



Iowa Department of Human Services

Terry E. Branstad
Governor

Kim Reynolds
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Director

For Human Services use only:

General Letter No. 8-AP-381

Employees' Manual, Title 8
Medicaid Appendix

May 16, 2014

**INTERMEDIATE CARE FACILITIES FOR THE INTELLECTUALLY DISABLED
(ICF/ID) MANUAL TRANSMITTAL NO. 14-1**

ISSUED BY: Iowa Medicaid Enterprise

SUBJECT: **INTERMEDIATE CARE FACILITIES FOR THE INTELLECTUALLY
DISABLED (ICF/ID)**, 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 *Iowa Medicaid Provider Form Request*
470-5047 *Certificate of Medical Necessity for Waiver Assistive
Devices*
470-5048 *Certificate of Medical Necessity for Consumer-Directed
Attendant Care*
470-5049 *Certificate of Medical Necessity for Environmental
Modification*
470-5050 *Certificate of Medical Necessity for Home and Vehicle
Modification*
470-5051 *Certificate of Medical Necessity for Prevocational Services*
RC-0113 *List of Emergency Diagnosis Codes*

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

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

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

Chapter III, **Provider-Specific Policies**, Title Page, new; Table of Contents (pages 1, 2, and 3), new; pages 1 through 64, new; and the following forms:

470-0664	<i>Financial and Statistical Report for Purchase of Service Contracts, new</i>
470-0374	<i>Resident Care Agreement, new</i>
470-0042	<i>Case Activity Report, new</i>
470-0254	<i>Iowa Medicaid – Provider Enrollment Application, new</i>
CMS-1539	<i>Medicare/Medicaid Certification and Transmittal, new</i>
470-0030	<i>Financial and Statistical Report, new</i>
470-0373	<i>Voluntary Contribution Agreement, new</i>

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

470-3969	<i>Claim Attachment Control</i>
UB-04	<i>Claim Form (CMS-1450)</i>
CMS-1500	<i>Health Insurance Claim Form</i>
	<i>ADA 2012 Dental Claim Form</i>
470-0039	<i>Iowa Medicaid Long Term Care Claim</i>
470-4708	<i>Medicare Crossover Invoice (Professional)</i>
470-4707	<i>Medicare Crossover Invoice (Institutional)</i>
470-2486	<i>Claim for Targeted Medical Care</i>
470-0829	<i>Request for Prior Authorization</i>
470-3970	<i>Prior Authorization Attachment Control</i>
470-3744	<i>Provider Inquiry</i>
470-0040	<i>Adjustment Request</i>
470-4987	<i>Recoupment Request</i>

Appendix, Title Page, Table of Contents, and pages 1 through 27

Summary

This letter transmits a new manual for providers of Intermediate Care Facilities for the Intellectually Disabled (ICF/ID). 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 ICF/IDs. 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/ICF.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-446
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Medicaid Appendix

May 13, 2016

INTERMEDIATE CARE FACILITIES FOR THE INTELLECTUALLY DISABLED (ICF/ID) MANUAL TRANSMITTAL NO. 16-1

ISSUED BY: Iowa Medicaid Enterprise

SUBJECT: ***INTERMEDIATE CARE FACILITIES FOR THE INTELLECTUALLY DISABLED (ICF/ID)***, Chapter III, *Provider-Specific Policies*, Contents (page 3), revised; pages 8, 11, 12, 15 through 19, 25, 33, 38, 41, 42, 43, 50, and 53 through 58, revised.

Summary

The ***INTERMEDIATE CARE FACILITIES FOR THE INTELLECTUALLY DISABLED MANUAL*** is revised to:

- ◆ Align with current IA Health Link policies, procedures, and terminology.
- ◆ Update links due to the Department's new website.

Effective Date

January 1, 2016

Material Superseded

This material replaces the following pages from the ***INTERMEDIATE CARE FACILITIES FOR THE INTELLECTUALLY DISABLED MANUAL***:

<u>Page</u>	<u>Date</u>
Chapter III	
Contents (page 3)	May 1, 2014
8, 11, 12, 15-19, 25, 33,	May 1, 2014
38, 41-43, 50, 53-64	

Additional Information

The new provider manual can be found at:
<http://dhs.iowa.gov/sites/default/files/ICF.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-479

Employees' Manual, Title 8
Medicaid Appendix

May 4, 2018

**INTERMEDIATE CARE FACILITIES FOR THE INTELLECTUALLY DISABLED (ICF/ID)
MANUAL TRANSMITTAL NO. 18-1**

ISSUED BY: Iowa Medicaid Enterprise

SUBJECT: ***Intermediate Care Facilities for the Intellectually Disabled (ICF/ID)***,
Chapter III, *Provider-Specific Policies*, pages 4, 6, 7, 9, 10, 11, 13, 15, 17,
18, 19, 50 through 54, 56, and 57, revised.

Summary

The ***Intermediate Care Facilities for the Intellectually Disabled (ICF/ID)*** manual is revised to align with current policies, procedures, and terminology.

Effective Date

Immediately.

Material Superseded

This material replaces the following pages in the ***Intermediate Care Facilities for the Intellectually Disabled (ICF/ID)***:

<u>Page</u>	<u>Date</u>
Chapter III	
4, 6, 7, 9, 10	May 1, 2014
11	January 1, 2016
13	May 1, 2014
15, 17-19, 50	January 1, 2016
51, 52	May 1, 2014
53, 54, 56, 57	January 1, 2016

Additional Information

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