

Appendix A for Health Coverage

Complete this section if you or someone in the household is aged (65 and older), blind, or disabled.

Name of Person Requesting Services	Marital Status	Date of Birth	Social Security Number

Please indicate if you or someone in the household is in need of any of the following coverage:

- Help paying your facility costs (nursing facility, PMIC, skilled facility)
- Services to remain in your home (includes assisted living)
- AIDS/HIV waiver – No age limit and diagnosis of AIDS or infected with HIV
- Brain Injury waiver – At least 1 month old and diagnosis of brain injury
- Children’s Mental Health waiver - Under age 18 and diagnosis of serious emotional disturbance
- Elderly waiver – Age 65 or older and in need of nursing or skilled level of care
- Health and Disability waiver – Under 65 and determined disabled
- Intellectual Disability waiver – No age limit and diagnosis of an intellectual disability
- Physical Disability waiver – Between 18 and 64 with a Physical disability
- Program for All-Inclusive Care for the Elderly (PACE) – Age 55 or older, live in a PACE county and meet Level of Care
- Assistance paying Medicare premiums
- State Supplementary Assistance (residential care facility, in-home health-related care, dependent person)
- Help paying for a hospital stay of 30 days or more.
- Other

PLEASE PROVIDE VERIFICATION OF ALL ITEMS YOU MARK BELOW (copies, not originals).

If you have more information to report, please use an additional sheet of paper.

- I. **Income** – Tell us about any additional sources of income for each individual in your household, such as child support, veteran’s payments, Black Lung, Railroad, Supplemental Security Income (SSI), worker’s compensation, interest, alimony, and dividends, etc.

Name of Person with Income	Income Type	Amount	How often received?

2. **Resources** – Tell us about all resources for each individual in your household, including cash on-hand, checking and savings accounts, social security debit card, stocks, bonds, mutual funds, annuities, safe deposit box, 401ks, IRAs, CDs, etc.

Name of Owner of Resource	Resource Type	Name/Location of Financial Institution	Account	Current Value

3. **Motor Vehicles** – Tell us about all the vehicles owned for each individual in your household, even if the vehicle is not in working condition.

Owner	Year/Make/Model	Fair Market Value	Amount Owed

4. **Unmet Medical Expenses** – Tell us about all medical expenses for each individual in your household not being reimbursed by a third party.

Name of Person with Unmet Medical Expenses	Type of Medical Expense	Amount	How often incurred?

5. **Burial/Funeral** – Tell us about all burial plots, burial or funeral funds, or burial contracts for each individual in your household.

Type	Location	How Many/ For Whom	Current Value

To speed up the processing of your application, you may provide verification of the following with your application. If verification is not submitted with the application, you may receive a letter indicating what we need before we can process your application.

For anyone who is applying and is not a U.S. citizen:

- **Immigration status**

Proof can be an alien identification card (green card, I-551, I-94), visa, passport, or documents from Immigration Services

Send verification for those individuals who are:

- **Working**

Pay stubs from the last 30 days or a written statement of earnings from your employer if you do not have pay stubs.

- **Self-employed**

Most recent income tax returns and all related schedules or business records if taxes are not filed.

- **Getting other income**

(This includes child support, veteran's payments, Black Lung, Railroad, worker's compensation, interest and dividends, cash received from friends or relatives, pension, etc.) A statement from the person or company that issues the income, copy of checks (showing gross income amount), award letter, tax forms, court order, or other documents from the last 30 days or most current received.

Send verification for anyone who is 19 or older for the last 90 days from the date you are completing the application:

- **Bank accounts**

Recent bank statements or written statement from bank showing current balance or value of accounts.

- **Property**

Property tax statement. Include documents showing amount owed against the property.

- **Burial/funeral contracts**

Burial contract and statement of goods and services from the company or funeral home that holds the contract.

- **Other resources**

Includes stocks, bonds, mutual funds, annuities, safe deposit box, 401ks, IRAs, CDs, vehicles, etc.

- **Life insurance policies**

Face and cash value, bonds, annuities, trusts, stock ownership statements, or other documents showing value of asset. Include documents showing current loan balance owed against the asset.

- **Unmet medical expenses**

Billing statements, pharmacy statements, medical transportation.

Send copies of proofs. Do not send original documents.

Addendum to Application and Review Forms for Release of Information

OPTIONAL Release of Information

Help Us Help You!

You do not have to sign this, but it will help us get information we need to help you, without having to get your signature on specific requests.

You should know that:

- We may need more information to decide if you can get assistance.
- If more information is needed from you, you will get a letter telling you what we need and the date you must get it to us.
- You are responsible to get the information or to ask us for help to get it.
- If you do not give us the information or ask for help by the due date, your application may be denied or your assistance may stop.
- We may be able to use the release below to get the information we need. **But you still have to provide information we request or ask us for help.**
- We may attach a copy of this release to a form that asks other people or organizations (like your employer) for specific information needed about you or others in your household.

Print and sign your name below to give us permission to get needed information.

RELEASE OF INFORMATION

I hereby authorize any person or organization to give the Iowa Department of Health and Human Services requested information about me or other members of my household.

A copy of this release is as valid as the original.

This release does not apply to protected health information.

This release is good for 12 months from the date signed.

Your Name (please print clearly)

Other Adult Name (please print clearly)

Signature or Mark

Signature or Mark

Date

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Rights and Responsibilities

When you get Medicaid from the Department of Health and Human Services (HHS), you have the following rights and responsibilities.

Note: “Medicaid” on this form means any HHS medical assistance program including Medicaid, Healthy and Well Kids in Iowa (Hawki), Iowa Health and Wellness Program (IHAWP), State Supplementary Assistance (SSA), and Refugee Medical Assistance (RMA).

What Are My Rights?

You have the right to:

- Apply for any program.
- File an application online, by phone, by mail, by fax, or in person at your county HHS office.
- Have someone help you apply.
- Have all of your questions answered.
- Get information about the programs you applied for and any other HHS program that you may be able to get.
- Be sent a notice within 45 days of the day we get your application telling you if your application was approved.
- Have information about you and your family kept private as required by law.
- Have your expenses used to figure your eligibility or the amount of assistance you get by reporting your expenses, and giving proof if we ask you to. If you do not report or give proof of your expenses when asked, you choose not to claim the expense. You can report and give proof later to have an expense used for future months.
- Be treated equally without regard to race, color, national origin, sex, sexual orientation, gender identity, religion, age, disability, political belief, or veteran status. If you feel we have discriminated against or harassed you, send a letter detailing your complaint to: HHS, Office of Human Resources, Hoover Building – 1st Floor, 1305 E. Walnut, Des Moines IA 50319-0114 or via email at contactdhs@dhs.state.ia.us.
- Appeal any decision you do not agree with by following the directions on the last page of this form.

What Are My Responsibilities?

- You must tell us the truth.
 - Section 1128B of the Social Security Act provides federal penalties for fraudulent acts and false reporting in connection with Medicaid 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 249, 249A, 249N, and 514I.
 - Giving wrong information on purpose may result in us taking criminal or civil legal action against you.
 - You will have to pay back any benefits paid in error for you or anyone you apply for. You may be liable for the full amount of any payments made, including payments made to the health and dental plan in which the person was enrolled.
- You must tell us within 10 days about any changes that may affect your eligibility. This includes changes such as:
 - Mailing or living address.

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- Starting or stopping a job or any other income (including lump sum payments, past due child support, inheritances, settlements, or cash medical support).
- Someone moving in or out of your home.
- Resources or assets, including getting an inheritance.
- Changes in any other health insurance coverage (including employer-sponsored insurance, Medicare, etc.).
- Filing an insurance claim or getting an attorney to recover bills paid by Medicaid.

To report a change:

- Call 1-877-347-5678, or
 - Email IMCustomerSC@dhs.state.ia.us, or
 - Fax information to 1-877-238-0015.
- You must apply for and accept any other benefits and medical assistance coverage that you may be able to get.
 - You must give us information and give us proof when we ask for it.
 - You must fill out review forms when you are asked to.
 - You must cooperate with Quality Control (QC) and the Department of Inspections and Appeals (DIA). They may contact other people or organizations to get proof of your information. By signing the application, you give permission to release confidential information to QC or DIA.
 - If any child applying for or receiving Medicaid has a parent living outside the home, you must cooperate with the agency that collects medical support from an absent parent. If you think that cooperating to get medical support will harm you or your children, you can tell us and you may not have to cooperate.
 - You must cooperate with the Health Insurance Premium Payment (HIPP) Program and enroll in a health plan through your employer, if we ask you to. Visit <https://hhs.iowa.gov/programs/welcome-iowa-medicaid/fee-service/hipp> for explanation.
 - You must 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 can legally assign benefits, cooperate in getting medical payments from third parties, give the Medicaid agency rights to pursue and get medical support from a spouse, and give the Medicaid agency rights to pursue and get money from other health insurance, legal settlements, or other third parties.
 - If you get money from another person or an insurance company to pay your medical bills, you must give that money to HHS if Medicaid paid the bill. This will be used to repay bills that Medicaid paid for you.

This permission ends when your Medicaid stops.

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Other Things You Need to Know

- HHS will provide documents or claim forms describing the services paid by Medicaid upon your request or the request of an attorney acting on your behalf. Such documents may also be provided to a third party, when necessary, to establish the extent of the HHS's claim for reimbursement.
- If the State of Iowa was made the remainder beneficiary on an annuity in order for you to qualify for Medicaid payment of long-term care, the State of Iowa will get any benefits remaining in the annuity, up to the amount of the Medicaid benefits paid.
- If you become enrolled in a managed health care plan, you consent to disclosure of medical information, including any clinical mental health or substance abuse information, by your medical providers to the PCP, other managed care providers, or to the authorized administrative body contracted by the managed care provider to determine appropriateness, quality, or utilization of services you received while enrolled in managed health care. A medical certification from Iowa Medicaid is needed for certain medical programs. Payments on any future unpaid medical services will be paid directly to the doctors and medical suppliers under the Medicare Insurance Program (Medicare Part B).

We Check What You Tell Us

The information you give us may be checked by federal, state, and local officials to make sure it is true. Things we might check include any listed person's: social security number, job and pay, bank account amount, immigration or alien status, and amounts received from other sources like Social Security or unemployment. If any information you give us is not correct, we may ask you to send us proof or we may deny or cancel your benefits.

We may check records from other states to see if any person in your household can get benefits in Iowa. This may be because a person was disqualified from a program in another state.

As part of the eligibility determination process, we may need to retrieve your information from sources like the Internal Revenue Service (IRS), Social Security Administration (SSA), the Department of Homeland Security, Asset Verification System (AVS), and the state Income and Eligibility Verification System. If something you told us is different from what the computer systems tells us, we will check to find out what is correct. We might check your information by contacting your employer, your bank, or other people. To do this kind of checking with your employer, bank, or other people, we will ask you first. Such information may affect your household's eligibility and level of benefits.

The authorization to use AVS database is in effect for as long as the Department is determining eligibility, the individual is a Medicaid recipient, or the applicant or recipient revokes the authorization. If refusal or revocation of the authorization is submitted, the Department may, on that basis, determine the applicant or recipient ineligible for medical assistance.

Information About Requiring a Social Security Number

We can give help only to people who give us their social security number (SSN) or proof of application from the Social Security office, and we will deny assistance to the people for whom you do not give us a SSN. There are some exceptions to this. Please ask us if you have questions.

You don't have to give us the SSN for people in your household who you do not want help for, but you can choose to give us their SSN to speed up processing your case. We will use any SSN given to us in the same way we use the SSN of people getting assistance. As required by Section 1137(a)(1) of the Social Security Act and 42 CFR 435.910, we use SSNs to check income/eligibility/payments, determine a person's right to Medicaid, comply with federal law, and match records with other agencies.

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Information About Immigration Status

You can apply for part of your household even if some members do not have lawful immigration status. For example, parents who do not have lawful immigration status may apply for their children who are U.S. citizens or qualified aliens. You may need to give proof of immigration status or U.S. citizenship for each person in your household for whom you apply.

When you tell us a person applying has eligible immigration status, that person's immigration status is checked with the Department of Homeland Security, and this will require submission of certain information from your application or review form. Any information we get from the Department of Homeland Security may affect your household's eligibility and level of benefits. We will not contact the Department of Homeland Security about people you do not apply for. However, we may use their income and assets to see if the rest of the household can get help.

Information About Estate Recovery

Federal law requires Iowa to have an estate recovery program. If you get Medicaid, you may be subject to estate recovery. This means any Medicaid funds used to pay for your healthcare, including the **full** monthly fee paid to a Managed Care Organization (MCO), including medical and dental, even if the plan did not pay for any services, will need to be paid back from your estate after your death. Estate recovery applies if you get Medicaid and are:

- Age 55 or older, or
- Are under age 55 and live in a medical facility and cannot reasonably be expected to return home.

For more information, call the Iowa Medicaid Estate Recovery Program at 1-877-463-7887 or go online to: <http://dhs.iowa.gov/sites/default/files/Comm123.pdf> (English) or <http://dhs.iowa.gov/sites/default/files/Comm123S.pdf> (Spanish).

By signing an application/review form, you give your permission for HHS 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 spend down, and the bills used to meet your spend down with the provider whose bills are being used.
- The premium due date for Medicaid for Employed People with Disabilities (MEPD), IHAWP, DWP, and Hawki with your medical provider.
- 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 Health and Human Services (HHS) Brain Injury Services Program manager (for HCBS brain injury waiver applications).
- The filing date of your application with your nursing facility.

By signing an application/review form you:

- Give permission for your medical provider to share your medical history with a PCP, other managed care providers, or the authorized administrative body contracted by the managed care provider to determine appropriateness, quality, or utilization of services you received while enrolled in managed health care.
- Give permission for your medical provider to share information with IME Medical Services Unit to certify a medical need for certain medical assistance programs or services.

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Information for those Applying for WIC or Maternal and Child Health Services

- A declaration of income and persons in your family and living in your household is necessary to ensure that federal and state funds are directed to those persons least able to secure services from other sources.
- The Maternal and Child Health Director of the Iowa Department of Health and Human Services, the WIC Director, or their designees shall have access to all information available from records maintained by the agency providing maternal health, child health, or WIC services.

Information for those Applying for Presumptive Medicaid Services

- Your answers to some questions will not impact the presumptive Medicaid eligibility decision. These answers are needed for HHS to make a decision for ongoing Medicaid only.
- If you are only applying for presumptive Medicaid, not all of your information will be checked against data in computer systems.
- If you choose to have your application forwarded to HHS for an ongoing Medicaid determination, HHS will verify income, citizenship, immigration status, identity, and other information as necessary.
- All presumptive Medicaid is granted on a daily basis and may be terminated on any given day, without notice, once it is determined that the individual is no longer presumptively eligible.
- Appeal hearings are not granted for presumptive Medicaid.

How to Appeal

You, or the person helping you, may request an appeal hearing if you do not agree with any action taken on your case. You can appeal in person, by phone, or in writing. To appeal in writing do one of the following:

- Fill out an appeal electronically at https://secureapp.dhs.state.ia.us/dhs_titan_public/appeals/appealrequest, or
- Write a letter telling us why you think a decision is wrong, or
- Fill out an Appeal and Request for Hearing form. You can get this form at your county HHS office.

Send or take your appeal to the HHS, Appeals Section, 5th Floor, 1305 E Walnut Street, Des Moines, IA 50319-0114. If you need help filing an appeal, ask your county HHS office. You can represent yourself. Or, you can have a friend, relative, lawyer, or someone else act on your behalf.

You may contact your county HHS office about legal services. You may have to pay for these legal services. If you do, your payment will be based on your income. You may also call Iowa Legal Aid at **1-800-532-1275**. If you live in Polk County, call **(515) 243-1193**.