

## HCBS IH ENROLLMENT CHECKLIST FOR INCOME MAINTENANCE

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

### First Application (Steps 1-5)

#### Step 1. Applicant Requests HCBS III and Handicapped Program

- Receive completed form PA-1107-0, *Application for Medical Assistance or State Supplementary Assistance*, from person requesting HCBS IH program.

*or*

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

**Note:** When a Medicaid-eligible consumer does not complete a new application, the date the consumer signs part B on form SS-1645 becomes the date of the application.

**Note:** If a consumer is eligible for Medicaid other than through Medically Needy or State Supplementary Assistance in-home health-related services, deny the application for the IH waiver. Consumers receiving IHHRC must choose between that program and the waiver. (See 8-N, **Ineligible for Medicaid.**)

#### Step 2. Preserve HCBS IH Payment Slot

Place the applicant's name on the Division of Medical Services waiting list to obtain a log number and to determine if a payment slot is available.

- E-mail Brenda Lundgren to place the applicant's name on the Division of Medical Services waiting list and obtain a log number, regardless of the waiver applicant's Medicaid eligibility status.

The information to include in the e-mail is the applicant's name, address (street or RR, town or city and zip code) social security number, application date, county number, and birthdate. If the applicant is age 21 or under, provide the name and telephone number of the applicant's parents or legal representative. For all applicants, indicate whether a disability determination has been completed, has just been initiated, or is in process. Include your own phone number. Your name will be on the e-mail.

Send the e-mail by the end of the second working day after receipt of a completed Application or request for the IH waiver.

- Wait for a response from the Division of Medical Services to learn if you need to process or deny the application. If you need to process the application, go to steps 5 and 6 and then go to the actions for the second application. If you need to deny the application, go to step 3.

#### Step 3. Deny the Application if No Slot Available

- Complete PA-3102-0, *Notice of Decision*, and reject the application on the basis of 8-N, **Limit on Number of Recipients**.
- Determine other Medicaid programs for which the applicant is eligible, if any.

#### **Step 4. Refer Applicant to Apply for SSI**

- Refer the applicant to apply for SSI if the applicant would be eligible. If the applicant applies for SSI, obtain proof of approval or denial for SSI. If SSI is approved, send PA-3102-0, *Notice of Decision*, to deny application for HCBS IH program. If SSI is denied on the basis of income, move on to Step 6.

#### **Step 5. Disability Determination**

Necessary for SSI-related applicants. If an old disability determination has been done, check on the diary date. If the diary date has not passed, a new disability determination is not necessary. If disability has not been established, complete a disability determination through DDS unless an SSI application is pending. (Refer to 8-C).

- Complete 470-2465, *Disability Report*. Under "allegations," write in primary disability reported to you. **and**
- Complete 470-2472, *Disability Transmittal*, and send to DDS with 470-2465 and any documentation supporting disability that is readily available to you, such as evaluations, psychological tests, AEA information, and doctor's statements. Including this information may speed up the DDS process.

**Note:** Keep a photocopy of everything sent to DDS.

- If disability is denied, send NOD to consumer and complete form RS-1238.

#### **Second Application**

**Step 1.** Receive notice from Division of Medical Services when the applicant's name is one of the approved number (500) that may be served by the waiver.

**Step 2.** Contact the applicant to apply for the waiver (or continue to process the first application if a payment slot is available when you request a log number).

- Persons without an open Medicaid case must complete and sign form PA-1107-0, *Application for Medical Assistance or State Supplementary Assistance*.

**or**

- Complete form SS-1645, *Home- and Community-Based Service Report*, parts A and B **or** parts A, B, and D.

#### **Step 3. Check for Elderly Waiver Eligibility, When Applicable**

- Verify the consumer's age and that the county is not served by the elderly waiver.

**or**

- Refer applicant to elderly waiver.

#### **Step 4. Obtain a Disability Report**

- Locate the SDX or disability report and review to determine if the applicant is disabled. (See First Application, steps 4, and 5.)
- Reject the application of applicants who do not meet disability criteria.
- Determine other Medicaid programs for which the applicant is eligible, if any.

### Step 5. Notify SW of Application and Request SS-1644 When Applicable

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

**and either:**

- For applicant age 22 or over, request the SW to complete form SS-1644, *Home- and Community-Based Services Assessment or Reassessment*, and send completed SS-1644 to you.

**Note:** You may wait for the results of the disability determination before referring the applicant to SW for assessment.

**or**

- For applicant age 21 or under, receive the SS-1644 from the Child Health Specialty Clinics completed. (CHSC is notified by the Division of Medical Services and completes the SS-1644 for all applicants age 21 or under.)

**but**

- If you receive a written statement from CHSC or the DHS service unit, that they are unable to obtain the information necessary to complete the assessment, send the applicant a *Notice of Decision* denying waiver services.

### Step 6. Send Information to Iowa Foundation for Medical Care (IFMC)

**Note:** Wait for the results of the disability determination before forwarding the SS-1645 and SS-1644 to IFMC.

**Note:** The CHSC may attach medical information to the SS-1644 for you to forward.

- Send SS-1645 to IFMC, with form SS-1644 attached to:

Iowa Foundation for Medical Care  
% HCBS IH Review Coordinator  
6000 Westown Parkway, Suite 350E  
West Des Moines, IA 50265-7771

### Step 7. Receive SS-1645 With Level of Care Determination From IFMC

- Complete resource attribution, if applicant is married.

**and**

- If IFMC approves level of care, send the yellow copy of the SS-1645 to the SW and the gold copy to the applicant. The applicant may request reconsideration of the level of care.
- If IFMC denies level of care, send a *Notice of Decision* (NOD) to the applicant to deny the application for HCBS IH, complete and distribute form RS-1238, and send the gold copy of the SS-1645 to the applicant. The applicant may request reconsideration of the level of care.

### Step 8. Consult with Service Worker

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

**and**

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

**and either:**

- Receive information from SW that consumer is eligible for HCBS IH services. Determine with SW the date the applicant became eligible for HCBS IH services. HCBS IH 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 or effective.

**or**

- Receive written notice from SW stating reason consumer is ineligible for HCBS IH services.  
**If ineligible, also:**
- Send an NOD to the applicant denying application and complete RS-1238.

**Step 9. Establish a Payment Structure for Regular Medicaid**

- Make IABC entries. Enter in TD01 “info” line that the case is HCBS IH.  
Use only the following aid types:
  - 24-5 Blind, NF or SNF level of care
  - 64-5 Disabled, aged, NF or SNF level of care
  - 73-3 ICF/MR level of care

**and**

- Enter “A” on TD03 “Waiver” field.

**and** if the aid type is 73-3:

- Code the vendor number on TD05 as zero.

**and**

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

**Step 10. Establish a Payment Structure for Medicaid HCBS Services**

- Complete the RS-1238. Consult with service worker to confirm HCBS IH service start date. Send RS-1238 to the Division of Medical Services, the service worker, and the IFMC.  
**Note:** HCBS IH service start date cannot be before eligibility start date in IABC system.

**and**

- Send an NOD to the applicant approving application.

**Step 11. Complete a New RS-1238 Whenever There are Changes**

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