

HCBS AIDS/HIV ENROLLMENT CHECKLIST FOR INCOME MAINTENANCE

MAKE A COPY OF THIS CHECKLIST AND MAINTAIN IT IN THE CLIENT FILE AS RECORD OF THE STATUS OF THE APPLICATION. Refer to DHS Employees' Manual 8-N for further information.

Step 1. Applicant Requests HCBS AIDS/HIV Program

- Receive *Application for Medical Assistance or State Supplementary Assistance*, PA-1107-0, from applicant requesting HCBS AIDS/HIV program.

Note: An applicant may have an HIV C.A.R.E. case manager assist with the application. An applicant does NOT complete form SS-1120-0.

or

- Review most recent application if the client currently receives Medicaid. A person with an open Medicaid case does not have to complete a new application, unless the certification period will end before the application can be approved.

Note: When a Medicaid-eligible client does not complete a new application, the date the client signs Part B on form SS-1645 becomes the date of the application. (See Step 2.)

Note: A client may receive both in-home health-related services and HCBS AIDS/HIV services at the same time if there is no duplication in the services provided and this is documented in the case record. The client must meet the eligibility criteria for each program.

Step 2. Initiate SS-1645 and HIPP application

- Complete *Home- and Community-Based Service Report*, form SS-1645, parts A and B **OR** parts A, B, and D.
- Give the applicant Comm. 99, *The Iowa AIDS/HIV Health Insurance Premium Payment Program*.

Note: Disability determination is not applicable. IFMC confirms the diagnosis of AIDS/HIV (Step 5) and this is used in place of the disability determination. Go on to Step 3.

Step 3. Notify SW of Request and Obtain Assessment

- Phone, speed memo, or send a copy of SS-1645 to SW.

and either:

- Request SW complete *Home- and Community-Based Services Assessment or Reassessment*, SS-1644, and return to you.

or

- Make a copy of the completed SS-1644 received from the client and send to SW. (An HIV C.A.R.E. case manager may have helped the applicant complete SS-1644 before the appointment with the IM worker.)

Step 4. Send Information to Iowa Foundation for Medical Care (IFMC)

- Send SS-1645, with SS-1644 attached, to IFMC: Iowa Foundation for Medical Care
% HCBS AIDS/HIV Review Coordinator
6000 Westown Parkway, Suite 350E
West Des Moines, IA 50265-7771

Step 5. Receive SS-1645 With Level of Care Determination From IFMC

Note: If IFMC confirms a diagnosis of AIDS/HIV, IFMC determines or pends a level of care.

- Approved.** If IFMC determines a level of care, complete a resource attribution, if the applicant is married.

and

- Send the yellow copy of the SS-1645 to the SW and the gold copy to the applicant.

or

- Pended.** If IFMC sends you a copy of the SS-1645 with the message that the level of care decision is pended, you need to wait for IFMC to send you another level of care decision.

or

- Denied.** If IFMC denies level of care, send a *Notice of Decision* (NOD) to deny the application for HCBS AIDS/HIV.

Step 6. Consult With Service Worker

- Consult with SW to determine when the case plan might be completed.

and

- Review and finalize all income and financial eligibility factors and record in case file. Determine Medicaid eligibility for three months before the start date under another coverage group, if the client has unpaid bills.

and either

- Receive information from SW that client is eligible for services. Determine with SW the date the applicant is eligible for HCBS AIDS/HIV services. HCBS AIDS/HIV eligibility starts with the **latest** date of:

- ◆ The Medicaid financial eligibility date.
- ◆ The level of care effective date.
- ◆ The date the case plan is completed (signed by the SW) or effective.

or

- Receive written notice from SW stating reason client is ineligible for HCBS AIDS/HIV services.

If ineligible:

- Send an NOD to the applicant denying application **and** complete the RS-1238.

Step 7. Establish a Payment Structure for Regular Medicaid

- Make IABC entries. Enter in TD01 "info" line that the case is HCBS AH waiver.

and

- Enter one aid type as follows:

- ◆ If client is already eligible for Medicaid, client retains aid type.
- ◆ If client has Medically Needy aid type, review Medically Needy aid type to determine whether the client qualifies for the 300% group. If client qualifies only as Medically Needy and client is at the hospital level of care, use one of the following aid types:
 - 37-E, Medically Needy, over 300 percent, hospital level of care;
 - 37-F, Medically Needy, over 300 percent, refugee hospital level of care; or
- ◆ If client is eligible on basis of 300% group, use one of the following aid types:
 - 63-6, 300 percent, nursing facility level of care (SSI-D related)
 - 23-6, 300 percent, nursing facility level of care (SSI-B related)
 - 13-6, 300 percent, nursing facility level of care (SSI-A related)
 - 73-1, 300 percent, skilled nursing level of care
 - 73-4, 300 percent, hospital level of care (SSI related)

and

- Enter "B" on TD03 "Waiver" field.

and for facility aid types:

- Code the vendor number on TD05 as zero.

and

- notify the Division of Data Management, Quality Assurance (QA) Unit, by E-mail (or OV) that you are entering a waiver client into the system. Include the case number, state ID number, consumer name, and date the waiver begins.

Step 8. Establish a Payment Structure for Medicaid HCBS Services

- Complete the RS-1238. Consult with service worker to confirm HCBS AIDS/HIV service start date.

Note: HCBS AIDS/HIV service start date cannot be before eligibility start date in IABC system.

and

- Send an NOD to the applicant approving application.

and

- Send RS-1238 to the Division of Medical Services, service worker, and IFMC.

Step 9. Complete a New RS-1238 Whenever There are Changes

- Submit new RS-1238 to report changes such as aid type, HCBS AIDS/HIV ends, etc. When the client enters a medical facility, process the RS-1238 before making the facility entries on the IABC system.