Application: Presumptive Health Care Coverage for Children

Presumptive Health Care Coverage

Do you have children in your home under the age of 19 that need medical care now? If you answered yes, the Presumptive Health Care Coverage program provides temporary medical coverage for your children while your Medicaid application is being processed.

Eligibility for Presumptive Health Care Coverage is based on your statements about:

- Your family income
- Living in Iowa
- Who's in your household
- The citizenship or qualified alien status of your children

Step 1: Fill out the attached application. Answer as many questions as you can. If you need help filling out the application, please ask.

Step 2: Return the application as soon as possible. The person who processes the application and decides if your children can get Presumptive Health Care Coverage is called "the qualified entity."

Step 3: The qualified entity will give you a notice in writing within 2 days that tells you if your children can get Presumptive Health Care Coverage. If eligible, coverage begins on the day the application is received. If coverage is approved, take the notice to your medical providers when your children need services to show that they are eligible for Medicaid under the Presumptive Health Care Coverage program.

Step 4: The qualified entity will send your application to the Department of Human Services (DHS) for a formal Medicaid eligibility determination. The application will be sent to DHS even if your children are not eligible for Presumptive Health Care Coverage. The DHS worker will send you a letter telling you what information they need to make a decision on your children's eligibility for ongoing Medicaid coverage.

You will be asked to give proof:

- Of the money people in your household get from jobs or other benefits. Examples of proof are pay stubs, self-employment records, and award letters.

- Of the identity of the children for whom you are applying. Examples of proof are photo IDs such as a driver's license, school ID card, and government-issued ID cards.

- That the children for whom you are applying are U.S. citizens, nationals, or eligible immigrants. Examples of proof are birth certificates, passports, and alien documentation cards.

If other proof is needed, you will be given time to get it. If you need help, ask your DHS worker.

When Does Coverage Start?

Presumptive Eligibility and Medicaid

The qualified entity will give you a notice in writing within two days that tells you if your children are presumptively eligible for health care coverage. If eligible, coverage begins the date your application is received.

For ongoing Medicaid, you will get a notice of decision telling you if you will get help within 30 days of the date your application is sent to DHS. If eligible, coverage begins the first of the month when your application was received. Eligibility could go back three months from when your application was received if your children had medical bills in any of those months and if they are eligible.

What Do Our Terms Mean?

We use these terms on the application. This is what they mean.

Alien	A person who is not a U.S. citizen.
Eligible	Meeting all of the program guidelines.
Head of Household	The person filling out the application. This is usually the parent or guardian or someone acting as parent or guardian. People in the household are shown in how they are related to the head of household.
Household	A group of people who live together.
Nonqualified Alien	An alien who is lawfully admitted to the United States for a specific temporary reason (such as visitors for work or vacation, exchange students, temporary workers).
Ongoing Medicaid	DHS determines eligibility for Medicaid. If approved, Medicaid continues until you are found to no longer be eligible. Medicaid pays approved medical services.
Presumptive Health Care Coverage	Temporary or a short term period of Medicaid eligibility that pays for medical services while a formal Medicaid decision is being made by DHS.
Qualified Alien	An alien who is lawfully admitted to the United States and has the privilege of residing permanently or indefinitely in the country. Being "qualified" does not necessarily mean that the person is eligible for Medicaid.
Qualified Entity	A person who has authorization to make Presumptive Health Care Coverage determinations.
Resources	Cash (money) or anything that can be changed to cash. Examples: Cash on hand, bank accounts, vehicles, stocks, bonds, CDs, trust funds, annuities, retirement accounts, mutual funds, real estate, burial contracts, etc.
Undocumented Alien	An alien who is in the United States without papers or proof of status.

Application: Presumptive Health Care Coverage for Children

Tell Us About

Please tell us who you are and how we can reach you. A parent or guardian, or someone acting for the parent or guardian, may apply for the children. Teens who do not live with a parent or guardian may apply for themselves. The person listed as the applicant is the person who will get any mail we send.

Name	Telephone Number ( )		
Social Security Number (optional for adults)	Birth Date		
Street Address	City	State	Zip Code
Mailing Address (if different)	City	State	Zip Code
What language do you speak? ☐ English	☐ Spanish	☐ Other	

I understand that this application will be sent to DHS to find out if I can get ongoing Medicaid for my children. I understand that if the children on this application are not eligible for Medicaid, this application may be referred to the *hawk-i* program to see if the children could get *hawk-i* health care coverage.

Your Signature

I certify, under penalty of perjury, that:

- The answers I am about to give are correct and complete to the best of my knowledge.
- My answer about citizenship or alien status of each person applying for assistance is correct.

Your Signature or Mark	Today's Date		
Signature of Person Who Helped Complete Form, if Helped	Today's Date		
Print Name of Person Who Helped Complete Form	Phone Number ( )		
Mailing Address of Person Who Helped Complete Form	City	State	Zip Code

Starting on the next page, list all the people who live in your home. Start with yourself. Mark the box **yes** or **no** to show if you are applying for that person. **Please use another sheet of paper, if needed.**

Answer the questions about everyone in your home.

Exception: Grandparents and others applying only for children that are not your own. Answer the remaining questions only about the children, not yourself.

	Person 1 (Head of Household)	Person 2	Person 3	Person 4	Person 5
Name (first, last)					
Applying for?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Relationship to head of household	Self				
Is this person a parent (biological, adoptive, step) of any child being applied for?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Gender	☐ Male ☐ Female	☐ Male ☐ Female	☐ Male ☐ Female	☐ Male ☐ Female	☐ Male ☐ Female
Birth date					
Social Security Number					
Medicaid state ID number (if known)					
U.S. citizen?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
If alien, list status					
Ethnicity (optional)	☐ Hispanic/Latino ☐ Not Hispanic/ Latino	☐ Hispanic/Latino ☐ Not Hispanic/ Latino	☐ Hispanic/Latino ☐ Not Hispanic/ Latino	☐ Hispanic/Latino ☐ Not Hispanic/ Latino	☐ Hispanic/Latino ☐ Not Hispanic/ Latino
Race (optional)	☐ White ☐ Black or African American ☐ Asian ☐ American Indian/Alaskan Native ☐ Native Hawaiian/ Pacific Islander ☐ Other	☐ White ☐ Black or African American ☐ Asian ☐ American Indian/Alaskan Native ☐ Native Hawaiian/ Pacific Islander ☐ Other	☐ White ☐ Black or African American ☐ Asian ☐ American Indian/Alaskan Native ☐ Native Hawaiian/ Pacific Islander ☐ Other	☐ White ☐ Black or African American ☐ Asian ☐ American Indian/Alaskan Native ☐ Native Hawaiian/ Pacific Islander ☐ Other	☐ White ☐ Black or African American ☐ Asian ☐ American Indian/Alaskan Native ☐ Native Hawaiian/ Pacific Islander ☐ Other

	Person 1 (Head of Household)	Person 2	Person 3	Person 4	Person 5
Name (first, last)					
Currently on Medicaid?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Currently on *hawk-i*?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Other health insurance available?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No

Your answers to these next questions will not impact the presumptive eligibility decision. These answers are needed for DHS to make a decision for ongoing Medicaid.

	Person 1 (Head of Household)	Person 2	Person 3	Person 4	Person 5
Disabled?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Pregnant?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Pays child support for someone living with you?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Pays day care for a child or disabled adult?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Got medical care in the past three months (such as doctor or emergency room visits)?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Currently on benefits in another state?	☐ Yes Which state? ________ ☐ No	☐ Yes Which state? ________ ☐ No	☐ Yes Which state? ________ ☐ No	☐ Yes Which state? ________ ☐ No	☐ Yes Which state? ________ ☐ No
Has resources?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No

Income

You must tell us about all of the money the people in your household get. If you leave a space blank, we will take that to mean there is no money of this kind. Please use another sheet of paper, if needed.

Where the Money Comes From	Who Gets the Money	Amount Per Month
Money From Work Before Taxes (Gross) – 1st Job		
Money From Work Before Taxes (Gross) – 2nd Job or 2nd Person Working. (If more than two jobs, list on a separate sheet of paper.)		
Self-Employment or Odd Jobs		
Tips, Bonuses, or Commissions		
Unemployment or Worker's Compensation		
Social Security benefits or SSI		
Veterans Benefits, Pensions, or Retirement		
Child Support or Alimony		
Money from Friends or Relatives		
Money from Interest or Dividends		
List Other Income:		

Your Appeal Rights

For Presumptive Health Care Coverage, you do not have the right to appeal the eligibility decision because Presumptive Health Care Coverage is not a formal determination for ongoing Medicaid coverage.

When your application is processed for Medicaid by DHS, you will have the right to appeal the eligibility decision. You or the person helping you may request an appeal hearing if you do not agree with any action taken on your case.

Instructions on how to appeal will be on your notice of decision from DHS.

You Will Not Be Discriminated Against

It is the policy of the Iowa Department of Human Services (DHS) to provide equal treatment in employment and provision of services to applicants, employees and clients without regard to race, color, national origin, sex, sexual orientation, gender identity, religion, age, disability, political belief, or veteran status.

For assistance or consultation you may contact the IDHS Office of Human Resources. Complaints should be filed promptly, but in most instances, no later than 180 days of the alleged discriminatory act. If you feel you have been discriminated against or harassed, please send a letter detailing your complaint to:

Iowa Department of Human Services, Office of Human Resources, Hoover Building – 1st Floor, 1305 E. Walnut, Des Moines IA 50319-0114; fax (515) 281-4243 or via e-mail stopit@dhs.state.ia.us

KEEP THIS PAGE

Things You Need to Know

Your application will be sent to DHS to see if your children are eligible for ongoing Medicaid coverage.

We Check What You Tell Us

The information you give may be checked by federal, state and local officials to make sure it is true. Things that might be checked are any listed person's: social security number, job and pay, alien status, and amounts received from other sources like Social Security or unemployment. If any information you give us is not correct, your application may be denied.

Records from other states may also be checked to see if anyone is getting benefits from another state.

Information you give is checked against data in computer systems like the State Income and Eligibility Verification System. If the information is different, DHS must check to find out what is correct. Information might be checked by contacting your employer, bank, or other people. DHS will ask for your permission before checking with other people to verify information.

Reporting Changes

When a change happens, you must tell DHS about it within 5 working days. This includes changes:

- In income, including lump sum or one-time payments, such as past due child support, inheritances, or settlements
- In the people living in your home
- In health insurance coverage
- When you file an insurance claim or get an attorney to recover bills paid by Medicaid
- In your mailing or living address

Some of your expenses may be used to see if you are eligible for Medicaid. If you do not report or give proof of some expenses, you choose not to claim the expense. You can report and give proof later, and the expense can be used for future months.

Social Security Number Information

You can get help only for children who have a social security number or proof that they have applied for a number from the Social Security office. There are some exceptions to this. Please ask if you have questions.

You don't have to give us the social security number for people in your household for whom you do not want help, unless you want to. DHS will use any social security number given in the same way the social security number of people getting assistance is used.

We will not give any social security numbers to the Citizenship and Immigration Service.

This is required by Section 1137(a)(1) of the Social Security Act and 42 CFR 435.910. We use social security numbers to check income, eligibility, match records with other agencies, and comply with federal law.

Immigration Status

You will be asked about the immigration or "alien" status of the children for whom you are applying. You can apply for part of your household even if some members do not have lawful immigrant status. For example, parents who do not have lawful immigrant status may apply for their children who are U.S. citizens or qualified aliens.

DHS may check your household's alien status with the Citizenship and Immigration Service. Any information from the Citizenship and Immigration Service may affect that individual's benefits. Citizenship and Immigration Service will not be contacted about people you do not apply for. However, their income may be used to see if the rest of the household can get Medicaid.

By signing this application, you give your permission for DHS to share

- Your medical and other health care records with federal and state officials.
- The status of your Medically Needy case, the amount of your spenddown, and the bills used to meet your spenddown with the provider whose bills are being used.
- The information on your application for Home- and Community-Based Services (HCBS) waivers with the chosen case management agency or with the Iowa Department of Public Health (IDPH) Brain Injury Services Program manager (for HCBS brain injury waiver applications).
- The filing date of your application with your nursing facility.

By signing this application, you give your permission for your medical provider to share

- Your medical history with a Health Maintenance Organization (HMO), Primary Healthcare Provider (PHP), or other managed care provider.
- Information with Iowa Medical Enterprise (IME) Medical Services Unit to certify a medical need for certain medical assistance programs or services.

Your signature means you agree to assign medical payments from a third party to the Medicaid agency for yourself and others who are eligible for Medicaid for whom you legally can assign benefits. You also agree to cooperate in obtaining medical payments from third parties.

Other Things You Need to Know

- DHS may give your answers to law enforcement officials to catch persons fleeing to avoid the law.
- The Quality Control (QC) unit or Investigations unit may review your case. They may contact other people or organizations to get proof of your information. By signing this application, you give permission to release confidential information to the QC unit or Investigations unit. You must cooperate with them to keep your benefits.
- You will have to pay back any benefits you got or that were paid to a third party on your behalf for which you were not eligible.
- Section 1128B of the Social Security Act provides federal penalties for fraudulent acts and false reporting in connection with these programs.
- Anyone who gets, tries to get, or helps any other person get assistance to which they are not entitled, is guilty of violating the laws of the state of Iowa. This includes, but is not limited to, Iowa Code Chapters 239B, 243, 249, and 249A.