



Tips for Completing the Application for Health Coverage and Help Paying Costs for Inmates Receiving Inpatient Care

Inmates may be eligible for Medicaid coverage that is limited to payment for inpatient services when they are admitted to a medical institution such as a hospital.

These tips are **ONLY** for inmates who are incarcerated in a jail or prison and are in need of inpatient hospital services.

Complete as much information on the application as possible. Once the application is submitted to the Department of Human Services (DHS), it can take up to 45 days for an eligibility determination to be completed and notification mailed to the applicant.

The applicant should read and keep the cover pages of form 470-5170, *Application for Health Coverage and Help Paying Costs*.

Step 1 on page 1:

1. Enter the current mailing address.
2. If the primary language of the inmate is something other than English, enter the preferred language.

Step 2 on page 2:

1. Answer the questions about the inmate only. Do not include family members. If the inmate does not have a social security number (SSN), leave the space blank. Explain the reason that the inmate does not have a SSN on the application.
2. If the inmate is not a U.S. citizen or a U.S. national, complete the alien status and alien number, if known. Aliens applying for Medicaid must provide proof of their immigration status. If available, include a **clear** photocopy of the front and back of the alien card.

If the inmate is an undocumented alien, this status should be indicated on the application. An undocumented alien may qualify for coverage of three-day emergency medical services. Include form 470-4299, *Verification of Emergency Health Care Services*.

3. Answer the question in the middle of the page that asks: "Do you need health coverage?" The inmate **MUST** check "Yes" to apply for health coverage. Do **not** use this application to apply for other family members.
4. Answer the question directly below the question stated above: "Do you have a physical, mental, or emotional health condition....?" The inmate may need assistance in understanding if the inmate has a health condition that should be answered "Yes."

5. Answer the next to the last question on page 2 that asks, "Were you in foster care at age 18 or older?" If the inmate was in foster care in Iowa, answer "Yes." If the inmate was in foster care in another state, answer "No."

Step 2 on page 3:

Complete the "Current Job and Income Information" section based upon the inmate's job, if any, that the inmate has in prison or jail. If the inmate does not have a job, then enter **Not Employed**. Do not estimate future income.

Step 6 on page 9:

1. The authorized representative section is **not** required. If the inmate wants the Department of Corrections (DOC) staff to help complete the application, then the inmate must sign the DOC Consent to Release Information, form AD-CR-04 F-2/HSF-304A.
2. There is a signature line for specific application helpers. Most hospital staff will not fill the helper roles that require a signature. There is a certification process for those who are required to sign here. **Note:** The inmate **MUST** sign page 11.

Step 7 on page 10:

List the name of the person incarcerated.

Step 7 on page 11:

The applicant must sign and date the application.

Addendum to Application and Review Forms for Release of Information on page 13:

It is helpful, but not required, to complete and sign the *Addendum to Application and Review Forms for Release of Information*, which is the last page of the application. If necessary, this form acts as permission for DHS staff to contact others for information to process the application.

Note: The 2015 maximum income for a single person is \$1,305 per month to qualify for the Iowa Health and Wellness Plan.