

Iowa Department of Human Services  
**NOTICE OF DECISION FOR MEDICALLY NEEDY**

DEPARTMENT OF HUMAN SERVICES

Co. No.

Notice Date

Wkr. No.

Worker Name

Phone No. \_\_\_\_\_

Case No. \_\_\_\_\_

**Only the boxes that are checked pertain to your case.**

*Contact your worker if you have any questions.*

Your County Department of Human Services will assist you in filing an appeal if you ask them. Or you may contact **Legal Services Corporation of Iowa** at 1-800-532-1275 or 243-1193 if you live in Polk County and need help with an appeal.

Due to a reported change, your certification period has been shortened. You are now conditionally eligible for Medically Needy. The corrected certification period is listed below. A medically needy brochure is attached. If, after reviewing the brochure, you have any questions about your spenddown or how to meet your spenddown, please call the county office listed above.

8-J Change Reported During the Month, 441 IAC 75.52(5)

Your (application/redetermination) for Medically Needy has been (approved or conditionally approved\*) for the following people:

Your certification period is from \_\_\_\_\_, through \_\_\_\_\_. The amount of your spenddown (deductible) is \$\_\_\_\_\_. Health insurance and Medicare premiums have been deducted. See attached worksheet for income calculations. The following people are not eligible or conditionally eligible for Medicaid, but are considered in the household as responsible relatives:

If you wish to continue receiving Medicaid after (date) \_\_\_\_\_, you will need to reapply.

8-J Definitions, Spenddown, 441 IAC 75.1(35)"a" and "i"

Your application for retroactive Medically Needy has been (approved or conditionally approved\*) for the following people:

Your retroactive certification period is from \_\_\_\_\_, through \_\_\_\_\_. The amount of your spenddown (deductible) for the retroactive certification period is \$\_\_\_\_\_. Health insurance and Medicare premiums have been deducted. See attached worksheet for income calculations. The following people are not eligible or conditionally eligible for Medicaid, but are considered in the household as responsible relatives:

8-J Definitions, Spenddown, 441 IAC 75.1(35)"a"; 75.25; 75.1(35)"i"

Since you have a spenddown (deductible), completed medical claim forms must be submitted by (date) \_\_\_\_\_. If your medical expenses are not verified by this date, you may be denied Medicaid benefits for the above certification period.

**\*If you are conditionally approved, you will not receive a Medical Assistance Eligibility Card for eligible family members until you have met your spenddown (deductible). You are legally responsible for those bills used to meet your spenddown (deductible).**

8-J Submitting Medical Expenses, 441 IAC 75.1(35)"f"

The following Medically Needy recipients are also eligible under the Qualified Medicare Beneficiary program:

Their Medicare premiums, co-insurance, and deductibles will be paid by Medicaid effective \_\_\_\_\_. This will occur even though spenddown may not be met. Eligibility shall be reviewed on an annual basis.

8-D Categorical Eligibility, 441 IAC 75.1(29)

The following Medically Needy recipients are also eligible under the Specified Low Income Medicare Beneficiary program:

Their Medicare premiums will be paid by Medicaid effective \_\_\_\_\_. This will occur even though spenddown may not be met. Eligibility shall be reviewed on an annual basis.

8-D Categorical Eligibility, 441 IAC 75.1(34)

## RIGHT OF APPEAL

If you are dissatisfied with any action or failure to act with regard to your application for Medicaid; with regard to the assistance you are now receiving; or because such assistance has been reduced, restricted, suspended, or canceled, you have the right to appeal. You may appeal **in writing** to the county office of the Department of Human Services.

You may present your appeal at the hearing yourself or have someone else present it for you. If you wish, you may be presented at the hearing by an attorney. However, there are no provisions for the Department to pay the attorney fee. Contact your worker for information regarding legal services that may be available in your area.

You may request an appeal objecting to this action resulting in reduction, restriction, suspension, or cancellation of Medicaid within ten calendar days or at any time before the effective date on this notice. If you do, this action will not affect your assistance, at least until the appeal decision or the end of your pre-established period of eligibility, whichever comes first, unless you request otherwise. Assistance paid before your appeal is decided may have to be paid back if the county office's action is found to have been correct.

When the request for a hearing regarding your Medicaid is made within 30 calendar days from the date of notification, a hearing shall be held. When the request for a hearing is made more than 30 calendar days but less than 90 calendar days, after the date of notification, the Director of the Iowa Department of Human Services shall determine whether a hearing shall be held. Any discussion between you and the county office does not extend this time period.

## POLICY ON NONDISCRIMINATION

This action was taken without regard to race, creed, color, sex, age, physical or mental disability, religion, national origin, or political belief. If you have reason to believe that you have been discriminated against for any of the reasons stated above, you may file a complaint with the Iowa Department of Human Services by completing a Discrimination Complaint form. Any Departmental office or the Department's Diversity Programs Unit can give you a form. You may also file a complaint with the Iowa Civil Rights Commission (if you feel you were treated differently **because of** your race, creed, color, national origin, sex, religion, or disability); or the United States Department of Health and Human Services, Office for Civil Rights.

Iowa Department of Human Services  
Diversity Programs Unit 1st Fl  
1305 E Walnut  
Des Moines IA 50319-0114

Iowa Civil Rights Commission  
211 E Maple St 2nd Fl  
Des Moines IA 50309-1858

US Department of Health and Human Services  
Office for Civil Rights Region VII  
Federal Building Rm 248  
601 E 12th St  
Kansas City MO 64106-2808