



Interoffice Memo

Date: February 3, 2003

To: *State Payment Program Manager*
DHS, 1305 E Walnut, 5th Flr SW, Des Moines IA 50319-0114

From:

Subject: New application for *State Payment Program*
 Reapplication for *State Payment Program*
for

Enclosed please find the signed 470-0604 (Rev. 9/01) application for the *State Payment Program*, and a completed SRS form 470-0555. In addition, I have enclosed reports documenting the applicant's diagnosis and evaluation, lack of legal settlement, and an Individual Case Plan for the applicant.

The applicant is in need of _____ through _____.

If the consumer's *primary diagnosis* is **MI** or **CMI**, this provider (check one):

- Has a valid contract with Merit Behavioral Care of Iowa (MBCI).
- Is applying for a contract with MBCI (call 1-800-638-8820).

OR

If the consumer's *primary diagnosis* is **MR** or **DD**, this provider (check one):

- Has a valid special MH/MR contract 15- - with DHS.
- Is applying for a special MH/MR contract with DHS and would be approved for use by this individual according to the approved County Management Plan.

The applicant has not gained legal settlement in any Iowa county as shown by the enclosed documentation. The requested services are in the approved _____ County Plan to be funded for people with _____ and these would be paid from _____ County if the applicant had legal settlement here. The applicant meets the eligibility guidelines of the _____ County Plan.

The applicant (check one) is not blind is blind.

This applicant (check one) does not have a copayment has a copayment requirement of _____ per _____.

I may be contacted at _____.