



Iowa Department of Human Services

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For Human Services use only:

General Letter No. 8-AP-405

Employees' Manual, Title 8
Medicaid Appendix

August 1, 2014

**HOME- AND COMMUNITY-BASED SERVICES (HCBS) MANUAL TRANSMITTAL
NO. 14-1**

ISSUED BY: Iowa Medicaid Enterprise

SUBJECT: **HOME- AND COMMUNITY-BASED SERVICES (HCBS)**, Title page,
new; Table of Contents, new;

Chapter I, **General Program Policies**, Title page, Table of Contents
(pages 1, 2, and 3), pages 1 through 50, and the following forms:

470-4166	<i>Iowa Medicaid Provider Form Request</i>
470-5047	<i>Certificate of Medical Necessity for Waiver Assistive Devices</i>
470-5048	<i>Certificate of Medical Necessity for Consumer-Directed Attendant Care</i>
470-5049	<i>Certificate of Medical Necessity for Environmental Modification</i>
470-5050	<i>Certificate of Medical Necessity for Home and Vehicle Modification</i>
470-5051	<i>Certificate of Medical Necessity for Prevocational Services</i>
RC-0113	<i>List of Emergency Diagnosis Codes</i>

Chapter II, **Member Eligibility**, Title page, Table of Contents (pages 1
and 2), pages 1 through 63, and the following forms:

470-2747	<i>Foster Care Provider Medical Letter</i>
470-2747(S)	<i>Foster Care Provider Medical Letter (Spanish)</i>
470-2979	<i>Proof of Application for Medicaid</i>
470-1911	<i>Medical Assistance Eligibility Card</i>
470-2580	<i>Presumptive Medicaid Eligibility Notice of Decision</i>
470-2580(S)	<i>Presumptive Medicaid Eligibility Notice of Decision (Spanish)</i>
470-4164	<i>IowaCare Medical Card</i>
470-3931	<i>Medically Needy Expense Deletion Request</i>
470-4299	<i>Verification of Emergency Health Care Services</i>
470-4299(S)	<i>Verification of Emergency Health Care Services (Spanish)</i>
470-2927	<i>Health Services Application</i>
470-2927(S)	<i>Health Services Application (Spanish)</i>

- 470-4990 *Application for Authorization to Make Presumptive Medicaid Eligibility Determination for Children*
- 470-2582 *Memorandum of Understanding with a Presumptive Provider for Presumptive Medicaid Eligibility Determinations*
- 470-4855 *Application: Presumptive Health Care Coverage for Children*
- 470-4855(S) *Application: Presumptive Health Care Coverage for Children (Spanish)*
- 470-2579 *Application for Authorization to Make Presumptive Medicaid Eligibility Determinations for Pregnant Women*
- 470-2629 *Presumptive Medicaid Income Calculation*
- 470-3864 *Application for Authorization to Make Presumptive Medicaid Eligibility Determinations (BCCT)*

Chapter III, **Provider-Specific Policies**, Title page, new; Table of Contents (pages 1 through 4), new; pages 1 through 173, new; and the following forms:

- 470-3372 *HCBS Consumer-Directed Attendant Care Agreement, new*
- 470-4428 *Financial Management Service Agreement, new*
- 470-4492 *Consumer Choices Option Independent Support Broker Agreement, new*
- 470-4427 *Consumer Choices Option Employment Agreement, new*
- 470-4429 *Consumer Choices Option Semi-Monthly Time Sheet, new*
- 470-2917 *Medicaid HCBS Waiver Provider Application, new*
- 470-2965 *Iowa Medicaid Provider Agreement General Terms, new*
- 470-4389 *Consumer-Directed Attendant Care (CDAC) Daily Service Record, new*
- 470-4694 *Case Management Comprehensive Assessment, new*
- 470-0664 *Financial and Statistical Report for Purchase of Service Contracts, new*
- 470-3449 *HCBS Supplemental Schedule D-4, new*
- 470-2486 *Claim for Targeted Medical Care, new*

Chapter IV, **Billing Iowa Medicaid**, Title page, Contents (pages 1, 2, and 3), pages 1 through 160, and the following forms:

- 470-3969 *Claim Attachment Control*
- UB-04 *Claim Form (CMS-1450)*
- CMS-1500 *Health Insurance Claim Form*
ADA 2012 Dental Claim Form
- 470-0039 *Iowa Medicaid Long Term Care Claim*
- 470-4708 *Medicare Crossover Invoice (Professional)*
- 470-4707 *Medicare Crossover Invoice (Institutional)*
- 470-2486 *Claim for Targeted Medical Care*
- 470-0829 *Request for Prior Authorization*
- 470-3970 *Prior Authorization Attachment Control*

470-3744 *Provider Inquiry*
470-0040 *Adjustment Request*
470-4987 *Recoupment Request*

Appendix, Title page, Table of Contents, and pages 1 through 22

Summary

This letter transmits a new manual for providers of Home- and Community-Based Services (HCBS). The manual is comprised of five sections:

- ◆ Chapter I contains information about Iowa Medicaid administration, coverage, and reimbursement that applies to all types of providers.
- ◆ Chapter II describes the different ways of attaining and demonstrating Medicaid eligibility. It also applies to all provider types.
- ◆ Chapter III explains Medicaid requirements specific to HCBSs. The chapter:
 - Aligns with current policies, procedures, and terminology.
 - Ensures that current contact information is provided.
 - Includes links to forms to ensure that the most recent version of the form is accessible.
- ◆ Chapter IV contains instructions and forms to bill Iowa Medicaid. It also applies to all provider types.
- ◆ The Appendix contains directories of local offices of the Department of Human Services and the Social Security Administration and EPSDT care and coordination agencies.

Date Effective

Upon receipt.

Material Superseded

None.

Additional Information

The new provider manual can be found at:

http://www.dhs.state.ia.us/policyanalysis/PolicyManualPages/Manual_Documents/Provman/HCBS.pdf

If any portion of this manual is not clear, please contact the Iowa Medicaid Enterprise Provider Services Unit at 800-338-7909 or locally (in Des Moines) at 515-256-4609, or email at imeproviderservices@dhs.state.ia.us.



Iowa Department of Human Services

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General Letter No. 8-AP-417
Employees' Manual, Title 8
Medicaid Appendix

July 31, 2015

HOME- AND COMMUNITY-BASED SERVICES (HCBS) MANUAL TRANSMITTAL NO. 15-1

ISSUED BY: Iowa Medicaid Enterprise

SUBJECT: **HOME- AND COMMUNITY-BASED SERVICES (HCBS)**, Chapter III, *Provider-Specific Policies*, pages 1, 2, 5, 6, 7, 12, 16 through 19, 22 through 25, 27, 28, 31 through 34, 38, 39, 40, 44, 47, 51, 52, 54, 55, 57, 61, 62, 67, 69, 71, 99, 103 through 108, 111, 113, 114, 115, 119, 120, 138, 139, and 168 through 173, revised.

Summary

The **HOME- AND COMMUNITY-BASED SERVICES (HCBS) MANUAL** is revised to:

- ◆ Align with current policies, procedures, and terminology.
- ◆ Change the HCBS waiver name from AIDS to AIDS/HIV.
- ◆ Update links due to the Department's new website.

Date Effective

Immediately.

Material Superseded

This material replaces the following pages from the **HOME- AND COMMUNITY-BASED SERVICES (HCBS) MANUAL**:

<u>Page</u>	<u>Date</u>
Chapter III 1, 2, 5-7, 12, 16-19, 22-25, 27, 28, 31-34, 38-40, 44, 47, 51, 52, 54, 55, 57, 61, 62, 67, 69, 71, 99, 103-108, 111, 113-115, 119, 120, 138, 139, 168-173	August 1, 2014

Additional Information

The updated provider manual containing the revised pages can be found at:
<http://dhs.iowa.gov/sites/default/files/HCBS.pdf>

If any portion of this manual is not clear, please contact the Iowa Medicaid Enterprise Provider Services Unit at 800-338-7909 or locally (in Des Moines) at 515-256-4609, or email at imeproviderservices@dhs.state.ia.us.



Iowa Department of Human Services

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For Human Services use only:

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Employees' Manual, Title 8
Medicaid Appendix

March 25, 2016

HOME- AND COMMUNITY-BASED SERVICES (HCBS) MANUAL TRANSMITTAL NO. 16-1

ISSUED BY: Iowa Medicaid Enterprise

SUBJECT: **HOME- AND COMMUNITY-BASED SERVICES (HCBS)**, Chapter III, *Provider-Specific Policies*, Contents (pages 1 through 4), revised; pages 1, 2, 4 through 12, 15 through 21, 24, 27, 28, 39, 41 through 45, 47, 48, 51, 60, 61, 65, 66, 67, 74 through 78, 88 through 92, 97, 100, 102, 123, 124, 129, 132 through 139, 168 through 171, and 173, revised; and pages 28a and 174, new.

Summary

The **HOME- AND COMMUNITY-BASED SERVICES (HCBS) MANUAL** is revised to align with current IA Health Link policies, procedures, and terminology.

Date Effective

January 1, 2016

Material Superseded

This material replaces the following pages from the **HOME- AND COMMUNITY-BASED SERVICES (HCBS) MANUAL**:

<u>Page</u>	<u>Date</u>
Chapter III	
Contents (pages 1 through 4)	August 1, 2014
1, 2	July 1, 2015
4	August 1, 2014
5-7	July 1, 2015
8-11	August 1, 2014
12	July 1, 2015
15	August 1, 2014
16-19	July 1, 2015
20, 21	August 1, 2014
24, 27, 28, 39	July 1, 2015

41-43	August 1, 2014
44	July 1, 2015
45	August 1, 2014
47	July 1, 2015
48	August 1, 2014
51	July 1, 2015
60	August 1, 2014
61	July 1, 2015
65, 66	August 1, 2014
67	July 1, 2015
74-78, 88-92, 97, 100, 102, 123, 124, 129, 132-137	August 1, 2014
138, 139, 168-171, 173	July 1, 2015

Additional Information

The updated provider manual containing the revised pages can be found at:
<http://dhs.iowa.gov/sites/default/files/HCBS.pdf>

If any portion of this manual is not clear, please contact the Iowa Medicaid Enterprise Provider Services Unit at 800-338-7909 or locally (in Des Moines) at 515-256-4609, or email at imeproviderservices@dhs.state.ia.us.



Iowa Department of Human Services

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For Human Services use only:

General Letter No. 8-AP-469

Employees' Manual, Title 8
Medicaid Appendix

July 14, 2017

**HOME- AND COMMUNITY-BASED SERVICES (HCBS) MANUAL TRANSMITTAL
NO. 17-1**

ISSUED BY: Iowa Medicaid Enterprise

SUBJECT: **HOME- AND COMMUNITY-BASED SERVICES (HCBS)**, Chapter III, *Provider-Specific Policies*, Contents (pages 1 through 4), revised; Contents (page 5), new; pages 4, 5, 6, 7, 16, 39, 64, 65, 81 through 90, 116, 120, 122 through 129, 132, and 171 through 174, revised; and pages 6a, 6b, 16a, 64a through 64e, 90a through 90f, 116a, and 175 through 179, new.

Summary

The **HOME- AND COMMUNITY-BASED SERVICES (HCBS) MANUAL** is revised to align with current policies, procedures, and terminology.

Effective Date

Immediately.

Material Superseded

This material replaces the following pages from the **HOME- AND COMMUNITY-BASED SERVICES (HCBS) MANUAL**:

<u>Page</u>	<u>Date</u>
Chapter III	
Contents (pages 1-4)	January 1, 2016
4-7, 16, 39	January 1, 2016
64	August 1, 2014
65	January 1, 2016
81-87	August 1, 2014
88-90	January 1, 2016
116	August 1, 2014
120	July 1, 2015
122	August 1, 2014
123, 124	January 1, 2016
125-128	August 1, 2014

129, 132, 171
172
173, 174

January 1, 2016
July 1, 2015
January 1, 2016

Additional Information

The updated provider manual containing the revised pages can be found at:
<http://dhs.iowa.gov/sites/default/files/HCBS.pdf>

If any portion of this manual is not clear, please contact the Iowa Medicaid Enterprise Provider Services Unit at 800-338-7909 or locally (in Des Moines) at 515-256-4609, or email at imeproviderservices@dhs.state.ia.us.

For Human Services use only:

General Letter No. 8-AP-491
Employees' Manual, Title 8
Medicaid Appendix

September 11, 2020

Home- and Community-Based Services (HCBS) MANUAL TRANSMITTAL NO. 20-1

ISSUED BY: Division of Medical Services

SUBJECT: ***Home- and Community-Based Services (HCBS)***, Chapter III, ***Provider-Specific Policies***, Contents Page 1-5, revised; pages 2, 3, 4-6, revised; 6a and 6b, removed; 7, 8-12, 13, 14, 15, 16, revised; 16a, removed; 17-21, 22, 23, 24, 25, 26, 27, 28, revised; 28a, removed; 29, 30, 31-34, 35-37, 38, 39, 40, 41-45, 46, 47, 48, 49-50, 51, 52, 53, 54-55, 56, 57, 58, 59, 60, 61, 62, 63, 64, revised; 64a-64e, removed; 65, 66, 67, 68, 69, 70, 71, 72, 73, 74-78, 79, 80, 81-90, revised; 90a-90f, removed; 91-92, 93-96, 97, 98, 99, 100, 101, 102, 103-108, 109, 110, 111, 112, 113-115, 116, revised; 116a, removed; 117-118, 119, 120, 121, 122-129, 130-131, 132, 133-139, 140-167, 168-170, 171, revised; 172-179, removed.

Summary

The HCBS manual is revised to:

- ◆ Revise language, changing "participant" to "member" throughout.
- ◆ Clarify responsibilities for Waiver slot assessments.
- ◆ Provide direction on forms needed for the Brain Injury Waiver waitlist.
- ◆ Updates on Accessing a Reserved Capacity Slot.
- ◆ Removal of "service worker", throughout.
- ◆ Clarification of BI case management services.
- ◆ Clarification of Elderly case management services.
- ◆ Updates to Home Delivered Meals guidelines.
- ◆ Updates to Supported Community Living Services.
- ◆ Updates to HCBS Transportation and Supported Community Living (SCL) Services.
- ◆ Revisions to Home- and Community-Based Services (HCBS) Provider Quality Management Self-Assessment.

- ◆ Revisions to Residential-Based Supported Community Living Service Providers Legal reference.
- ◆ Revisions to Types of Reimbursement.
- ◆ Updates to Submission of Financial and Statistical Reports.
- ◆ Revisions to Instructions for Financial and Statistical Reports.
- ◆ Updates to Procedure Codes and Nomenclature.
- ◆ Revisions to Billing Policies and Claim Form Instructions.
- ◆ Small changes to make formatting consistent throughout.

Date Effective

Upon receipt.

Material Superseded

This material replaces the following pages from the ***Home- and Community-Based Services (HCBS)***:

<u>Page</u>	<u>Date</u>
Chapter III	
Contents Page 1-5	July 1, 2017
2	January 1, 2016
3	August 1, 2014
4-6	July 1, 2017
6a, 6b	July 1, 2017
7	July 1, 2017
8-12	January 1, 2016
13, 14	August 1, 2014
15	January 1, 2016
16	July 1, 2017
16a	July 1, 2017
17-21	January 1, 2016
22, 23	July 1, 2015
24	January 1, 2016
25	July 1, 2015
26	August 1, 2014
27, 28	January 1, 2016
28a	January 1, 2016
29, 30	August 1, 2014
31-34	July 1, 2015
35-37	August 1, 2014
38	July 1, 2015
39	July 1, 2017
40	July 1, 2015
41-45	January 1, 2016
46	August 1, 2014
47, 48	January 1, 2016
49-50	August 1, 2014

51	January 1, 2016
52	July 1, 2015
53	August 1, 2014
54-55	July 1, 2015
56	August 1, 2014
57	July 1, 2015
58, 59	August 1, 2014
60, 61	January 1, 2016
62	July 1, 2015
63	August 1, 2014
64	July 1, 2017
64a-64e	July 1, 2017
65	July 1, 2017
66, 67	January 1, 2016
68	August 1, 2014
69	July 1, 2015
70	August 1, 2014
71	July 1, 2015
72, 73	August 1, 2014
74-78	January 1, 2016
79, 80	August 1, 2014
81-90	July 1, 2017
90a-90f	July 1, 2017
91-92	January 1, 2016
93-96	August 1, 2014
97	January 1, 2016
98	August 1, 2014
99	July 1, 2015
100	January 1, 2016
101	August 1, 2014
102	January 1, 2016
103-108	July 1, 2015
109, 110	August 1, 2014
111	July 1, 2015
112	August 1, 2014
113-115	July 1, 2015
116	July 1, 2017
116a	July 1, 2017
117-118	August 1, 2014
119	July 1, 2015
120	July 1, 2017
121	August 1, 2014
122-129	July 1, 2017
130-131	August 1, 2014
132	July 1, 2017
133-139	January 1, 2016
140-167	August 1, 2014
168-170	January 1, 2016
171	July 1, 2017
172-179	July 1, 2017

Additional Information

The updated provider manual containing the revised pages can be found at: <http://dhs.iowa.gov/sites/default/files/HCBS.pdf>

For Human Services use only:

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Employees' Manual, Title 8
Medicaid Appendix

June 24, 2022

HOME- AND COMMUNITY-BASED SERVICES MANUAL TRANSMITTAL NO. 22-1

ISSUED BY: Division of Medical Services
SUBJECT: **Home- and Community-Based Services (HCBS)**, Chapter III.,
Provider-Specific Policies, Table of Contents Page i, Table of Contents
Page 1-5, pages 1-3, 6-172, revised; 173-179, new.

Summary

The Home- and Community-Based Services (HCBS) manual is revised to update policy, procedure, and information.

Date Effective

Immediately.

Material Superseded

This material replaces the following pages from the **Home- and Community-Based Services (HCBS)** manual:

<u>Page</u>	<u>Date</u>
Contents Page i	September 11, 2020
Contents Page 1-5	September 11, 2020
1-3	September 11, 2020
6-172	September 11, 2020

Additional Information

The updated provider manual containing the revised pages can be found at:

<http://dhs.iowa.gov/sites/default/files/HCBS.pdf>

If any portion of this manual is not clear, please contact the Iowa Medicaid Enterprise Provider Services Unit at 800-338-7909 or locally (in Des Moines) at 515-256-4609, or email at imeproviderservices@dhs.state.ia.us.