spenddown.

All other changes are effective upon receipt.

Material Superseded

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

<u>Page</u>	<u>Date</u>
Table of Contents (page 1)	January 13, 1998
Table of Contents (page 2)	October 6, 1998
Table of Contents (page 3)	January 13, 1998
3, 6, 9,13	January 13, 1998
15-17	October 6, 1998

18, 22, 29, 30	January 13, 1998
33-35, 37, 39-42, 46	October 6, 1998
52, 66	December 15, 1998
67	January 13, 1998
70	December 15, 1998
71, 72	January 13, 1998
73, 74	October 6, 1998
75-77, 82	January 13, 1998
84	October 6, 1998
85	September 8, 1998
87-93	January 13, 1998
94-96	December 15, 1998
97, 98	January 13, 1998
99, 100	October 6, 1998
101	December 15, 1998
102-104	January 13, 1998
105	December 15, 1998
106	October 6, 1998
107	January 13, 1998

Implementation

Do not give MEVs to clients whose certification period begins with the month of July.

On June 28, begin sending the claim forms for old bills and non-Medicaid-payable bills to Consultec. When sending these claims to the Consultec's Medically Needy Unit, complete and attach the *Medically Needy Transmittal*, form 470-3630.

Any MEV not processed by June 28 or received after June 28 should be sent to Consultec's Medically Needy Unit. Send local mail to Consultec's Medically Needy Unit, Central Office, using a DHS route slip or local mail envelope.

On June 28, IM may begin contacting Consultec's Medically Needy Unit in the following situations:

- ◆ Emergency corrections of ESTDs or BSTDS.
- ◆ Adding a retroactive certification period when the current certification period is on the MMIS Medically Needy subsystem.
- ◆ Correcting bills.

The telephone numbers for Consultec's Medically Needy Unit are:

Local:	515-327-5125
Toll free:	800-270-7234
Fax:	515-327-0945

Do not call Consultec's Medically Needy Unit for assistance with Medically Needy policy questions or IABC questions. Go through the normal channels for Medically Needy policy questions. Call the HELP desk for IABC questions.

June 30 will be the last day that Medically Needy Spenddown Control System will be available for use.

DHS will send BSTDs, NOSSs, ESTDs to IM on July 1 from the last cycle run on June 30 for processing medical expenses for spenddown on the MNSC system.

Consultec will convert the information on the MNSC system to MMIS Medically Needy subsystem beginning July 1 and finishing July 5,

On July 5, the first Medically Needy subsystem nightly production cycle will run Medicaid covered services that the providers have submitted to Consultec.

On July 6, the first Medically Needy subsystem will generate ESTDs, if spenddown was met BSTDs and NOSS will be generated.

On July 6, Consultec's Medically Needy Unit will enter old bills and non-Medicaid payable-claims.

The first biweekly BSTD or NOSS will be generated on July 16.

Additional Information

Please contact your regional benefit payment administrator if you have any questions.



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

DEPARTMENT OF HUMAN SERVICES
JESSIE K. RASMUSSEN, DIRECTOR

September 7, 1999

GENERAL LETTER NO. 8-J-50

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

SUBJECT: Employees' Manual, Title 8, Chapter J, *Medically Needy*, pages 35 and 85, revised.

Summary

This letter transmits a change in projecting future income for FMAP-related and CMAP-related Medically Needy eligibility determination when an interview has not been held:

- ◆ Project future income for initial eligibility determinations using income received in the 30 days before the application date.
- ◆ Project future income for recertifications using income received in the 30 days before the date of the recertification request.

These changes are being made due to the elimination of the face-to-face interview as a condition of Medicaid eligibility for persons under age 21. However, there is no change in projecting future income when an interview has been held.

The cost for personal care services in a residential care facility has increased. Residents of a licensed RCF are allowed a monthly standard deduction for the cost of medically necessary personal care services provided in the RCF to meet spenddown. The amount of the monthly RCF personal care deduction is increased to \$577.60.

Effective Date

The change in the RCF personal allowance is effective October 1, 1999. Changes on projecting income are effective upon receipt.

Material Superseded

Remove from Employees' Manual, Title 8, Chapter J, and destroy page 35, dated June 15, 1999, and page 85, dated 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

December 7, 1999

GENERAL LETTER NO. 8-J-51

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

SUBJECT: Employees' Manual, Title 8, Chapter J, *Medically Needy*, pages 19, 25, 26, 53 through 61, 67 through 70, 80, 93, 99, and 100, revised.

Summary

This chapter has been revised to reflect:

- ◆ The 1999 Social Security cost of living adjustment (COLA) increase of 2.4%.
- ◆ The 1999 Medicare Part A deductible increase.
- ◆ Most discount drug plans are not health insurance policies.
- ◆ Corrected cross-references.

Effective Date

January 1, 2000

Material Superseded

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

<u>Page</u>	<u>Date</u>
19, 25, 26	January 13, 1998
52a	June 15, 1999
53, 54	December 15, 1998
55	January 13, 1998
56-61	December 15, 1998
67	June 15, 1999
68	October 6, 1998
69	December 15, 1998
70	June 15, 1999
80	January 13, 1998
93, 99, 100	June 15, 1999

Additional Information

Please contact your regional benefit payment administrator if you have any questions.



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

DEPARTMENT OF HUMAN SERVICES
JESSIE K. RASMUSSEN, DIRECTOR

May 16, 2000

GENERAL LETTER NO. 8-J-52

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

SUBJECT: Employees' Manual, Title 8, Chapter J, *Medically Needy*, Contents (pages 1 and 2), revised; and pages 5, 8, 14, 15, 16, and 67, revised.

Summary

This chapter has been revised to:

- ◆ Indicate that the client may choose between the Medically Needy coverage group and Medicaid for employed people with disabilities.
- ◆ Indicate that MEPD premiums for a responsible relative are allowed as a deduction from the spenddown amount.
- ◆ Eliminate references to the Medically Needy Spenddown Control system and the X-PERT system.

Effective Date

Upon receipt.

Material Superseded

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

<u>Page</u>	<u>Date</u>
Contents (pages 1 and 2)	June 15, 1999
5, 8	January 13, 1998
14	October 6, 1998
15, 16	June 15, 1999
67	December 7, 1999

Additional Information

Please contact your regional benefit payment administrator if you have additional questions.



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

DEPARTMENT OF HUMAN SERVICES
JESSIE K. RASMUSSEN, DIRECTOR

July 11, 2000

GENERAL LETTER NO. 8-J-53

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

SUBJECT: Employees' Manual, Title 8, Chapter J, **MEDICAL NEEDY**, pages 2, 5, 12, 19, 21, 23, 31, 32, and 65, revised.

Summary

The following revisions reflect that:

- ◆ References to counting resources for children have been removed.
- ◆ A child living with nonparental parents can also be included on the Medically Needy case if the child's income exceeds the MAC limit.
- ◆ The example on page 23 now indicates that both are under age 21.
- ◆ The monthly minimum maintenance needs allowance is updated in the example on page 65.

Effective Date

Upon receipt.

Material Superseded

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

<u>Page</u>	<u>Date</u>
2	January 13, 1998
5	May 16, 2000
12	January 13, 1998
18a	July 15, 1999
19	December 7, 1999
21, 23, 31, 32	January 13, 1998
65	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

September 19, 2000

GENERAL LETTER NO. 8-J-54

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

SUBJECT: Employees' Manual, Title 8, Chapter J, **MEDICAL NEEDY**, pages 2, 3, 4, 8, 29, 30, 33, 34, 35, 37, 38, 42, 85, and 101 through 103, revised.

Summary

FMAP-related Medically Needy recipients who have a zero spenddown no longer have a six-month certification period. These recipients have ongoing eligibility. They continue to be eligible for Medically Needy as long as their net countable income remains below the MNIL. Review these cases once every 12-months. When their income exceeds the MNIL, assign a two-month certification period. They must reapply at the end of the certification period.

The changes also clarify when resources are counted for FMAP-related Medically Needy eligibility.

The cost for personal care services in a residential care facility has increased. Residents of a licensed RCF are allowed a monthly standard deduction for the cost of medically necessary personal care services provided in the RCF to meet spenddown. The amount of the monthly RCF personal care deduction is increased to \$636.58.

Implementation of Ongoing Eligibility for FMAP-Related Cases

Require FMAP-related zero spenddown Medically Needy cases with six month certification periods that end September 30, 2000, to file an application for October because their eligibility ended before October 1, 2000.

Beginning October 1, 2000, FMAP-related persons eligible for Medically Needy with a zero spenddown have ongoing eligibility. These recipients do not need to file an application for ongoing eligibility.

IABC will convert FMAP-related zero spenddown cases from a six-month certification period to ongoing eligibility. The system will do this by extending the certification period for another six-month period.

Certification Ends	Review Date
10/31/00	4/01
11/30/00	5/01
12/31/00	6/01
1/31/01	7/01
2/28/01	8/01
3/31/01	9/01

A letter will be sent to FMAP-related Medically Needy clients with a zero spenddown to inform them that their Medicaid eligibility continues. See **Additional Information** for the text of the letter.

Also at the time of conversion, the system will enter an “S” in the Medicaid CP code on the TD05 screen.

After the conversion has been completed, enter a 12-month certification period for FMAP-related Medically Needy cases that meet the criteria for ongoing eligibility. This currently is done for SSI-related cases.

Enter “S” in the Medicaid CP code on the TD05 screen for these cases. When the case has a 12-month certification period and there is an “S” in the Medicaid CP code on the TD05 screen, the case will not close on the IABC system at the end of the 12-month period. The client has ongoing eligibility.

Use notice reason 344:

Medical assistance is approved for Medically Needy beginning _____ because you meet all requirements.

EM 8-J Effective Date of Assistance
441 IAC 75.1(35)“g” and 76.5(2)“a”

When the income for a FMAP-related Medically Needy ongoing eligibility case exceeds the MNIL, send a timely *Notice of Decision* to the client along with the *Medically Needy Computation Worksheet*. On the IABC system, follow the procedures in 14-I(1), **Case Becomes a Spenddown Case**.

When a FMAP-related Medically Needy case with spenddown becomes an ongoing eligibility case before the two-month certification period ends do the following:

- ◆ Change the amount of the spenddown on the ESTD to zero.
- ◆ Allow the two month certification period to end. If this occurs before conversion, enter a four-month certification period.
- ◆ After the conversion has been completed, enter a ten-month certification period instead of the four-month period. Doing this will ensure that the client is set up for the correct 12-month review date.

When the FMAP related Medically Needy case has ongoing eligibility but has a spenddown for the retroactive certification, follow the procedures on EM 14-I(1), **Approving a Case with Retroactive Period with a Spenddown**. First, enter the retroactive certification period with spenddown. Then enter the ongoing eligibility.

Review the FMAP-related Medically Needy persons at least once every twelve months. At the time of the 12-month review, the case name will appear on the 607 report. Use form 470-2881, *Review/Recertification Eligibility Document*, to complete the review.

Effective Date

October 1, 2000

Material Superseded

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

<u>Page</u>	<u>Date</u>
2	July 11, 2000
3	June 15, 1999
4	January 13, 1998
8	May 16, 2000
29, 30, 33, 34	June 15, 1999
35	September 7, 1999
37	June 15, 1999
38	October 6, 1998
42	June 15, 1999
85	September 7, 1999
101-105	June 15, 1999

Additional Information

The Division of Medical Services is sending a notice with the following text to people who have an FMAP-related Medically Needy case with a zero spenddown:

Your Medicaid coverage has been changed from a six-month certification period to ongoing eligibility. This notice gives details about the change.

The change affects persons who are on a FMAP-related Medically Needy case and have a zero spenddown. Medicaid will not stop at the end of six-months. Your net countable income must remain below the Medically Needy Income Level (MNIL) and other eligibility requirements must be met. This means that you will not be required to complete an application every six-months.

Your case will be reviewed once every 12-months. Your worker will review your case 12 months from the time that you filed your last application. As a part of the review process, you will be required to complete form PA-2140-0, the *Review/Recertification Eligibility Document*.

Please report these changes to your worker within ten day:

- Income,
- Health insurance coverage,
- Who lives at your house, or
- Address changes.

You may report a change by calling your worker.

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 3, 2000

GENERAL LETTER NO. 8-J-55

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

SUBJECT: Employees' Manual, Title 8, Chapter J, ***MEDICALLY NEEDY***, pages 35 and 85, revised, and page 102, corrected.

Summary

Page 35 is revised to clarify that workers should follow FMAP policy when an FMAP-related Medically Needy person receives a third or fifth check (whether earned income or unearned income).

Pages 85 and 102 are revised to correct typographical errors.

Effective Date

Upon receipt.

Material Superseded

Remove from Employees' Manual, Title 8, Chapter J, pages 35, 85, and 101, all dated September 19, 2000, and destroy them. (Page 102 was inadvertently omitted from the printed manual.)

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

December 12, 2000

GENERAL LETTER NO. 8-J-56

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

SUBJECT: Employees' Manual, Title 8, Chapter J, **MEDICAL NEEDY**, Contents (page 2), revised; pages 2, 4, 10, 12, 16, 19, 20, 21, 22, 38, 53 through 59, 65 through 74, 80, 93, 95, 98, and 100, revised.

Summary

This chapter has been revised to reflect:

- ◆ The 2001 Social Security Cost of Living Adjustment (COLA) increase of 3.5%.
- ◆ The 2001 Medicare Part A deductible increase.
- ◆ The minimum monthly maintenance allowance for 2001.
- ◆ The elimination of deprivation as an FMAP eligibility factor, including:
 - Remove references to deprivation and to update the definition of "dependent child" on page 2.
 - Update the definition of "specified relative" on page 4.
 - Remove the reference to deprivation on pages 12, 20, and 80.
 - Substitute the word "parent" for the word "father" when referring to stepparent on page 16.
 - Remove the reference to deprivation and to change "needy relatives" to "needy specified relatives" on pages 19 and 21.
 - Clarify the example and to remove the reference to deprivation on pages 20, 56, and 98.
 - Clarify when a stepparent is included on page 38.

Pages 10, 67, 73, 74, and 94 are revised to update form numbers.

Effective Date

January 1, 2001

Material Superseded

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

<u>Page</u>	<u>Date</u>
Contents (p. 2)	May 16, 2000
2, 4	September 19, 2000
10	January 13, 1998
12	July 11, 2000
16	May 16, 2000
19	July 11, 2000
20	January 13, 1998
21	July 11, 2000
22	June 15, 1999
38	September 19, 2000
53-59	December 7, 1999
65	July 11, 2000
66	June 15, 1999
67	May 16, 2000
68-70	December 7, 1999
71-74	June 15, 1999
80, 93	December 7, 1999
95, 98	June 15, 1999
100	December 7, 1999

Additional Information

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



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

DEPARTMENT OF HUMAN SERVICES
JESSIE K. RASMUSSEN, DIRECTOR

March 13, 2001

GENERAL LETTER NO. 8-J-57

ISSUED BY: Bureau of Eligibility, Division of Medical Services

SUBJECT: Employees' Manual, Title 8, Chapter J, **MEDICALLY NEEDY**, Contents (page 1), revised; and pages 17 and 29, revised.

Summary

Page 17 is revised to update an example that includes a reference to the new poverty levels for 2001.

Page 29 and the Table of Contents are revised to correct a typographical error.

Effective Date

April 1, 2001

Material Superseded

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

<u>Page</u>	<u>Date</u>
Contents (p.1)	May 16, 2000
17	June 19, 1999
29	September 19, 2000

Additional Information

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



STATE OF IOWA

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

DEPARTMENT OF HUMAN SERVICES
JESSIE K. RASMUSSEN, DIRECTOR

July 17, 2001

GENERAL LETTER NO. 8-J-58

ISSUED BY: Bureau of Eligibility, Division of Medical Services

SUBJECT: Employees' Manual, Title 8, Chapter J, **MEDICALLY NEEDY**, Contents (page 2), revised; page 68, revised; and page 68a, new.

Summary

This change is to clarify that premiums for certain types of insurance policies may be deducted from the spenddown of Medically Needy recipients.

Effective Date

Upon receipt.

Material Superseded

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

<u>Page</u>	<u>Date</u>
Table of Contents (page 2)	December 12, 2000
68	December 12, 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-J-59

ISSUED BY: Bureau of Eligibility, Division of Medical Services

SUBJECT: Employees' Manual, Title 8, Chapter J, **MEDICALLY NEEDY**, Contents (page 2), revised; pages 16, 17, 18, 41 through 53, 57, 58, 59, 66, and 70, revised; and page 16a, new.

Summary

Page 16 is revised to include a statement that adult aliens who are ineligible for Medicaid, but are considered people, are included in the household size.

Page 17 and 18 are revised for minor changes.

Page 41 is revised to add that an ineligible alien who is categorically eligible is included in the household size as a "considered" person.

Page 43 is revised to allow an adult who is not eligible for Medicaid due to noncooperation to be a member of the eligible group as a "considered" person.

Examples are updated due to the COLA increase to be received August 1, 2001.

Effective Date

September 1, 2001

Material Superseded

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

<u>Page</u>	<u>Date</u>
Contents (page 2)	July 17, 2001
16	December 20, 2000
17	March 13, 2001
18, 41	June 15, 1999
42	September 19, 2000
45	October 6, 1998
46	June 15, 1999
47, 48	January 13, 1998
49	October 6, 1998
50, 51	December 15, 1998
52	June 15, 1999
53-55, 57, 58, 59, 66, 70	December 12, 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

September 4, 2001

GENERAL LETTER NO. 8-J-60

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

SUBJECT: Employees' Manual, Title 8, Chapter J, **MEDICALLY NEEDED**, page 85, revised.

Summary

The cost for personal care services in a residential care facility has increased.

Residents of a licensed RCF are allowed a monthly standard deduction for the cost of medically necessary personal care services provided in the RCF to meet spenddown. The amount of the monthly RCF personal care deduction is increased to \$704.98.

Effective Date

The change in the RCF personal allowance is effective October 1, 2001.

Material Superseded

Remove from Employees' Manual, Title 8, Chapter J, page 85, dated October 3, 2000, 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

December 4, 2001

GENERAL LETTER NO. 8-J-61

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

SUBJECT: Employees' Manual, Title 8, Chapter J, **MEDICALLY NEEDED**, pages 5, 6, 13, 21, 22, 46 through 52, 57, 58, 59, 65, 66, 69, 70, 71, 72, and 93, revised.

Summary

This chapter is revised to reflect the following changes:

- ◆ The 2002 Social Security cost of living adjustment (COLA) increase of 2.6%.
- ◆ The 2002 Medicare Part A deductible increase.
- ◆ The minimum monthly maintenance allowance for 2002.
- ◆ The use of form 470-2927 or 470-2927(S), *Health Services Application*, for all Medically Needed applications and recertifications.
- ◆ The reference "ABC" system instead of "IABC" system.

Effective Date

January 1, 2002

Material Superseded

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

<u>Page</u>	<u>Date</u>
5	July 11, 2000
6, 13	June 15, 1999
21, 22	December 12, 2000
46-52, 57-59	August 14, 2001
65	December 12, 2000
66	August 14, 2001
69	December 12, 2000
70	August 14, 2001
71, 72	December 12, 2000
93	December 12, 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

March 12, 2002

GENERAL LETTER NO. 8-J-62

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

SUBJECT: Employees' Manual, Title 8, Chapter J, **MEDICALLY NEEDY**, pages 23 and 58, revised.

Summary

This chapter is revised to update examples that include references to poverty levels, due to the new levels for 2002.

Effective Date

April 1, 2002

Material Superseded

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

<u>Page</u>	<u>Date</u>
23	July 11, 2000
58	December 4, 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

November 19, 2002

GENERAL LETTER NO. 8-J-63

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

SUBJECT: Employees' Manual, Title 8, Chapter J, **MEDICALLY NEEDED**, pages 22, 38, and 85, revised.

Summary

This general letter:

- ◆ Corrects policy for CMAP-related Medically Needed on page 22 by removing activities that no longer apply due to de-linking.
- ◆ Corrects an example on page 38.
- ◆ Releases an increase in personal care services on page 85. Residents of a licensed RCF are allowed a monthly standard deduction for the cost of medically necessary personal care services provided in the RCF to meet spenddown. The amount of the monthly RCF personal care deduction is increased to \$727.78.

Effective Date

The change in the RCF personal allowance is effective October 1, 2002.

Material Superseded

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

<u>Page</u>	<u>Date</u>
22	December 4, 2001
38	December 12, 2000
85	September 4, 2001

Additional Information

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



STATE OF IOWA

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

DEPARTMENT OF HUMAN SERVICES
JESSIE K. RASMUSSEN, DIRECTOR

December 3, 2002

GENERAL LETTER NO. 8-J-64

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

SUBJECT: Employees' Manual, Title 8, Chapter J, **MEDICALLY NEEDY**, pages 18, 47 through 52, 57, 58, 59, 66, 69 through 72, and 93, revised.

Summary

This chapter is revised to reflect the following changes:

- ◆ The 2003 Social Security cost of living adjustment (COLA) increase of 1.4%.
- ◆ The minimum monthly maintenance allowance for 2003.
- ◆ The name change of the Medicaid fiscal agent from Consultec to Affiliated Computer Services (ACS).

Effective Date

January 1, 2003

Material Superseded

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

<u>Page</u>	<u>Date</u>
18	August 4, 2001
47-52, 57	December 4, 2001
58	March 12, 2002
59, 66, 69-72, 93	December 4, 2001

Additional Information

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



STATE OF IOWA

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

DEPARTMENT OF HUMAN SERVICES
JESSIE K. RASMUSSEN, DIRECTOR

March 11, 2003

GENERAL LETTER NO. 8-J-65

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

SUBJECT: Employees' Manual, Title 8, Chapter J, **MEDICALLY NEEDY**, and pages 15, 18, 39, 42, 67, 74, 92, 95, 97, 98, 100, and 102, revised.

Summary

This chapter is revised to:

- ◆ Update examples that include a reference to the new poverty levels for 2003.
- ◆ Clarify report of change of income.
- ◆ Remove references to home-health specified low-income Medicare beneficiaries.
- ◆ Change the Medicaid fiscal agent's name from Consultec to ACS.

Effective Date

April 1, 2003

Material Superseded

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

<u>Page</u>	<u>Date</u>
15	May 16, 2000
18	December 3, 2002
39	June 15, 1999
42	August 14, 2001
67, 74	December 12, 2000
92	June 15, 1999
95	December 12, 2000
97	June 15, 1999
98, 100	December 12, 2000
102	October 3, 2000

Additional Information

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



STATE OF IOWA

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

DEPARTMENT OF HUMAN SERVICES
KEVIN W. CONCANNON, DIRECTOR

September 16, 2003

GENERAL LETTER NO. 8-J-66

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

SUBJECT: Employees' Manual, Title 8, Chapter J, **MEDICALLY NEEDY**, pages 2, 4, 12, 15, 16, 20, 35, 36, 37, 39, 40, 41, 68a, 69, 72, and 85, revised.

Summary

This general letter:

- ◆ Adds a definition for the term "categorically" eligible on page 2.
- ◆ Makes technical corrections on pages 4, 12, 16, 20, and 72.
- ◆ Clarifies income policy to use to project income for FMAP-related Medicaid on page 35.
- ◆ Clarifies policy that applies when a stepparent's income is excluded on page 39.
- ◆ Clarifies policy for treatment of aliens income and resources on page 41.
- ◆ Releases an increase in personal care services on page 85. Residents of a licensed residential care facility (RCF) are allowed a monthly standard deduction for the cost of medically necessary personal care services provided in the RCF to meet spenddown. The amount of the monthly RCF personal care deduction is increased to \$746.62.
- ◆ References to E-SLMB have been removed as the E-SLMB coverage group has been eliminated.

Effective Date

The change in the RCF personal allowance is effective October 1, 2003.

Material Superseded

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

<u>Page</u>	<u>Date</u>
2, 4, 12	December 12, 2000
15	March 11, 2003
16	August 14, 2001
20	December 12, 2000
35	October 3, 2000

36	October 6, 1998
37	September 19, 2000
39	March 11, 2003
40	June 15, 1999
41	August 14, 2001
68a	July 17, 2001
69	December 3, 2002
72	December 3, 2002
85	November 19, 2002

Additional Information

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



STATE OF IOWA

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

DEPARTMENT OF HUMAN SERVICES
KEVIN W. CONCANNON, DIRECTOR

December 9, 2003

GENERAL LETTER NO. 8-J-67

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

SUBJECT: Employees' Manual, Title 8, Chapter J, **MEDICALLY NEEDED**, pages 47
through 52, 57, 59, 66, 70, 71, and 73, revised.

Summary

This chapter is revised to reflect the following changes:

- ◆ The 2004 Social Security cost of living adjustment (COLA) increase of 2.1%.
- ◆ The minimum monthly maintenance allowance for 2004.
- ◆ To add clarification that providers may still be required to submit a paper claim rather than submitting a claim electronically. This policy is explained in Chapter C of the Medicaid Provider Manual, at the end of the section **Medically Needy Conditional Eligibility**.

Effective Date

January 1, 2004

Material Superseded

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

<u>Page</u>	<u>Date</u>
47-52, 57, 59, 66, 70, 71	December 3, 2002
73	December 12, 2000

Additional Information

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



STATE OF IOWA

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

DEPARTMENT OF HUMAN SERVICES
KEVIN W. CONCANNON, DIRECTOR

March 23, 2004

GENERAL LETTER NO. 8-J-68

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

SUBJECT: Employees' Manual, Title 8, Chapter J, *MEDICALLY NEEDY*, pages 17, 23,
and 42, revised.

Summary

This chapter is revised to reflect the increase in the federal poverty levels.

Effective Date

April 1, 2004

Material Superseded

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

<u>Page</u>	<u>Date</u>
17	August 14, 2001
23	March 12, 2002
42	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

May 25, 2004

GENERAL LETTER NO. 8-J-69

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

SUBJECT: Employees' Manual, Title 8, Chapter J, **MEDICALLY NEEDED**, pages 2, and
79, revised.

Summary

This chapter is revised to:

- ◆ Correct the age in the definition of "categorically eligible" for FMAP-related categorically eligible from age 19 to age 18. The definition for FMAP-related categorically eligible now reads: "To be FMAP-related categorically eligible, a person would be a child under age 21, a parent living with a child under age 18, or a pregnant woman."
- ◆ Add a note under the "Allowable Medical Expenses for Spenddown" section to specify that the \$600 Transitional Assistance portion of the Medicare-Approved Prescription Drug Discount Card Program & \$600 Transitional Assistance cannot be used as an allowable medical expense to meet spenddown.

Effective Date

June 1, 2004

Material Superseded

Remove from Employees' Manual, Title 8, Chapter J, page 2, dated September 6, 2003 and page 79, dated October 6, 1998, and destroy them.

Additional Information

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



STATE OF IOWA

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

DEPARTMENT OF HUMAN SERVICES
KEVIN W. CONCANNON, DIRECTOR

August 20, 2004

GENERAL LETTER NO. 8-J-70

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

SUBJECT: Employees' Manual, Title 8, Chapter J, **MEDICALLY NEEDED**, Contents
(pages 2 and 3), revised; pages 79, 85, and 86, revised; and pages 86a and 86b,
new.

Summary

The Centers for Medicare and Medicaid Services (CMS) has issued revised instructions on how to administer the new Medicare-approved drug discount card and the \$600 credit (transitional assistance) for Medically Needy. This General Letter releases those instructions.

The Medicare Prescription Drug, Improvement, and Modernization Act of 2003 provides prescription drug benefits to Medicare beneficiaries. Effective January 1, 2006, Medicare beneficiaries will be able to have prescription drug coverage through Medicare, called Medicare Part D. In the interim, from June 1, 2004, through December 31, 2005, Medicare beneficiaries who do not receive Medicaid can:

- ◆ Purchase a Medicare-approved discount drug card and
- ◆ Certain beneficiaries can receive a \$600 credit (transitional assistance), in 2004 and up to another \$600 credit in 2005 to help pay for prescription drugs.

Receipt of these additional Medicare benefits cannot adversely affect other federal benefits. This means receipt of a credit or a discount due to these Medicare benefits cannot cause a delay in the receipt of Medicaid benefits.

Therefore, the Centers for Medicare and Medicaid Services (CMS) has issued new guidance on how to handle the Medicare-approved drug discount card and the \$600 credit. Prescription drugs purchased with the \$600 credit will be allowed toward meeting spenddown. Additionally, the pre-discount cost of drugs will be allowed toward meeting spenddown.

Implementation

Ask conditionally eligible Medically Needy recipients if they have been approved for the \$600 prescription credit or a Medicare-approved discount drug card.

If the person **has not been approved** for either of the new benefits but is interested in finding out more about them, advise the person that:

- ◆ The person should have received information from the Social Security Administration about the benefits. For more information, refer the person to:
 - The Social Security Administration toll-free number, 1-800-MEDICARE (633-4227); or
 - The Social Security Administration web site at www.medicare.gov (select “Prescription Drug and Other Assistance Programs”); or
 - The Senior Health Insurance Information Program (SHIIP) at 1-800-351-4664.
- ◆ If the person has already met spenddown and is eligible for Medicaid, the person needs to apply for the Medicare benefits at the beginning of a certification period when the person has not met spenddown.

If the person **has been approved** for the \$600 prescription drug credit or the Medicare-approved discount drug card, ask clients if they purchased drugs with the credit or received the discount since that date. If yes, advise clients about the change of policy and allow them to submit bills for this period.

Additionally, the DHS SPIRS Help Desk issued a message July 15, 2004, regarding this change. The message instructed staff to keep a list of clients who reported receipt of the Medicare Approved Drug Discount Card or the \$600 credit. Notify clients on your list of this change and advise them to provide receipts for drugs purchased with the credit. Establish the pre-discount costs for all drugs purchased with the discount card. Submit to ACS.

Procedures

The pharmacy will charge a discounted price for the drug. When using these benefits toward spenddown:

- ◆ Treat the pre-discount cost of the drug paid by the \$600 credit as an incurred medical expense and apply to the spenddown. The \$600 credit does not have to be used before Medicaid payment of medical expenses, including prescription drugs. Pharmacies will not be submitting claims for prescriptions to meet spenddown when the prescription is paid for by the \$600 credit.
- ◆ If a prescription purchase is discounted through use of the Medicare-approved drug discount card, use the pre-discount amount toward spenddown.
- ◆ Allow the cost of the Medicare-approved discount card as an insurance deduction.

The only way these prescription costs can be applied to meet spenddown is by the client supplying receipts as proof of the purchase. Instruct clients to provide receipts for the purchase of prescription drugs to you for processing.

Use one of these methods to determine the pre-discount price of the drug:

- ◆ Check the receipt, as the pre-discount amount may be on the receipt.
- ◆ Use receipts for the same drug purchased before the person enrolled for a Medicare-approved drug discount card.
- ◆ Contact the pharmacy to determine the pre-discount price.

If you cannot determine the actual pre-discount price of a prescription drug, allow \$48.17 (per prescription) as a substitute for the pre-discount drug price. This amount represents the national average cost per prescription for the cash-paying customer in 2003 based on CMS' Office of the Actuary analysis of data from IMS Health, National Prescription Audit for 2003. The \$48.17 represents the full cost of the drug when you cannot verify the pre-discount cost of the drug. If the verified discounted cost of the drug is higher than \$48.17, use the higher, verified amount.

A fee of up to \$30 per year may be charged for the Medicare-approved discount drug card. Any documented fee paid by the Medicaid spenddown client for a Medicare-approved discount drug card must be treated as an incurred medical expense and deducted from the client's spenddown amount when determining the spenddown amount to be entered on TD05.

Note: Do not allow the deduction if the fee for the Medicare-approved discount drug card is paid by the federal or state government, rather than by the client.

Drug Discount Card

Deduct a prorated amount of the documented cost of the Medicare-Approved Drug Discount card from the spenddown amount, the same as you currently do for other insurance premiums.

\$600 Credit and Discount Amount Due to Use of Drug Discount Card

Use form 470-3630, *Medically Needy Transmittal*, to send claims to ACS to be entered on the MN subsystem to meet spenddown. When sending receipts for the \$600 credit purchases and purchases with the drug discount card, include the pre-discount cost.

For all prescriptions, include:

- ◆ The national drug code (NDC). The pharmacy can provide this number.
- ◆ The provider number or provider name and address.

Effective Date

Upon receipt, retroactive to June 1, 2004.

Material Superseded

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

<u>Page</u>	<u>Date</u>
Contents (page 2)	August 14, 2001
Contents (page 3)	June 15, 1999
79	May 25, 2004
85	September 16, 2004
86	January 13, 1998

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-J-71

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

SUBJECT: Employees' Manual, Title 8, Chapter J, **MEDICALLY NEEDED**, page 86a, revised.

Summary

This general letter releases:

- ◆ An increase in the deduction amount for personal care services. Residents of a licensed residential care facility (RCF) are allowed a monthly standard deduction to meet spenddown for the cost of medically necessary personal care services provided in the RCF. The amount of the monthly RCF personal care deduction is increased to \$804.69.
- ◆ An additional instruction for submitting claims to ACS under the Medicare-approved drug discount card or credit provisions. When completing form 470-3630, *Medically Needy Transmittal*, write "non-standard claim" in the "Comments" section. This will alert ACS that special processing is required.

Effective Date

October 1, 2004

Material Superseded

Remove page 86a, dated August 20, 2004, from Employees' Manual, Title 8, Chapter J, 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

December 10, 2004

GENERAL LETTER NO. 8-J-72

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

SUBJECT: Employees' Manual, Title 8, Chapter J, **MEDICALLY NEEDY**, Contents (page 2), revised; and pages 45 through 60, 66, 70, 71, 85, and 86, revised.

Summary

This chapter is revised to reflect the following changes:

- ◆ The 2005 Social Security cost-of-living-adjustment (COLA) increase of 2.7%.
- ◆ The minimum monthly maintenance allowance for 2005.
- ◆ Issue revised instructions for submitting prescription drug purchases made with the Medicare-approved drug discount card or the \$600 credit. Rather than have all claims for purchases made with the discount card or credit processed through the local office, pharmacies will submit the claims to ACS, unless there is a problem.

If a problem occurs and the pharmacy is unable to submit the claims, then the claims will need to be submitted through the local office.

Effective Date

January 1, 2005

Material Superseded

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

<u>Page</u>	<u>Date</u>
Contents (page 2)	August 20, 2004
45	August 14, 2001
46	December 4, 2001
47-52	December 9, 2003
53	August 14, 2001
56	December 12, 2000
57	December 9, 2003
58	December 3, 2002
59	December 9, 2003
60, 61	December 7, 1999

62
66, 70, 71
85, 86

October 6, 1998
December 9, 2003
August 20, 2004

Additional Information

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



STATE OF IOWA

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

DEPARTMENT OF HUMAN SERVICES
KEVIN W. CONCANNON, DIRECTOR

September 23, 2005

GENERAL LETTER NO. 8-J-73

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

SUBJECT: Employees' Manual, Title 8, Chapter J, **MEDICALLY NEEDED**, pages 3, 49 through 58, 67, 72, 73, 74, 81, 82, 84, 85, 86, 86a, 92, 93, 95, 96, 97, 100, 101, and 102, revised.

Summary

This chapter is revised to reflect the following changes:

- ◆ The amount of the medical expense deduction for RCF personal care services is increased to \$830.53 per month. The personal care services per diem rate is increased to \$27.32.
- ◆ *Medically Needy Transmittals*, form 470-3630, can now be faxed or mailed to the IME Medically Needy Unit.
- ◆ References to ACS and the fiscal agent have been changed to the IME.
- ◆ References to the use of bills from the state papers program are removed from the chapter. The state papers program ended effective June 30, 2005.

Effective Date

October 1, 2005

Material Superseded

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

<u>Page</u>	<u>Date</u>
3	September 19, 2000
49-58	December 10, 2004
67	March 11, 2003
72	September 16, 2003
73	December 9, 2003
74	March 11, 2003
81	January 13, 1998
82, 84	June 15, 1999

85, 86	December 10, 2004
86a	September 17, 2004
92	March 11, 2003
93	December 3, 2003
95	March 11, 2002
96	June 15, 1999
97, 100	March 11, 2002
101	September 19, 2000
102	March 11, 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 25, 2005

GENERAL LETTER NO. 8-J-74

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

SUBJECT: Employees' Manual, Title 8, Chapter J, **MEDICALLY NEEDED**, pages 6, 13, 14, 46 through 54, 65, 66, 69, 70, and 71, revised.

Summary

This chapter is revised to:

- ◆ Change the form used for Medically Needy recertifications from form 470-2927 or 470-2927(S), *Health Services Application*, to form 470-3118 or 470-118(S), *Medicaid Review*.
- ◆ Change the examples in this chapter to reflect the following:
 - The 2006 Social Security cost-of-living-adjustment (COLA) increase of 4.1%.
 - The minimum monthly maintenance needs allowance for 2006.
 - The new Medicare rate of \$88.50.
 - The correct MEPD income amount.
- ◆ Remove language on MHI residents aged 22 through 64 under the section, "Who Is Not Eligible for Medically Needy," since this group is now eligible for Medicaid benefits and is excluded from Medically Needy eligibility on that basis.
- ◆ Change procedure for requesting a manual buy-in from the IME Policy Unit.

Effective Date

The new *Medicaid Review* form is effective for reviews initiated after December 1, 2005, except for FMAP-related households with a spenddown, who will continue to complete the system-generated RRED until a system-generated version of the new review form is available.

The 2006 COLA increase, the minimum monthly maintenance needs allowance, and the new Medicare rate of \$88.50 are effective January 1, 2006.

All other changes are effective immediately.

Material Superseded

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

<u>Page</u>	<u>Date</u>
6, 13	December 4, 2001
14	May 16, 2000
46-48	December 10, 2004
49-54	September 23, 2005
65	December 4, 2001
66	December 10, 2004
69	September 16, 2003
70-71	December 10, 2004

Additional Information

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



STATE OF IOWA

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

DEPARTMENT OF HUMAN SERVICES
KEVIN W. CONCANNON, DIRECTOR

December 30, 2005

GENERAL LETTER NO. 8-J-75

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

SUBJECT: Employees' Manual, Title 8, Chapter J, **MEDICALLY NEEDED**, Contents
(pages 2 and 3), revised; pages 86a and 86b, revised; and pages 86c and 86d,
new.

Summary

This chapter is revised to incorporate information about Medicare Part D and address how the costs associated with Part D are treated for spenddown cases.

Effective Date

January 1, 2006

Material Superseded

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

<u>Page</u>	<u>Date</u>
Contents (page 2)	December 10, 2004
Contents (page 3)	August 20, 2004
86a	September 23, 2005
86b	August 20, 2004

Additional Information

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



STATE OF IOWA

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

DEPARTMENT OF HUMAN SERVICES
KEVIN W. CONCANNON, DIRECTOR

February 24, 2006

GENERAL LETTER NO. 8-J-76

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

SUBJECT: Employees' Manual, Title 8, Chapter J, **MEDICALLY NEEDED**, Contents
(pages 1, 2, and 3), revised; and pages 15, 16, 16a, 68a, 69, and 86a through
86d, revised.

Summary

This chapter is revised to:

- ◆ Clarify that expanded specified low-income Medicare beneficiaries (E-SLMB) may also be determined conditionally eligible for Medically Needed.
- ◆ Update and clarify the procedures to follow when processing Medicare Part D expenses for Medically Needed spenddown cases based on the federal clarification from CMS.

Effective Date

Upon receipt.

Material Superseded

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

<u>Page</u>	<u>Date</u>
Contents (page 1)	August 20, 2004
Contents (pages 2, 3)	December 30, 2005
15, 16	September 16, 2003
16a	August 14, 2001
68a	September 16, 2003
69	November 25, 2005
86a-86d	December 30, 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

April 21, 2006

GENERAL LETTER NO. 8-J-77

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

SUBJECT: Employees' Manual, Title 8, Chapter J, **MEDICALLY NEEDY**, pages 49, 51,
and 57, revised.

Summary

This chapter is revised to correct two SSI-related examples and one page with incorrect information on the amount to deem to ineligible children.

Effective Date

Upon receipt.

Material Superseded

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

<u>Page</u>	<u>Date</u>
49, 51	November 25, 2005
57	September 23, 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

September 15, 2006

GENERAL LETTER NO. 8-J-78

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

SUBJECT: Employees' Manual, Title 8, Chapter J, **MEDICALLY NEEDED**, Contents (pages 2 and 3), revised, and pages 37, 85, 86, 86a, and 86b, revised.

Summary

This chapter is revised to reflect the following changes:

- ◆ The amount of the medical expenses deduction for RCF personal care expense is decreased to \$813.50. The personal care services per diem is decreased to \$26.76.
- ◆ The form used for FMAP-related Medically Needed recertifications is changed from form 470-2881, *Review/Recertification Eligibility Document*, to form 470-3118 or 470-3118(S), *Medicaid Review*.
- ◆ The section on deductions for the Medicaid drug discount card and credit is removed, since this program has ended.

Effective Date

The RCF deduction change is effective October 1, 2006. The other changes are already in effect.

Material Superseded

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

<u>Page</u>	<u>Date</u>
Contents (pp. 2, 3)	February 24, 2006
37	September 16, 2003
85, 86	September 23, 2005
86a-86d	February 24, 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

December 1, 2006

GENERAL LETTER NO. 8-J-79

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

SUBJECT: Employees' Manual, Title 8, Chapter J, **MEDICALLY NEEDY**, pages 47 through 57, 59, 65, 66, 70, 71, 93, and 94, revised.

Summary

This chapter is revised to change the examples in this chapter to reflect the following:

- ◆ The 2007 Social Security cost-of-living-adjustment (COLA) increase of 3.3%.
- ◆ The minimum monthly maintenance needs allowance for 2007.
- ◆ The new Medicare rate of \$93.50.

Effective Date

January 1, 2007

Material Superseded

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

<u>Page</u>	<u>Date</u>
47, 48	November 25, 2005
49	April 21, 2006
50	November 25, 2005
51	April 21, 2006
52-54	November 25, 2005
55, 56	September 23, 2005
57	April 21, 2006
59	December 10, 2004
65, 66, 70, 71	November 25, 2005
93	September 23, 2005
94	June 15, 1999

Additional Information

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



STATE OF IOWA

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

DEPARTMENT OF HUMAN SERVICES
KEVIN W. CONCANNON, DIRECTOR

May 11, 2007

GENERAL LETTER NO. 8-J-80

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

SUBJECT: Employees' Manual, Title 8, Chapter J, **MEDICALLY NEEDY**, Contents (page 1), revised; pages 13, 23 through 32, 41, 51, 71, 79, 98, and 100 through 103, revised.

Summary

This chapter is revised to:

- ◆ Change examples to reflect the following:
 - Increase in income to make the eligibility determination of the example correct.
 - Removal of the need to verify pregnancy.
 - Removal of the reference to Medicare-approved Drug Discount Card and \$600 credit.
 - Clarification that Medicare Part D premiums are paid by Extra Help for Medicare Part D.
- ◆ Add a CMAP-related Medicaid example.
- ◆ Clarify resource policy.
- ◆ Correct the amount of income for calculating the needs of each child in an SSI-related home.
- ◆ Refer the IM worker to 8-G, "Reporting Changes," for changes that need to be reported.
- ◆ Tell the IM worker to act on any changes reported on other program report forms.
- ◆ Correct cross-references and form names where appropriate.

Effective Date

Upon receipt.

Material Superseded

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

<u>Page</u>	<u>Date</u>
Contents (page 1)	February 24, 2006
13	November 25, 2005
23	March 23, 2004
24	January 13, 1998
25, 26	December 7, 1999
27, 28	January 13, 1998
29	March 13, 2001
30	September 19, 2000
31, 32	July 11, 2000
41	September 16, 2003
51, 71	December 1, 2006
79	August 20, 2004
98	March 11, 2003
100-102	September 23, 2005
103	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
KEVIN W. CONCANNON, DIRECTOR

August 3, 2007

GENERAL LETTER NO. 8-J-81

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

SUBJECT: Employees' Manual, Title 8, Chapter J, **MEDICALLY NEEDED**, pages 5
through 8, 19 through 22, 24, 34, 35, 37, 44, 46, 47, 67, 69, 73, 77, and 84,
revised.

Summary

This chapter is revised to:

- ◆ Eliminate the requirement for an interview.
- ◆ Change the earned income deduction from 50% to 58%.
- ◆ Change postpartum policy under Medically Needed to match FMAP-related policies.
- ◆ Removes references to the *Medical Assistance Card*.

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 J, and destroy them:

<u>Page</u>	<u>Date</u>
5	December 4, 2001
6	November 25, 2005
7	January 13, 1998
8	September 19, 2000
19	December 12, 2000
20	September 16, 2003
21	December 4, 2001
22	November 19, 2002
24	May 11, 2007

34	September 19, 2000
35	September 16, 2003
37	September 15, 2006
44	August 14, 2001
46	November 25, 2005
47	December 1, 2006
67	September 23, 2005
69	February 24, 2006
73	September 23, 2005
77	June 15, 1999
84	September 23, 2005

Additional Information

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



STATE OF IOWA

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

DEPARTMENT OF HUMAN SERVICES
KEVIN W. CONCANNON, DIRECTOR

September 21, 2007

GENERAL LETTER NO. 8-J-82

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

SUBJECT: Employees' Manual, Title 8, Chapter J, **MEDICALLY NEEDY**, pages 23, 24, and 86a, revised.

Summary

This chapter is revised to:

- ◆ Allow newborn status for children born to women who apply and obtain Medicaid for the month of the birth, including three-day emergency services, even when the application was filed after the birth.
- ◆ Increase the amount of the medical expense deduction for RCF personal care services to \$844.51. The personal care services per diem is increased to \$27.78.

Effective Date

October 1, 2007

Material Superseded

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

<u>Page</u>	<u>Date</u>
23	May 11, 2007
24	August 3, 2007
86a	September 15, 2006

Additional Information

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



STATE OF IOWA

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

DEPARTMENT OF HUMAN SERVICES
KEVIN W. CONCANNON, DIRECTOR

February 1, 2008

GENERAL LETTER NO. 8-J-83

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

SUBJECT: Employees' Manual, Title 8, Chapter J, **MEDICALLY NEEDED**, Contents (page 3), revised; pages 5, 27, 29, 49 through 57, 66, 69, 70, 71, 93, and 94, revised.

Summary

This chapter is revised to change the examples in this chapter to reflect the following:

- ◆ The 2008 Social Security cost-of-living-adjustment (COLA) increase of 2.3%.
- ◆ The minimum monthly maintenance needs allowance for 2008.
- ◆ The new Medicare Part B rate of \$93.50.
- ◆ The increase in the Part A and Part B deductible for 2008.
- ◆ The change of the name of form 470-2340, 470-2340(S), 470-0364, and 470-0364(S), from *Medicaid Information Questionnaire for SSI Persons* to *SSI Medicaid Information*.
- ◆ The addition of form 470-4459 and 470-4459(S), *Authorization to Disclose Information to the Department of Human Services*.

Effective Date

January 1, 2008

Material Superseded

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

<u>Page</u>	<u>Date</u>
Contents (page 3)	September 15, 2006
5	August 3, 2007
27, 29	May 11, 2007
49, 50	December 1, 2006

51	May 11, 2007
52-57, 66	December 1, 2006
69	August 3, 2007
70	December 1, 2006
71	May 11, 2007
93, 94	December 1, 2006

Additional Information

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



STATE OF IOWA

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

DEPARTMENT OF HUMAN SERVICES
EUGENE I. GESSOW, DIRECTOR

October 10, 2008

GENERAL LETTER NO. 8-J-84

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

SUBJECT: Employees' Manual, Title 8, Chapter J, **MEDICALLY NEEDY**, page 86a, revised.

Summary

This chapter is revised to decrease the amount of the medical expenses deduction for residential care facility (RCF) personal care services from \$844.51 to \$762.74. The personal care services per diem rate decreased from \$27.78 to \$25.09.

Effective Date

November 1, 2008

Material Superseded

Remove from Employees' Manual, Title 8, Chapter J, page 86a, dated September 21, 2007, and destroy it.

Additional Information

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



STATE OF IOWA

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

DEPARTMENT OF HUMAN SERVICES
EUGENE I. GESSOW, DIRECTOR

December 5, 2008

GENERAL LETTER NO. 8-J-85

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

SUBJECT: Employees' Manual, Title 8, Chapter J, **MEDICALLY NEEDED**, pages 41
through 58, 65, 66, 74, and 93, revised.

Summary

This chapter is revised to reflect the following:

- ◆ The 2009 Social Security cost-of-living-adjustment (COLA) increase of 5.8%.
- ◆ The minimum monthly maintenance needs allowance for 2009.
- ◆ The increase in the Part A deductible for 2009.
- ◆ Clarification of when to do a one-month certification period and a two-month certification period for aliens receiving three days of emergency service.
- ◆ SSI policies followed to determine the amount of income to deem.

Note: The Medicare Part B premium and deductible amount for 2009 is the same as 2008.

Effective Date

January 1, 2009

Material Superseded

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

<u>Page</u>	<u>Date</u>
41	May 11, 2007
42	March 23, 2004
43	August 14, 2001
44	August 3, 2007
45	November 22, 2004
46, 47	August 3, 2007

48	December 1, 2006
49-58	February 1, 2008
65	December 1, 2006
66	February 1, 2008
74	September 23, 2005
93	February 1, 2008

Additional Information

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



STATE OF IOWA

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

DEPARTMENT OF HUMAN SERVICES
EUGENE I. GESSOW, DIRECTOR

April 10, 2009

GENERAL LETTER NO. 8-J-86

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

SUBJECT: Employees' Manual, Title 8, Chapter J, **MEDICALLY NEEDED**, pages 29 and 30, revised.

Summary

This chapter is revised to:

- ◆ Update the name of form 470-4459 or 470-4459(S) to reflect current version, *Authorization to Disclose Information to the Iowa Department of Human Services*.
- ◆ 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.

Effective Date

Upon receipt.

Material Superseded

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

<u>Page</u>	<u>Date</u>
29	February 1, 2008
30	May 11, 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

June 12, 2009

GENERAL LETTER NO. 8-J-87

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

SUBJECT: Employees' Manual, Title 8, Chapter J, **MEDICALLY NEEDED**, pages 23 and 24, revised.

Summary

This chapter is revised to update examples to reflect the income limit increase for infants under one year of age and pregnant women 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, if she were still pregnant.

Effective Date

July 1, 2009.

Material Superseded

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

<u>Page</u>	<u>Date</u>
23, 24	September 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
CHARLES J. KROGMEIER, DIRECTOR

November 6, 2009

GENERAL LETTER NO. 8-J-88

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

SUBJECT: Employees' Manual, Title 8, Chapter J, *MEDICALLY NEEDED*, page 86a, revised.

Summary

This chapter is revised to increase the amount of the medical expenses deduction for residential care facility (RCF) personal care services from \$762.74 to \$815.02. The personal care services per diem rate increased from \$25.09 to \$26.81.

Effective Date

December 1, 2009

Material Superseded

Remove from Employees' Manual, Title 8, Chapter J, page 86a, dated October 10, 2008, and destroy it.

Additional Information

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



STATE OF IOWA

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

DEPARTMENT OF HUMAN SERVICES
CHARLES J. KROGMEIER, DIRECTOR

January 1, 2010

GENERAL LETTER NO. 8-J-89

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

SUBJECT: Employees' Manual, Title 8, Chapter J, *MEDICALLY NEEDED*, pages 66, 67, 68, 69, 70, 71, 93, and 94, revised.

Summary

This chapter is revised to reflect the following:

- ◆ The increase in the Part A deductible for 2010 to \$1,100.
- ◆ The increase in the Part B deductible for 2010 to \$155.

Note: The Medicare Part B premium for 2010 is the same as in 2008 for persons who have it deducted from their Social Security check.

The following people will pay a higher Medicare Part B premium of \$110.50:

- ◆ New Medicare Part B enrollees,
- ◆ Higher income individuals who are required to pay an income-related surcharge in addition to the monthly premium,
- ◆ Individuals who do not have their Part B premiums withheld from their social security check, and
- ◆ Individuals for whom Medicaid pays their Medicare Part B premium.

Effective Date

January 1, 2010

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

<u>Page</u>	<u>Date</u>
66	December 5, 2008
67	August 3, 2007
68	July 17, 2001

69-71
93
94

February 1, 2008
December 5, 2008
February 1, 2008

Additional Information

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



STATE OF IOWA

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

DEPARTMENT OF HUMAN SERVICES
CHARLES J. KROGMEIER, DIRECTOR

March 26, 2010

GENERAL LETTER NO. 8-J-90

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

SUBJECT: Employees' Manual, Title 8, Chapter J, **MEDICALLY NEEDED**, pages 5, 6, 7,
25 through 28, 37, and 46, revised.

Summary

This chapter is revised to:

- ◆ Add the new policy on the 14-day grace period.
- ◆ Provide a comment on when to send the *Medicaid Review* form to persons whose certification period is ending.
- ◆ Correct some cross-references to reflect current headings.

Effective Date

March 1, 2010.

Material Superseded

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

<u>Page</u>	<u>Date</u>
5	February 1, 2008
6, 7	August 3, 2007
25, 26	May 11, 2007
27	February 1, 2008
28	May 11, 2007
37	August 3, 2007
46	December 5, 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

April 16, 2010

GENERAL LETTER NO. 8-J-91

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

SUBJECT: Employees' Manual, Title 8, Chapter J, *MEDICALLY NEEDED*, page 51, revised.

Summary

This chapter is revised to correct the amount for calculating the needs of each child when determining the amount to deem from the ineligible spouse to the eligible spouse on a SSI-related case.

Effective Date

Upon receipt.

Material Superseded

This material replaces Employees' Manual, Title 8, Chapter J, page 51, dated December 5, 2008.

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-J-92

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

SUBJECT: Employees' Manual, Title 8, Chapter J, **MEDICALLY NEEDED**, Title page, revised, and pages 20, 22, 49 through 55, 57, 65, 66, 68a, 69, 70, 71, 86a, 93, and 94, revised.

Summary

Chapter 8-J is revised to reflect the following:

- ◆ The 2012 Social Security cost-of-living adjustment (COLA) increase of 3.6%.
- ◆ The increase in the monthly maintenance needs allowance (MMMNA) for 2012 to \$2,841.
- ◆ The increase in the Medicare Part A deductible for 2012 to \$1,123.00.
- ◆ The decrease in the Medicare part B deductible for 2012 to \$140.
- ◆ The change in the amount of the medical expense deduction for residential care facility (RCF) personal care services from \$815.02 per month to \$718.66. The daily rate is changed from \$26.81 to \$23.64.
- ◆ Clarification of when a CMAP-related child must include parents for a Medically Needy case.

Effective Date

COLA changes, Medicare deductible changes, and the MMMNA change were effective January 1, 2012.

The change in the amount of the medical expense deduction for RCF personal care services is effective June 1, 2012.

All other changes are effective with the issuance of this letter.

Material Superseded

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

<u>Page</u>	<u>Date</u>
Title page	January 13, 1998
20, 22	August 3, 2007
49, 50	December 5, 2008
51	April 16, 2010
52-55, 57, 65	December 5, 2008
66	January 1, 2010
68a	February 24, 2006
69-71	January 1, 2010
86a	November 6, 2009
93, 94	January 1, 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 25, 2014

GENERAL LETTER NO. 8-J-93

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

SUBJECT: Employees' Manual, Title 8, Chapter J, **MEDICALLY NEEDY**, pages 47 through 58, 65, 66, 69, 70, 71, 86a, 93, and 94, revised.

Summary

Chapter 8-J is revised to reflect the following:

- ◆ The 2014 Social Security cost-of-living adjustment (COLA) increase of 1.5%.
- ◆ The increase in the monthly maintenance needs allowance (MMMNA) for 2014 to \$2,931.
- ◆ The increase in the Medicare Part A deductible for 2014 to \$1,216.
- ◆ The decrease in the Medicare part B deductible for 2014 to \$147.
- ◆ The change in the amount of the medical expense deduction for residential care facility (RCF) personal care services from \$718.66 per month to \$728.08. The daily rate is changed from \$23.64 to \$23.95.

Effective Date

COLA changes, Medicare deductible changes, and the MMMNA change were effective January 1, 2014.

The change in the amount of the medical expense deduction for RCF personal care services are effective August 1, 2014.

All other changes are effective with the issuance of this letter.

Material Superseded

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

<u>Page</u>	<u>Date</u>
47, 48	December 5, 2008
49-55	June 1, 2012
56	December 5, 2008
57	June 1, 2012
58	December 5, 2008
65, 66, 69-71, 86a, 93, 94	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

May 29, 2015

GENERAL LETTER NO. 8-J-94

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

SUBJECT: Employees' Manual, Title 8, Chapter J, **MEDICALLY NEEDED**, pages 1, 23, 49 through 58, 66, 72, 81, 84, 93, and 95, revised.

Summary

Chapter 8-J is revised to reflect the following:

- ◆ The name change of intermediate care facilities for the mentally retarded (ICF/MR) to intermediate care facilities for persons with an intellectual disability (ICF/ID), as mandated by 2012 Iowa Acts, Senate File 2247.
- ◆ Remove references to the IowaCare program.
- ◆ The 2015 Social Security cost-of-living adjustment (COLA) increase of 1.7%.
- ◆ The increase in the monthly maintenance needs allowance (MMMNA) for 2015 to \$2,980.50.
- ◆ The increase in the Medicare Part A deductible for 2015 to \$1,260.
- ◆ The Medicare Part B deductible for 2015 remains the same at \$147.
- ◆ Change the name of the *Supplemental Insurance Questionnaire* form to *Insurance Questionnaire*.

Effective Date

January 1, 2015

Material Superseded

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

<u>Page</u>	<u>Date</u>
1	October 6, 1998
23	June 12, 2009
49-58, 66	July 25, 2014

72, 81	September 23, 2005
84	August 3, 2007
93	July 25, 2014
95	September 23, 2005

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 3, 2015

GENERAL LETTER NO. 8-J-95

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

SUBJECT: Employees' Manual, Title 8, Chapter J, **MEDICALLY NEEDY**, page 86a,
revised.

Summary

Chapter 8-J is revised to reflect the change in the amount of the medical expense deduction for residential care facility (RCF) personal care services from \$728.08 per month to \$711.36. The daily rate is changed from \$23.95 to \$23.40.

Effective Date

July 1, 2015

Material Superseded

This material replaces Employees' Manual, Title 8, Chapter J, page 86a, dated 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

December 4, 2015

GENERAL LETTER NO. 8-J-96

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

SUBJECT: Employees' Manual, Title 8, Chapter J, **MEDICALLY NEEDY**, page 86a,
revised.

Summary

Chapter 8-J is revised to reflect the change in the amount of the medical expense deduction for residential care facility (RCF) personal care services from \$711.36 per month to \$744.50. The daily rate is changed from \$23.40 to \$24.49.

Effective Date

December 1, 2015

Material Superseded

This material replaces Employees' Manual, Title 8, Chapter J, page 86a, dated July 3, 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 25, 2016

GENERAL LETTER NO. 8-J-97

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

SUBJECT: Employees' Manual, Title 8, Chapter J, **MEDICALLY NEEDY**, pages 71, 93,
and 94, revised.

Summary

Chapter 8-J is revised to reflect the following:

- ◆ The increase in the Medicare Part A deductible for 2016 to \$1,288.
- ◆ The increase in the Medicare Part B deductible for 2016 to \$166.
- ◆ The increase in the Medicare Part B premium for newly eligible Medicare recipients to \$121.80. Most other Medicare Part B recipients will continue to pay the \$104.90 premium.

Effective Date

January 1, 2016

Material Superseded

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

<u>Page</u>	<u>Date</u>
71	July 25, 2014
93	May 29, 2015
94	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

March 17, 2017

GENERAL LETTER NO. 8-J-98

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

SUBJECT: Employees' Manual, Title 8, Chapter J, **MEDICALLY NEEDED**, pages 49 through 57, 66, 69, 70, 71, 93, and 94, revised.

Summary

Chapter 8-J is revised to reflect the following:

- ◆ The 2017 Social Security cost-of-living adjustment (COLA) increase of 0.3%.
- ◆ The increase in the monthly maintenance needs allowance (MMMNA) for 2017 to \$3,022.50.
- ◆ The increase in the Medicare Part A deductible for 2017 to \$1,316.
- ◆ The increase in the Medicare Part B deductible for 2017 to \$183.
- ◆ The increase in the Medicare Part B premium for newly eligible Medicare recipients to \$134. Most other Medicare Part B recipients will continue to pay the \$104.90 premium.
- ◆ A change in the email contact for a manual Medicare buy-in process.

Effective Date

January 1, 2017

Material Superseded

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

<u>Page</u>	<u>Date</u>
49-57, 66	May 29, 2015
69, 70	July 25, 2014
71, 93, 94	March 25, 2016

Additional Information

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



Iowa Department of Human Services

Kim Reynolds
Governor

Adam Gregg
Lt. Governor

Jerry R. Foxhoven
Director

February 16, 2018

GENERAL LETTER NO. 8-J-99

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

SUBJECT: Employees' Manual, Title 8, Chapter J, *Medically Needy*, pages 48 through 55, 57, 66, 69, 70, 71, and 93, revised.

Summary

Chapter 8-J is revised to reflect the following:

- ◆ The 2018 Social Security cost-of-living adjustment (COLA) increase of 2.0 percent.
- ◆ The increase in the monthly maintenance needs allowance (MMMNA) for 2018 to \$3,090.
- ◆ The increase in the Medicare Part A deductible for 2018 to \$1,340.
- ◆ The Medicare Part B deductible remains the same for 2018 at \$183.
- ◆ The increase in the Medicare Part B premium to \$134.

Effective Date

January 1, 2018

Material Superseded

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

<u>Page</u>	<u>Date</u>
48	July 25, 2014
49-55, 57, 66, 69-71, 93	March 17, 2017

Additional Information

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



Iowa Department of Human Services

Kim Reynolds
Governor

Adam Gregg
Lt. Governor

Jerry R. Foxhoven
Director

March 23, 2018

GENERAL LETTER NO. 8-J-100

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

SUBJECT: Employees' Manual, Title 8, Chapter J, *Medically Needy*, page 86a, revised.

Summary

Chapter 8-J is revised to update the medical expenses deduction for personal care services for a member in a residential care facility.

Effective Date

Immediately.

Material Superseded

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

Page

Date

86a

December 4, 2015

Additional Information

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

May 10, 2019

GENERAL LETTER NO. 8-J-101

ISSUED BY: Iowa Medicaid Enterprise

SUBJECT: Employees' Manual, Title 8, Chapter J, ***Medically Needy***, Title page, revised; and pages 4, 9, 10, 11, 38, 46, 49 through 55, 57, 63, 64, 66, 69, 70, 71, 77, 93, and 94, revised.

Summary

Chapter 8-J is revised to reflect the following:

- ◆ The 2019 Social Security cost-of-living adjustment (COLA) increase of 2.8 percent.
- ◆ The increase in the monthly maintenance needs allowance (MMMNA) for 2019 to \$3,160.50.
- ◆ The increase in the Medicare Part A deductible for 2019 to \$1,364.
- ◆ The increase in the Medicare Part B deductible for 2019 to \$185.
- ◆ The increase in the Medicare Part B premium to \$135.50.
- ◆ 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 J:

<u>Page</u>	<u>Date</u>
Title page	June 1, 2012
4	September 16, 2003
9	June 15, 1999
10	December 12, 2000
11	January 13, 1998
38	November 19, 2002
46	March 26, 2010
49-55, 57	February 16, 2018

63, 64	January 13, 1998
66, 69, 70, 71	February 16, 2018
77	August 3, 2007
93	February 16, 2018
94	March 17, 2017

Additional Information

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

January 1, 2021

GENERAL LETTER NO. 8-J-102

ISSUED BY: Iowa Medicaid Enterprise

SUBJECT: Employees' Manual, Title 8, Chapter J, **Medically Needy**, Contents page 1, Contents page 2, Contents page 3, revised; Contents page 4 and 5, new; 1, 2, 3, 4, 5-7, 8, 9-11, 12, 13, 14, 15 and 16, 17, 18, 19, 20, 21, 22, 23, 24, 25-28, 29 and 30, 31 and 32, 33, 34 and 35, 36, 37, 38, 39 and 40, 41-44, 45, 46, 47, 48, 49-55, 56, 57, 58, 59, 60-62, 63 and 64, 65, 66, 67 and 68, revised; 68a, removed; 69-71, 72, 73, 74, 75 and 76, 77, 78, 79, 80, 81, 82, 83, 84, 85 and 86, revised; 86a, 86b, removed; 87-91, 92, 93 and 94, 95, 96 and 97, 98, 99, 100-103, revised; 104-274, new.

Summary

Chapter 8-J is revised to:

- ◆ Update legal references.
- ◆ Revise manual to bring policy and procedures up-to-date.
- ◆ The Medically Needy coverage group uses the FMAP-related non-financial, resource, and income policies that were in effect prior to the changes made with the Affordable Care Act (ACA). This update moves the pre-ACA FMAP-related non-financial, resource, and income policies into this chapter for reference.

Effective Date

Immediately.

Material Superseded

<u>Page</u>	<u>Date</u>
Contents page 1	May 11, 2007
Contents page 2	September 15, 2006
Contents page 3	February 1, 2008
1	May 29, 2015
2	May 25, 2004
3	September 23, 2005
4	May 10, 2019
5-7	March 26, 2010
8	August 3, 2007
9-11	May 10, 2019
12	September 16, 2003

13	May 11, 2007
14	November 25, 2005
15 and 16	February 24, 2006
17	March 23, 2004
18	March 11, 2003
19	August 3, 2007
20	June 1, 2012
21	August 3, 2007
22	June 1, 2012
23	May 29, 2015
24	June 12, 2009
25-28	March 26, 2010
29 and 30	April 10, 2009
31 and 32	May 11, 2007
33	September 19, 2000
34 and 35	August 3, 2007
36	September 16, 2003
37	March 26, 2010
38	May 10, 2019
39 and 40	September 16, 2003
41-44	December 5, 2008
45	December 5, 2008
46	May 10, 2019
47	July 25, 2014
48	February 16, 2018
49-55	May 10, 2019
56	March 17, 2017
57	May 10, 2019
58	May 29, 2015
59	December 1, 2006
60-62	December 10, 2004
63 and 64	May 10, 2019
65	July 25, 2014
66	May 10, 2019
67 and 68	January 1, 2010
68a	June 1, 2012
69-71	May 10, 2019
72	May 29, 2015
73	August 3, 2007
74	December 5, 2008
75 and 76	June 15, 1999
77	May 10, 2019
78	January 13, 1998
79	May 11, 2007
80	December 12, 2000
81	May 29, 2015
82	September 23, 2005
83	October 6, 1998
84	May 29, 2015
85 and 86	September 15, 2006
86a	March 23, 2018
86b	September 15, 2006
87-91	June 15, 1999

92	September 23, 2005
93 and 94	May 10, 2019
95	May 29, 2015
96 and 97	September 23, 2005
98	May 11, 2007
99	December 7, 1999
100-103	May 11, 2007

Additional Information

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

April 29, 2022

GENERAL LETTER NO. 8-J-103

ISSUED BY: Iowa Medicaid Enterprise

SUBJECT: Employees' Manual, Title 8, Chapter J, **Medically Needy**, 222-229, 235, 238-241, 254 and 255, 263 and 264, revised.

Summary

Chapter 8-J is revised to reflect:

- ◆ The 2022 Social Security cost-of-living adjustment (COLA) increase of 5.9 percent.
- ◆ The increase in the monthly maintenance needs allowance (MMMNA) for 2022 to \$3,435.00.
- ◆ The increase in the Medicare Part A deductible for 2022 to \$1,556.
- ◆ The increase in the Medicare Part B deductible for 2022 to \$233.
- ◆ The increase in the Medicare Part B premium to \$170.10.
- ◆ The following information is being provided for documentation purposes only and without revisions to the pages in the manual.

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

The 2021 Social Security cost-of-living adjustment (COLA) increase of 1.3 percent.

The increase in the minimum monthly maintenance needs allowance (MMMNA) for 2021 to \$3,259.50.

The increase in the Medicare Part A deductible for 2021 to \$1,484.

The increase in the Medicare Part B deductible for 2021 to \$203.

The increase in the Medicare Part B premium to \$148.50.

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

The 2020 Social Security cost-of-living adjustment (COLA) increase of 1.6 percent.

The increase in the minimum monthly maintenance needs allowance (MMMNA) for 2020 to \$3,216.00.

The increase in the Medicare Part A deductible for 2020 to \$1,408.

The increase in the Medicare Part B deductible for 2020 to \$198.

The increase in the Medicare Part B premium to \$144.60.

Effective Date

January 1, 2022.

Material Superseded

<u>Page</u>	<u>Date</u>
222-229, 235, 238-241, 254 and 255, 263 and 264	January 1, 2021

Additional Information

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

June 16, 2023

GENERAL LETTER NO. 8-J-104

ISSUED BY: Iowa Medicaid

SUBJECT: Employees' Manual, Title 8, Chapter J, **Medically Needy**, Title Page, Contents 1-4, revised; Contents 5, removed; 1-217, revised; 218-221, 222-229, 230-234, 235, 236 and 237, 238-241, 241-253, 254 and 255, 256-262, 263 and 264, 265-274, removed.

Summary

This chapter is revised to

- The 2023 Social Security cost-of-living adjustment (COLA) increase of 8.7 percent.
- The increase in the monthly maintenance needs allowance (MMMNA) for 2023 to \$3,715.50.
- The increase in the Medicare Part A deductible for 2023 to \$1,600.
- The decrease in the Medicare Part B deductible for 2023 to \$226.
- The decrease in the Medicare Part B premium to \$164.90.
- Update the cost of personal care services in a residential care facility to \$951.22 per month or \$31.29 per day effective March 1, 2023.
- Update style and formatting throughout.

Effective Date

January 1, 2023.

Material Superseded

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

<u>Page</u>	<u>Date</u>
Title Page	January 1, 2021
Contents 1-4	January 1, 2021
Contents 5	January 1, 2021
1-221	January 1, 2021
222-229	April 29, 2022
230-234	January 1, 2021
235	April 29, 2022
236 and 237	January 1, 2021
238-241	April 29, 2022
241-253	January 1, 2021
254 and 255	April 29, 2022
256-262	January 1, 2021
263 and 264	April 29, 2022
265-274	January 1, 2021

Additional Information

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

March 29, 2024

GENERAL LETTER NO. 8-J-105

ISSUED BY: Iowa Medicaid

SUBJECT: Employees' Manual, Title 8, Chapter J, **Medically Needy**, 176, 178, 180-182, 185, 187, 191 and 192, 202-204, 217, revised.

Summary

This chapter is revised pursuant to the 2024 Social Security cost-of-living adjustment (COLA) increase of 3.2 percent, and to reflect:

- The increase in the monthly maintenance needs allowance (MMMNA) for 2024 to \$3,853.50.
- The increase in the Medicare Part A deductible for 2024 to \$1,632.
- The increase in the Medicare Part B deductible for 2024 to \$240.
- The increase in the Medicare Part B premium to \$174.70.
- Update the cost of personal care services in a residential care facility to \$983.74 per month or \$32.36 per day effective April 1, 2024.

Effective Date

January 1, 2024.

Material Superseded

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

Page

Date

176, 178, 180-182, 185, 187, 191 and 192, 202-204, 217

June 16, 2023

Additional Information

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

June 20, 2025

GENERAL LETTER NO. 8-J-106

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

SUBJECT: Employees' Manual, Title 8, Chapter J, **Medicaid Medically Needy**, Title Page, Contents 1-4, 1-175, 176, 177, 178, 179, 180-182, 183 and 184, 185, 186, 187, 188-190, 191 and 192, 193-201, 202-204, 205-216, 217, revised; 218-261, new.

Summary

This chapter is revised to

- The 2025 Social Security cost-of-living adjustment (COLA) increase of 2.5 percent.
- The increase in the monthly maintenance needs allowance (MMMNA) for 2025 to \$3,948.
- The increase in the Medicare Part A deductible for 2025 to \$1,676.
- The increase in the Medicare Part B deductible for 2025 to \$257.
- The increase in the Medicare Part B premium to \$185.
- Update the cost of personal care services in a residential care facility to \$1,012.32 per month or \$33.30 per day effective April 1, 2025.
- Update Child Support Recovery Unit (CSRU) to their new name Child Support Services (CSS) throughout the chapter.

Effective Date

January 1, 2025.

Material Superseded

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

Page	Date
Title Page	June 16, 2023
Contents 1-4	June 16, 2023
1-175	June 16, 2023
176	March 29, 2024
177	June 16, 2023
178	March 29, 2024
179	June 16, 2023
180-182	March 29, 2024

183 and 184	June 16, 2023
185	March 29, 2024
186	June 16, 2023
187	March 29, 2024
188-190	June 16, 2023
191 and 192	March 29, 2024
193-201	June 16, 2023
202-204	March 29, 2024
205-216	June 16, 2023
217	March 29, 2024

Additional Information

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