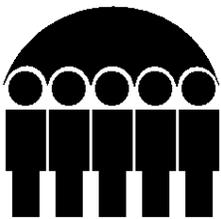


Revised June 12, 2001

Employees' Manual
Title 14
Chapter I(1)

MEDICALLY NEEDED CASE ACTIONS



Iowa
Department
of
Human Services

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OVERVIEW

The purposes of this chapter are:

- ◆ To provide the workers with instructions on the coding necessary for the Automated Benefit Calculation (ABC) System to process worker-initiated Medically Needy case actions.
- ◆ To explain which Medically Needy case actions are system-initiated.

The first section of the chapter covers worker-initiated case actions. The material is in a chart with three columns. The first column lists the case actions in alphabetical order. The second column lists the screen fields requiring an entry. The third column gives specific instructions.

The second section of the chapter covers system-initiated case actions. In order for the system to perform these case actions correctly, it is essential that the worker follow all coding instructions and update coding when a change in a case affects system codes, such as aid types.

Use Chapter 14-I, [MMIS MEDICALLY NEEDED SUBSYSTEM](#), in conjunction with this chapter for cases that have spenddown obligations.

Time Limits

When working with medical programs, remember these points:

- ◆ Claims can be submitted, paid, or adjusted when the time elapsed between the date of service and receipt of the claim at the Iowa Medicaid Enterprise (IME) does not exceed 365 days. Exceptions are allowed when eligibility on new approvals came late to the system (meaning the new approval went back more than a year).
- ◆ The Medicaid eligibility file (SSNI screens) displays historical data for two years from the current system month. **Note:** The SSNI screens show both the eligible and potentially eligible recipients.
- ◆ ELVS (the audio response eligibility verification system) has six months of Medicaid historical data on eligible recipients. Potentially eligible recipients are reported as conditionally eligible and the remaining spenddown amount is given. The spenddown amount is updated nightly. ELVS reports the spenddown amount as zero when the client has met spenddown but information has not been updated on the system.

OVERVIEW

Time Limits

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- ◆ “System months” run from ABC cutoff to ABC cutoff and do not directly correspond to calendar months. The system “next month” could be the second calendar month after the current calendar month, if the current date is after ABC cutoff. (See 14-B, [ABC SYSTEM’S CYCLICAL MONTH](#), for information on system months.)

Other Resources Available

Many systems can provide information for you to consider before creating transactions on ABC. The ABC system may interface with these systems directly or indirectly, or allow access between the systems and ABC. Access to additional systems may be provided through CICS or by using the Intranet.

The ABC system creates links to some of the systems’ data screens through the IOWA ABC SYSTEM MENU (TD00) or the LINK MENU. The TD00 menu screen allows access to data from the Iowa Central Employment Registry (ICER) by the IVER=INFO VERIFICATION MENU option BINC=Beginning Income Screen.

See 14-B(4), [SYSTEM SCREEN INSTRUCTIONS](#), for a description of these screens.

The LINK MENU screen allows access to other systems. Descriptions of the screens displayed on the LINK MENU appear in 14-B(4), [SYSTEM SCREEN INSTRUCTIONS](#). Options displayed on LINK that you may consider viewing are the following:

- ◆ SSNI, Medicaid Eligibility File. See 14-C, [SSNI = MEDICAID ELIGIBILITY FILE](#).
- ◆ IEVS, Income Eligibility Verification System. See 14-G, [EXCHANGE OF DATA WITH OTHER AGENCIES](#).
- ◆ OVPY, Overpayment Recovery. See 6-G, [OVERPAYMENT RECOVERY SYSTEM](#).

- ◆ ICAR, Child Support Recovery. See XIV-D, [IOWA COLLECTIONS AND REPORTING SYSTEM](#).
- ◆ SDXD, State Data Exchange. See 14-E, [SSI STATE DATA EXCHANGE](#).
- ◆ SSBI, Buy-In Information. See 14-C, [SSBI = BUY-IN SYSTEM](#).

The CICS system allows viewing access to the MMIS Medically Needy subsystem screens, and to the Iowa Workforce Development (IWD) screens. The Internet allows access to the Vehicle Registration and Titling System (VRT) screens. The Intranet system currently allows you access to the Eligibility Tracking System and the Change Reporting System.

WORKER-INITIATED ACTIONS

Note: When instructions for TD03 read “Complete any needed demographic information,” check the following screen fields, and make entries, if applicable: (See 14-B-Appendix, [TD03](#).)

STATE ID	DSTR	OHP	RB	NWBN
FIRST NAME	PER	EDU	SSN	QMB
LAST NAME	CIT	HAND	SSN CLAIM NO	POV
TI	US	H W B A I N	MP	COPAY
BIRTH	ID	MN	UNB	SCR
ST	MAR	ID GEN	UNB/DUE	HEALTH
SEX	REL			

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
Adding a Person to a Closed Case When Case Has Not Met Spenddown		This section applies when: <ul style="list-style-type: none"> ◆ The Medically Needy certification period for which you are adding the person has been closed on the ABC system, and ◆ The case has a certification period with a spenddown amount greater than zero, and ◆ The case has not met spenddown for that period.

WORKER-INITIATED ACTIONS
Adding a Person to a Closed Case
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ACTION	SCREEN FIELDS USED	INSTRUCTIONS
When Case Has Not Met Spenddown (Cont.)	TD01 ENT RSN	Step 1 Enter H.
	TD01 MED AID	Enter a different medical aid type. See 14-B-Appendix, TD01 MED AID .
	TD01 MED CHG DT	Enter the first day of the first month of the period. Make no other entries on the system. This allows the case to be set up for Step 2 and prevents medical edits.
		Step 2 When ABC updates, complete the following entries to match entries on the MMIS Medically Needy subsystem.
	TD01 ENT RSN	Enter H.
	TD01 AID	Enter 37-E.
	TD01 MED AID	
	TD01 AID CHG DT	Re-enter the date used in Step 1.
	TD01 MED CHG DT	
	TD05 MED ENTRY	Enter E.
	TD05 MED STATUS	Enter A.
	TD05 MED RSN1	Enter 000. Send a manually prepared <i>Notice of Decision</i> .
	TD05 MED APP DT	Enter the application date. The month must be the same as the MED POS DT month. Use MM/DD/YY format.
TD05 MED POS DT	Enter the first day of the first month of the prospective certification period for the person to be added. Use MM/DD/YY format.	

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
When Case Has Not Met Spenddown (Cont.)	TD05 MED AD	Enter the code that indicates the timeliness of any approved medical application. Entry is required when entering an "A" in MED STATUS. If the application is processed timely, use code "A." Use code "H" for day 31 through day 45. If the application is untimely, enter the reason for the processing delay.
	TD05 MED LAST REV	Enter the first month of the prospective certification period for the person to be added. Use MM/YY format.
	TD05 MED NEXT REV	Enter the last month of the prospective certification period for the person to be added. Use MM/YY format.
	TD05 MR	Enter N.
	TD05 RETRO	<p>If the person is being added for the retroactive certification period, enter the applicable retroactive code. See 14-B-Appendix, TD05 RETRO.</p> <p>If the person is not eligible for the retroactive period, enter zero.</p>
	TD05 SPENDDOWN1	<p>Enter the retroactive spenddown amount originally entered for the period when the case was opened on ABC.</p> <p>If the spenddown amount has since been changed on the MMIS Medically Needy subsystem via the <i>Eligibility Status Turnaround Document</i> (ESTD), form 470-1941, use the amount of the spenddown entered on the MMIS Medically Needy subsystem.</p>
	TD05 SPENDDOWN2	Enter the current spenddown amount originally entered for the period when the case opened on ABC.

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
<p>When Case Has Not Met Spenddown (Cont.)</p>		<p>If the spenddown amount has since been changed on MMIS Medically Needy subsystem via the ESTD, use the amount of the spenddown entered on the MMIS Medically Needy subsystem.</p> <p>If the spenddown amounts must be changed due to adding a person, enter the original amounts on TD05 (as above); then change the spenddown amounts on the MMIS Medically Needy subsystem when the new ESTD is generated.</p> <p>Note: Until ABC updates, the spenddown amounts will also show in the 1ST CP AMT and ONGO CP fields as a transaction. Do not try to remove the data from the CP fields. They will not appear on the case “Master” displayed.</p>
	TD03	<p>If the new person has the same eligibility date as the case, open all clients originally on the case and add the new person in this step. Otherwise, see Step 3.</p>
	TD03 ENTRY RSN	<p>Enter E for all clients on the case, including the new person.</p>
	TD03	<p>Complete any needed demographic information for the new person. See 14-B-Appendix, TD03, for valid codes.</p>
	TD03 MN	<p>Re-enter codes for all clients previously opened on case. Enter a code for the new person. See 14-B-Appendix, TD03 MN.</p>
	TD03 MED ST	<p>Re-enter the medical status code of all clients previously opened on the case. Enter “A” for the new person.</p>

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
<p>When Case Has Not Met Spenddown (Cont.)</p>	<p>TD03 FUND</p>	<p>Re-enter fund codes of S or P for all clients previously opened on the case. Note: Fund codes must match entries on the Medically Needy subsystem.</p> <p>Enter the fund code for the new person. See 14-B-Appendix, TD03 FUND.</p> <p>An ESTD is generated when the new person is added. Review the ESTD for correct eligibility and fund codes for all members of the group. If the ESTD is not correct, see 14-I, Changes and Corrections.</p> <p>Step 3</p> <p>If the new person requires a retroactive period or has a different eligibility date, open only the clients associated with the original certification period in Step 2.</p> <p>Add any new clients with a different eligibility date by following these instructions.</p> <p>Use this step when the new person has a different eligibility date than the original period or requires a retroactive period.</p>
	<p>TD03 ENTRY RSN</p>	<p>Enter E for the new person.</p>
	<p>TD03</p>	<p>Complete any needed demographic information for the new person. See 14-B-Appendix, TD03, for valid codes.</p>
	<p>TD03 MN</p>	<p>Enter a code for the new person. See 14-B-Appendix, TD03 MN.</p>
	<p>TD03 MED ST</p>	<p>Enter A for the new person.</p>

WORKER-INITIATED ACTIONS

Adding a Person to a Closed Case

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ACTION	SCREEN FIELDS USED	INSTRUCTIONS
<p>When Case Has Not Met Spenddown (Cont.)</p>	<p>TD03 MED DATE</p>	<p>Enter the date of the new person's eligibility in MM/DD/YY format.</p>
<p>When Case Has Met Spenddown</p>	<p>TD03 FUND</p>	<p>Enter the fund code for the new person. See 14-B-Appendix, TD03 FUND.</p> <p>These actions apply when:</p> <ul style="list-style-type: none"> ◆ The Medically Needy certification period for which the person is being added has been closed on ABC, and ◆ The case has already met spenddown or had zero spenddown for that period.
<p>State ID Has Been Active for Medicaid</p>		<p>Use this action when the person being added:</p> <ul style="list-style-type: none"> ◆ Has a state identification number; and ◆ Has previously been active for Medicaid, including situations when spenddown was met after the person's death was recorded on ABC.
<p>State ID Has Not Been Active for Medicaid</p>		<p>Use form 470-0397, Request for Special Update, to update the Medicaid eligibility files. (See 6-Appendix.)</p> <p>Complete all fields on the form. Use the codes in 14-I, ELIGIBILITY STATUS TURNAROUND DOCUMENT, to complete field 12 for the new person.</p>
<p>State ID Has Not Been Active for Medicaid</p>		<p>Use this action when the person being added either:</p> <ul style="list-style-type: none"> ◆ Does not have a state ID number or ◆ Has a number that has never been open for Medicaid. <p>Establish a separate Medically Needy case. You may use the same case number as the original case with a separate FBU.</p>

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
State ID Has Not Been Active for Medicaid (Cont.)	TD01 ENTRY RSN	Enter A.
	TD01 AID TD01 MED AID	Enter 37-E.
	TD01 CO RES	Enter two-digit number for the county in which the client resides. A code of 00 indicates out-of-state placement.
	TD01 ENT RSN	Enter A in the Name/Address section.
	TD01 CASE: LAST FIRST INIT TITLE	<p>Enter the case name (or let the system enter it from the CNID entry), unless the payee is someone other than the client. In that case, enter the payee’s name in this field but code the PAY/MOD field.</p> <p>For coding information, see 14-B-Appendix, TD01 CASE: LAST, TD01 CASE: FIRST, TD01 CASE: INIT, and TD01 CASE: TITLE.</p>
	TD01 PAYEE/ADDR	Enter the name of the person to whom the benefit is paid on the household’s behalf. Do not include punctuation.
	TD01 PAYEE/MOD	<p>If required for application, enter the payee modifier code. See 14-B-Appendix, TD01 PAYEE/MOD.</p> <p>If the payee modifier code displayed on the screen is no longer valid, remove it. See Removing Data for instructions.</p>
	TD01 CNID	Enter the state ID number of the “case name” person. Entry in this field updates the case name fields. See Case Name ID and 14-B-Appendix, TD01 CNID .

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Adding a Person to a Closed Case
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ACTION	SCREEN FIELDS USED	INSTRUCTIONS
State ID Has Not Been Active for Medicaid (Cont.)	TD01 ADDRESS 1	If the PAYEE/MOD field is used, enter the CASE NAME.
		If the PAYEE/MOD field is not used, enter the first line of the client's address (box number, apartment number, etc.). Do not include punctuation. See 14-B-Appendix, TD01 ADDRESS1 .
	TD01 ADDRESS 2	Enter the street address. Do not include punctuation.
	TD01 CITY	Enter the name of the city. Do not include punctuation.
	TD01 STATE	Enter the abbreviation for the state. See 14-B-Appendix, TD01 STATE , for codes.
	TD01 ZIP	Enter the ZIP code.
	TD05 MED ENTRY	Enter E.
	TD05 MED STATUS	Enter A.
	TD05 MED RSN	Enter 000. Send a manually prepared <i>Notice of Decision</i> .
	TD05 MED APP DT	Enter the application date. The month must be the same as the POS DT month. Use MM/DD/YY format.
TD05 MED POS DT	Enter the first day of the first month of the certification period for which the person is being added. Use MM/DD/YY format.	
TD05 MED AD	Enter the code that indicates the timeliness of any approved medical application. Entry is required when entering an "A" MED STATUS. If the application is processed timely, use code "A." Use code "H" for day 31 through day 45. If the application is untimely, enter the reason for the processing delay.	

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
State ID Has Not Been Active for Medicaid (Cont.)	TD05 MED LAST REV	Enter the first month of the certification period for which the person is being added. Use MM/YY format.
	TD05 MED NEXT REV	Enter the last month of the certification period for which the person is being added. Use MM/YY format.
	TD05 MR	Enter N.
	TD05 RETRO	If the person is being added for the retroactive certification period, enter the retroactive code. If the person is not eligible for the retroactive period, enter zero. See 14-B-Appendix, TD05 RETRO .
	TD05 SPENDDOWN1	Enter zero.
	TD05 SPENDDOWN2	Enter zero.
	TD03 ENTRY RSN	Enter E for the new person. (Open only the new person on this case.)
	TD03	Complete any needed demographic information for the new person. See 14-B-Appendix, TD03 , for valid codes.
	TD03 MN	Enter the code for the new person. See 14-B-Appendix, TD03 MN .
	TD03 MED ST	Enter A.
TD03 FUND	Enter the applicable code (A, C or R). If the new person reapplies for Medically Needy, move the person to the case that has the rest of the family members.	

WORKER-INITIATED ACTIONS
Adding a Person to an Ongoing Case
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ACTION	SCREEN FIELDS USED	INSTRUCTIONS
Adding a Person to an Ongoing Case	TD01	If the new person you are adding will be the case name, enter the person's state ID number in the TD01 CNID field.
	TD01 ENT RSN	Enter H.
	TD01 CNID	Enter the state ID number of the "case name" person. Entry in this field updates the case name fields. See Case Name ID and 14-B-Appendix, TD01 CNID .
	TD03 ENTRY RSN	Enter E.
	TD03	Enter data for the new person, including state ID, demographic data, and any codes applicable to program requirements. See 14-B-Appendix, TD03 , for valid codes.
	TD03 MN	Enter the applicable code. See 14-B-Appendix, TD03 MN .
	TD03 MP	Make no entry.
	TD03 MED ST	Enter A.
	TD03 MED DATE	Enter the date the person is eligible, in MM/DD/YY format. Note: This date may be no earlier than the first month of retroactive eligibility for the case.
	TD03 FUND	Enter the code for the new person. If there is no spenddown, enter one of these codes: A Adult, Medicaid only C Child, Medicaid only R Child Medical Assistance Program
	TD03 PF06 = MENU REF	If you enter one of the fund codes above, make a HIPPA referral, if appropriate.
	TD03 FUND	If spenddown has not been met, valid codes are: P Potentially eligible person S Considered person

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
Adding a Person to an Ongoing Case (Cont.)		<p>When the ESTD is generated, make any spenddown changes. Send it by fax to (515) 725-1350 or by local mail to the IME Medically Needy Unit, Hoover Building, Des Moines.</p> <p>If spenddown has been met, continue to code "P" and "S." To update the FUND code on SSNI, complete the <i>Request for Special Update</i>, form 470-0397, using a FUND code of A, C, or R.</p>
<p>Approving a Case</p> <p>Case Has Been Pended</p>	<p>TD05 MED ENTRY</p> <p>TD05 MED STATUS</p> <p>TD05 MED RSN</p> <p>TD05 MED POS DT</p> <p>TD05 MED AD</p>	<p>These instructions apply to a Medically Needy application that has previously been pended.</p> <p>Enter E.</p> <p>Enter A.</p> <p>Enter 000 if you want to send a manually prepared <i>Notice of Decision</i>.</p> <p>For a system-generated notice, leave this field blank. Complete the remaining entries, then see System-Issued Notice.</p> <p>Enter the first day of the first month of the prospective certification period. Use MM/DD/YY format.</p> <p>Enter the code that indicates the timeliness of any approved medical application. Entry is required when entering an "A" MED STATUS. If the application is processed timely, use code "A." Use code "H" for day 31 through day 45. If the application is untimely, enter the reason for the processing delay.</p>

WORKER-INITIATED ACTIONS

Approving a Case

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ACTION	SCREEN FIELDS USED	INSTRUCTIONS
Case Has Been Pended (Cont.)	TD05 MED LAST REV	Enter the first month of the prospective certification period. Use MM/YY format.
	TD05 MED NEXT REV	Enter the last month of the prospective certification period. Use MM/YY format. If this is a zero-spenddown SSI-related case, enter the date for a 12-month review.
	TD05 MR	Enter N.
	TD05 RETRO	Enter the code for the client’s retroactive Medicaid eligibility (if not entered when the case was pended). For codes, see 14-B-Appendix, TD05 RETRO . If there is no retroactive eligibility, enter zero.
	TD05 MED CP CD	If this is a zero-spenddown case, enter S. If this is a spenddown case, leave blank. Note: If this is a spenddown case and there is already an “S” code in the field, use the spacebar key to remove the code.
	TD05 SPENDDOWN1	Worker-calculated. Enter the amount of spenddown for the retroactive certification period, after deducting premiums for health insurance and Medicare (if not entered when pended or if changed since). If there is no spenddown, enter zeros.
	TD05 SPENDDOWN2	Worker-calculated. Enter the amount of spenddown for the current certification period, after deducting premiums for health insurance and Medicare (if not entered when pended or if changed since). If there is no spenddown, enter zeros.
	TD05 CNT-UI	For a system-generated notice of decision, enter the total unearned income for the certification period.

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
Case Has Been Pended (Cont.)	TD05 UI-DED 1	For a system-generated notice of decision: <ul style="list-style-type: none"> ◆ On SSI-related cases, enter the total general income exclusion for the certification period. ◆ On FMAP-related cases, enter the remaining balance of paid court-ordered child support for the certification period.
	TD05 UI-DED 2	For a system-generated notice of decision: <ul style="list-style-type: none"> ◆ On SSI-related cases, enter the total diversion to others for the certification period. ◆ On FMAP-related cases, enter the remaining balance of the diversion for ineligible or excluded people for the certification period.
	TD05 CNT-EI	For a system-generated notice of decision, enter the total amount of earned income for certification period.
	TD05 EI-DED 1	For a system-generated notice of decision: <ul style="list-style-type: none"> ◆ On SSI-related cases, enter any remaining general income exclusion for the certification period. ◆ On FMAP-related cases, enter the 20% earned income deduction for the certification period.
	TD05 EI-DED 2	For a system-generated notice of decision: <ul style="list-style-type: none"> ◆ On SSI-related cases, enter the total work expense for the certification period. ◆ On FMAP-related cases, enter the total dependent care expense for the certification period.

WORKER-INITIATED ACTIONS

Approving a Case

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ACTION	SCREEN FIELDS USED	INSTRUCTIONS
Case Has Been Pended (Cont.)	TD05 EI-DED 3	For a system-generated notice of decision: <ul style="list-style-type: none"> ◆ On SSI-related cases, enter the total earned income deduction for the certification period. ◆ On FMAP-related cases, enter paid out court-ordered child support for the certification period.
	TD05 EI-DED 4	For a system-generated notice of decision: <ul style="list-style-type: none"> ◆ On SSI-related cases, enter total work expense for the blind for the certification period. ◆ On FMAP-related cases, enter the total diversion for ineligible or excluded people for the certification period.
	TD05 A&A	For a system-generated notice of decision: <ul style="list-style-type: none"> ◆ On SSI-related cases, enter the total aid and attendance amount for the certification period. ◆ On FMAP-related cases, leave blank.
	TD05 UME	For a system-generated notice of decision: <ul style="list-style-type: none"> ◆ On SSI-related cases, enter the total unmet medical expenses for the certification period. ◆ On FMAP-related cases, leave blank.
	TD05 PASS	For a system-generated notice of decision: <ul style="list-style-type: none"> ◆ On SSI-related cases, enter the total amount of a plan for self-support for the certification period. ◆ On FMAP-related cases, leave blank.

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
Case Has Been Pended (Cont.)	TD05 INS PREM	For a system-generated notice, enter the total amount of the health insurance premiums for the certification period.
	TD05 MEDICARE	For a system-generated notice of decision, enter the total amount of Medicare premiums the recipients paid for the certification period.
	TD05 MNIL AMT	For a system-generated notice of decision, enter the total MNIL for the household size for the certification period.
	TD05 HH SIZE	For a system-generated notice of decision, enter the number of household members. Note: The spenddown amounts show as a transaction in the 1 ST CP AMT and ONGO CP fields until the ABC system updates. Do not try to remove the data from these fields. They will not appear on the MASTER display.
	TD03 ENTRY RSN	Enter H.
	TD03	Complete any needed demographic information. See 14-B-Appendix, TD03 , for valid codes.
	TD03 HAND	If not entered when pended, enter the applicable codes. See 14-B-Appendix, TD03 HAND .
	TD03 MN	Enter the code that reflects the program relationship, if not entered when pended. Enter the code on a reapplication. See 14-B-Appendix, TD03 MN .
	TD03 SSN CLAIM NO	This field must be completed for people who have Medicare. Buy-in will not occur unless a correct entry is made.

WORKER-INITIATED ACTIONS

Approving a Case

Revised February 2, 2007

Iowa Department of Human Services

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Chapter I(1) Medically Needy Case Actions

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
Case Has Been Pended (Cont.)	TD03 FUND	<p>If not entered when pended or changed since pended, enter applicable fund code. This must be entered on a reapplication. See 14-B-Appendix, TD03 FUND.</p> <p>If both spenddown fields are zero, enter the code for each recipient as follows:</p> <p>A Adult, Medicaid only C Child, Medicaid only R Child Medical Assistance Program</p> <p>If there is a spenddown for the retroactive or the current certification period, enter the code for each recipient as follows:</p> <p>P Conditionally eligible S Spenddown countable</p> <p>Once cases with spenddown are approved, make changes in fund codes only through the MMIS Medically Needy subsystem until spenddown is met.</p> <p>Once spenddown is met, refer to 14-I, Correcting Eligibility for a Period When Spenddown Has Been Met.</p>
	TD03 QMB	<p>If the case has a spenddown, leave blank and set up a separate case for QMB, SLMB, or E-SLMB.</p> <p>Note: If a person is QMB-eligible, Medicaid will pay all Medicare premiums, co-insurance, and deductibles, even if spenddown is not met.</p>
	TD03 POV	<p>Enter the percentage of income compared to the federal poverty level. Note:</p> <ul style="list-style-type: none"> ◆ When a person is income-eligible for QMB, SLMB, or E-SLMB but not resource-eligible, enter 999%.

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
Case Has Been Pended (Cont.)		<ul style="list-style-type: none"> ◆ Enter 998% if the person is over resources for QMB, SLMB, E-SLMB, or QDWP but has income at or below 150% of poverty.
	TD03 COPAY	Enter an “F” if the Medically Needy recipient lives in a nursing facility. Otherwise leave blank.
	TD03 SCR	If not entered when pended, enter the applicable code. See 14-B-Appendix, TD03 SCR .
	TD03 PF06 = REF MENU	If both spenddown fields are zero and the fund code is A, C, or R, make a HIPP referral, if appropriate.
	TD03 HEALTH	If the client is QMB-eligible, show Medicare coding; otherwise enter applicable codes. See 14-B-Appendix, TD03 HEALTH .
Case Has Not Been Pended	TD01	Use a 37 FBU for convenience in identifying Medically Needy cases.
	TD01 ENTRY RSN	Enter for each Medically Needy approval. See 14-B-Appendix, TD01 ENTRY RSN .
	TD01 AID TD01 MED AID	Enter 37-E.
	TD01 AID CHG DT TD01 MED CHG DT	If the aid type is changed, enter a date in MM/DD/YY format.
	TD01 CO RES	Enter two-digit number for the county in which the client resides. A code of 00 indicates out-of-state placement.
	TD01 PHONE	Enter the three-digit area code and the seven-digit telephone number.
	TD01 ENT RSN	Enter A in the Name/Address Section.

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Approving a Case

Revised August 18, 2006

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ACTION	SCREEN FIELDS USED	INSTRUCTIONS
Case Has Not Been Pended (Cont.)	TD01 CASE: LAST FIRST INIT TITLE	Enter the case name (or let the system enter it from the CNID entry), unless the payee is someone other than the client. In that case, enter the payee’s name in this field but code the PAY/MOD field.
	TD01 CASE: LAST FIRST INIT TITLE	For coding information, see 14-B-Appendix, TD01 CASE: LAST , TD01 CASE: FIRST , TD01 CASE: INIT , and TD01 CASE: TITLE .
	TD01 PAYEE/ADDR	Enter the name of the person to whom the benefit is paid on the household’s behalf. Do not include punctuation.
	TD01 PAYEE/MOD	Enter the payee modifier code, if applicable. For valid codes, see 14-B-Appendix, TD01 PAYEE/MOD . If the payee modifier code displayed on the screen is no longer valid, remove it. See Removing Data for instructions.
	TD01 CNID	Enter the state ID number of the “case name” person. Entry in this field updates the case name fields. See Case Name ID and 14-B-Appendix, TD01 CNID .
	TD01 ADDRESS 1	If the PAYEE/MOD field is used, enter the case name. If the PAYEE/MOD field is not used, enter the first line of the client’s address (box number, apartment number, etc.). Do not include punctuation. See 14-B-Appendix, TD01 ADDRESS1 .
	TD01 ADDRESS 2	Enter the street address. Do not include punctuation.
	TD01 CITY	Enter the name of the city. Do not include punctuation.

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
Case Has Not Been Pended (Cont.)	TD01 STATE	Enter the abbreviation for the state. See 14-B-Appendix, TD01 STATE , for codes.
	TD01 ZIP	Enter the ZIP code.
	TD05 MED ENTRY	Enter E.
	TD05 MED STATUS	Enter A.
	TD05 MED RSN1	Enter 000 if you want to send a manually prepared <i>Notice of Decision</i> . For a system-generated notice, leave this field blank. Complete the remaining entries, then see System-Issued Notice .
	TD05 MED APP DT	Enter the application date. The month must be the same as the POS DT month. Use MM/DD/YY format.
	TD05 MED POS DT	Enter the first day of the first month of the prospective certification period. Use MM/DD/YY format.
	TD05 MED AD	Enter the code that indicates the timeliness of any approved medical application. Entry is required when entering an "A" MED STATUS. If the application is processed timely, use code "A." Use code "H" for day 31 through day 45. If the application is untimely, enter the reason for the processing delay.
	TD05 MED LAST REV	Enter the first month of the prospective certification period. Use MM/YY format.
TD05 MED NEXT REV	Enter the last month of the prospective certification period. Use MM/YY format. If this is an ongoing zero-spenddown case, enter the date for a 12-month review.	

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Approving a Case

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Iowa Department of Human Services

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Chapter I(1) Medically Needy Case Actions

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
Case Has Not Been Pended (Cont.)	TD05 MR	Enter N.
	TD05 RETRO	<p>Enter the code corresponding to the case's retroactive medical eligibility.</p> <p>Use codes 1-7 when current and retroactive periods are approved on ABC.</p> <p>Use codes H-N when <u>only</u> the retroactive MN period is approved on ABC and there is no eligibility in the current period.</p> <p>If there is no retroactive eligibility, you must enter zero.</p>
	TD05 MED CP CD	<p>If this is a zero-spenddown case, enter S. If this is a spenddown case, leave blank.</p> <p>Note: if this is a spenddown case and there is already an "S" code in the field, use the spacebar key to remove the code.</p>
	TD05 SPENDDOWN1	<p>Worker-calculated. Enter the amount of spenddown for the retroactive certification period, after deducting health insurance premiums.</p> <p>If there is no spenddown, enter zeros.</p>
	TD05 SPENDDOWN2	<p>Worker-calculated. Enter the amount of spenddown for the current certification period, after deducting health insurance premiums.</p> <p>If there is no spenddown, enter zeros.</p>
	TD05 CNT-UI	<p>For a system-generated notice of decision, enter the total unearned income for the certification period.</p>

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
Case Has Not Been Pended (Cont.)	TD05 UI-DED 1	For a system-generated notice of decision: <ul style="list-style-type: none"> ◆ On SSI-related cases, enter the total general income exclusion for the certification period. ◆ On FMAP-related cases, enter the remaining balance of paid court-ordered child support for the certification period.
	TD05 UI-DED 2	For a system-generated notice of decision: <ul style="list-style-type: none"> ◆ On SSI-related cases, enter the total diversion to others for the certification period. ◆ On FMAP-related cases, enter the remaining balance of the diversion for ineligible or excluded people for the certification period.
	TD05 CNT-EI	For a system-generated notice of decision, enter the total amount of earned income for certification period.
	TD05 EI-DED 1	For a system-generated notice of decision: <ul style="list-style-type: none"> ◆ On SSI-related cases, enter any remaining general income exclusion for the certification period. ◆ On FMAP-related cases, enter the 20% earned income deduction for the certification period.
	TD05 EI-DED 2	For a system-generated notice of decision: <ul style="list-style-type: none"> ◆ On SSI-related cases, enter the total work expense for the certification period. ◆ On FMAP-related cases, enter the total dependent care expense for the certification period.

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ACTION	SCREEN FIELDS USED	INSTRUCTIONS
Case Has Not Been Pended (Cont.)	TD05 EI-DED 3	For a system-generated notice of decision: <ul style="list-style-type: none"> ◆ On SSI-related cases, enter the total earned income deduction for the certification period. ◆ On FMAP-related cases, enter paid out court-ordered child support for the certification period.
	TD05 EI-DED 4	For a system-generated notice of decision: <ul style="list-style-type: none"> ◆ On SSI-related cases, enter total work expense for the blind for the certification period. ◆ On FMAP-related cases, enter the total diversion for ineligible or excluded people for the certification period.
	TD05 A&A	For a system-generated notice of decision: <ul style="list-style-type: none"> ◆ On SSI-related cases, enter the total aid and attendance amount for the certification period. ◆ On FMAP-related cases, leave blank.
	TD05 UME	For a system-generated notice of decision: <ul style="list-style-type: none"> ◆ On SSI-related cases, enter the total unmet medical expenses for the certification period. ◆ On FMAP-related cases, leave blank.
	TD05 PASS	For a system-generated notice of decision: <ul style="list-style-type: none"> ◆ On SSI-related cases, enter the total amount of a plan for self-support for the certification period. ◆ On FMAP-related cases, leave blank.

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
Case Has Not Been Pended (Cont.)	TD05 INS PREM	For a system-generated notice of decision, enter the total amount of health insurance premiums for the certification period.
	TD05 MEDICARE	For a system-generated notice of decision, enter the total amount of Medicare premiums the recipients paid for the certification period.
	TD05 MNIL AMT	For a system-generated notice of decision, enter the total MNIL for the household size for the certification period.
	TD05 HH SIZE	For a system-generated notice of decision, enter the number of household members.
	TD03 ENTRY RSN	Enter E.
	TD03	Complete any needed demographic information. See 14-B-Appendix, TD03 , for valid codes.
	TD03 MN	Enter the code for the person's program relationship. See 14-B-Appendix, TD03 MN .
	TD03 SSN CLAIM NO	If the person is eligible for Medicare benefits, enter the social security claim number so that buy-in will occur. See 14-B-Appendix, TD03 SSN CLAIM NO .
	TD03 MP	Make no entry.
	TD03 MED ST	Enter A.
TD03 FUND	Enter the applicable fund code for each recipient.	

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Approving a Case

Revised February 2, 2007

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ACTION	SCREEN FIELDS USED	INSTRUCTIONS
Case Has Not Been Pended (Cont.)		<p>If both spenddown fields are zero, enter the fund code as follows:</p> <p>A Adult, Medicaid only C Child, Medicaid only R Child Medical Assistance Program</p> <p>If there is a spenddown amount other than zero for the retroactive certification period or the current certification period, enter the code for each client as follows:</p> <p>P Conditionally eligible S Spenddown countable</p> <p>Once cases with spenddown are approved, make changes in fund codes only through the MMIS Medically Needy subsystem until spenddown is met.</p> <p>Once spenddown is met, refer to 14-I, Correcting Eligibility for a Period When Spenddown Has Been Met.</p> <p>If the case has a spenddown, leave blank and set up a separate case for QMB, SLMB, or E-SLMB. Note: Medicaid will pay all Medicare premiums, co-insurance and deductibles for a QMB-eligible person even if spenddown is not met.</p> <p>TD03 QMB</p> <p>Enter the percentage of income compared to federal poverty. Note:</p> <ul style="list-style-type: none"> ◆ Enter 999% when a person is income-eligible for QMB, SLMB, or E-SLMB but is not resource-eligible. ◆ Enter 998% if the person is over resources for QMB, SLMB, E-SLMB, or QDWP but has income at or below 150% of poverty. <p>TD03 POV</p>

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
<p>Case Has Not Been Pended (Cont.)</p> <p>Individual's Eligibility Date is Later Than Program Date</p>	<p>TD03 COPAY</p> <p>TD05 TD03</p> <p>TD03</p>	<p>Enter an "F" if the Medically Needy recipient lives in a nursing facility. Otherwise leave blank.</p> <p>This is a two-step process. (If the case is already active for the period for which the person is to be added, omit Step 1.)</p> <p><u>Step 1:</u> Open case as instructed above. Open all individuals who have the same eligibility data as the case.</p> <p><u>Step 2:</u> Open the person that has a later eligibility date. See Adding a Person to an Ongoing Case.</p>
<p>Assigning Medicaid Review Due Dates</p>	<p>TD01 ENT RSN</p> <p>TD01 MR DEMAND 1 OR 2 MO</p>	<p>The ABC system automatically generates form 470-3118, <i>Medicaid Review</i>, for zero-spenddown Medically Needy cases that are active at timely notice day of the month before the annual review date. The system assigns the due date and prints it on the form.</p> <p>Reopening done after timely notice day requires a worker-determined due date on a worker-tracked <i>Medicaid Review</i> form. When you need to generate a <i>Medicaid Review</i> form on demand, code as follows:</p> <p>Enter code H.</p> <p>Enter the month for which the <i>Medicaid Review</i> form is required. This cannot be a future month.</p>

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
Assigning Medicaid Review Due Dates (Cont.)	<p>TD01 MR DEMAND 1 OR 2 CD</p> <p>TD01 MR DEMAND 1 OR 2 CYC</p> <p>TD01 MR DEMAND 1 OR 2 DT</p>	<p>Enter the code of M.</p> <p>Do not enter a CYC code for the <i>Medicaid Review</i> form.</p> <p>Enter the date the <i>Medicaid Review</i> form is due.</p> <p>The worker must track the due date for timely return from the client.</p>
Case Name ID	TD01 CNID	<p>The CNID is the state identification number of the “case name” person. All cases require a CNID.</p> <p>If appropriate, you can change the CNID by entering a new state identification number in the field, and entering the case name to match this state identification number.</p>
Case Numbering		<p>Use ST01 to search for a case number with which a person’s state identification number is associated. Case numbers with all programs in an inactive status can be re-used. If a case number cannot be found, assign a new number.</p> <p>If a person needs to have a state identification number assigned, see State ID Numbers for instructions.</p> <p>Note: FBUs 18 and 19 are specific for Medicaid foster care and subsidized adoption cases only. An FBU of 17 is specific for Medicaid for independent young adult (MIYA) cases only.</p>

WORKER-INITIATED ACTIONS
Continuing Benefits When a Timely Appeal Is Filed
Revised April 21, 2006

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ACTION	SCREEN FIELDS USED	INSTRUCTIONS
Continuing Benefits When a Timely Appeal Is Filed	TD01 TD05 and TD03	When a timely appeal is filed as the result of an adverse action, enter information to return the program or people to the status that existed before the adverse action.
Closing Case Other Than at End of Certification Period	TD05 MED ENTRY RSN TD05 MED STATUS TD05 MED RSN2	Use these instructions when the whole household is canceled. See also Removing a Person from an Active Case . See Sanctions for special case actions for these people on zero-spenddown cases only. Enter G or H. Enter N. Enter the notice reason applicable to the cancellation. If you use 000, send a manually prepared <i>Notice of Decision</i> . To shorten the certification period on the MMIS Medically Needy subsystem, revise the ESTD. Send it to the IME Medically Needy Unit by fax to (515) 725-1350 or by local mail to the IME Medically Needy Unit, Hoover Building, Des Moines.
Issuing Another Notice Regarding New Information		If the reason a case was canceled has been resolved, but ineligibility exists for another reason, send a manually prepared <i>Notice of Decision</i> . State that the case remains canceled for the applicable new cancellation reason.
Due to Death	TD01 ENT RSN TD01 PAYEE/ADDR	If the only person on the case dies, cancel the case and change the address for the <i>Notice of Decision</i> . Enter H. Enter "To the Family."

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
Due to Death (Cont.)	TD01 PAY/MOD TD01 ADDRESS1 TD01 ADDRESS2 TD05 MED ENTRY TD05 MED STATUS TD05 MED RSN2 TD05 MED NEG DT	Enter "For." Enter the case name. Enter the family's address. Enter M. Enter N. Enter 613. Enter date of death.
Composite Applications Cases with Considered Medically Needy People		Enter considered people only on spenddown cases, to count their bills against the spenddown. Do not enter considered people on zero-spenddown cases. When some household members are eligible for Medicaid under another coverage group, approve that case first. After that case is active, open the Medically Needy case with the considered people. See Approving a Case . Note: The "S" fund code will not overlay the considered people's active fund codes.

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
Both Cases Have Spenddowns		<p>See Approving a Case. Follow the instructions according to whether or not the case has been pended.</p> <p>Enter one case on ABC using the applicable Medically Needy (MN) characteristic and fund code for each person on the case.</p> <p>The day after this case has been successfully entered, enter the second case using the appropriate Medically Needy (MN) characteristic and fund code for each person on the case.</p> <p>When a person chooses to be on an SSI-related Medically Needy case and the rest of the household is FMAP-related Medically Needy, show the SSI-related person as a considered person on the FMAP-related case.</p>
Only One Case Has Spenddown		<p>When one case has a spenddown and the other case does not, enter the spenddown case on the ABC system first.</p> <p>The day after the spenddown case has been successfully entered, enter the zero-spenddown case.</p>
Approve Retroactive MN, Then Other Ongoing Eligibility		<p>If there is sufficient time during the application process, follow these instructions:</p> <p><u>Step 1</u></p> <p>Submit the Medically Needy entries using instructions for Retroactive Eligibility With Spenddown or Retroactive Eligibility Without Spenddown, as applicable.</p>

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
<p>Approve Retroactive MN, Then Other Ongoing Eligibility (Cont.)</p> <p>When Ongoing Case Must Be Approved First</p>	<p>TD03 ENTRY RSN</p> <p>TD03 MED DATE</p> <p>TD03 FUND</p>	<p><u>Step 2</u></p> <p>Allow all information to update on ABC. Then approve the ongoing case. Use a different case number if applicable.</p> <p>Follow these instructions if Medically Needy cannot be processed first due to time constraints:</p> <p><u>Step 1</u></p> <p>Submit all entries for the ongoing case.</p> <p><u>Step 2</u></p> <p>Allow all information to update on ABC. Then open Medically Needy on a separate case. Follow the instructions under Retroactive Eligibility With Spenddown or Retroactive Eligibility Without Spenddown, as applicable.</p> <p><u>Step 3</u></p> <p>Allow all information to update on ABC. If the Medically Needy case fund codes are not valid, re-enter the correct fund codes on the ongoing case. See 14-B-Appendix, TD03 FUND.</p> <p>Enter H.</p> <p>Enter the first date of the next system month in MM/DD/YY format.</p> <p>Correct the fund codes for the ongoing case as necessary. See 14-B-Appendix, TD03 FUND.</p>

WORKER- INITIATED ACTIONS

Denying an Application

Revised February 25, 2003

Iowa Department of Human Services

Title 14 Management Information

Chapter I(1) Medically Needy Case Actions

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
Denying an Application	TD05 MED ENTRY	Enter A.
	TD05 MED STATUS	Enter M.
Case Has Been Pended		These instructions apply to a Medically Needy application that has been pended.
	TD05 MED RSN2	Enter applicable notice reason for denial. See 14-B-Appendix, NOTICE CODES .
	TD05 MED APP DT	Enter the date of application or reapplication for Medically Needy. Use MM/DD/YY format. If the program and individuals were pended upon receipt of the application, the denial will roll to TD03.
Case Has Not Been Pended	TD01	Use a 37 FBU for convenience in identifying Medically Needy cases.
	TD01 ENTRY RSN	Enter for each application for Medically Needy. See 14-B-Appendix, TD01 ENTRY RSN .
	TD01 AID TD01 MED AID	Enter 37-E.
	TD01 AID CHG DT TD01 MED CHG DT	If the aid type is changed, enter a date in MM/DD/YY format.
	TD01 PHONE	Enter the three-digit area code and the seven-digit telephone number.
	TD01 CO RES	Enter two-digit number for the county in which the client resides. A code of 00 indicates out-of-state placement.
	TD01 ENT RSN	Enter A in the Name/Address Section.

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
Case Has Not Been Pended (Cont.)	TD01 CASE: LAST FIRST INIT TITLE	Enter the case name (or let the system enter it from the CNID entry), unless the payee is someone other than the client. In that case, enter the payee’s name in this field but code the PAY/MOD field.
		For coding information, see 14-B-Appendix, TD01 CASE: LAST , TD01 CASE: FIRST , TD01 CASE: INIT , and TD01 CASE: TITLE .
	TD01 PAYEE/ADDR	Enter the name of the person to whom the benefit is paid on the household’s behalf. Do not include punctuation.
	TD01 PAYEE/MOD	If required for application, enter the payee modifier code. See 14-B-Appendix, TD01 PAYEE/MOD , for valid codes. If the payee modifier code displayed on the screen is no longer valid, remove it. See Removing Data for instructions.
	TD01 CNID	Enter the state ID number of the “case name” person. Entry in this field updates the case name fields. See Case Name ID and 14-B-Appendix, TD01 CNID .
TD01 ADDRESS 1	If the PAYEE/MOD field is used, enter the CASE NAME. If the PAYEE/MOD field is not used, enter the first line of the client’s address (box number, apartment number, etc.). Do not include punctuation. See 14-B-Appendix, TD01 ADDRESS1 .	

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Denying an Application
Revised August 18, 2006

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ACTION	SCREEN FIELDS USED	INSTRUCTIONS
Case Has Not Been Pended (Cont.)	TD01 ADDRESS 2	Enter the street address. Do not include punctuation.
	TD01 CITY	Enter the name of the city. Do not include punctuation.
	TD01 STATE	Enter the abbreviation for the state. See 14-B-Appendix, TD01 STATE , for codes.
	TD01 ZIP	Enter the ZIP code.
	TD05 MED ENTRY	Enter A.
	TD05 MED STATUS	Enter M.
	TD05 MED RSN2	Enter applicable notice reason for denial. See 14-B-Appendix, NOTICE CODES .
	TD05 MED APP DT	Enter the date of application or reapplication for Medically Needy. Use MM/DD/YY format.
	TD03 ENTRY RSN	Enter A.
	TD03	Enter any needed demographic information on all household members that has not been entered. See 14-B-Appendix, TD03 , for valid codes.
	TD03 MED ST	Enter M.
	TD03 MED RSN	Denials may be recorded for individuals on TD03 when the program approval is coded for the case. See 14-B-Appendix, NOTICE CODES .

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
<p>Establishing a Prior Certification Period</p> <p>Without a Spenddown</p> <p>With a Spenddown</p>		<p>Send form 470-0397, <i>Request for Special Update</i>, to Quality Assurance to update eligibility after establishing an SSNI file for that time.</p> <p>Open a case with a new FBU for the prior certification period. See Approving a Case: Case Has Not Been Pended.</p>
<p>Extending a Certification Period</p>		<p>According to Medically Needy policy, once a client has been sent a <i>Notice of Decision</i> reflecting an assigned certification period, no extension of the certification period is made.</p> <p>Further Medicaid eligibility or conditional eligibility can be assigned only through a recertification application.</p> <p>Use the ESTD form to extend a period when one month was entered in error (such as when a case should have been on a two-month certification).</p>

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
Review	TD05 MED ENTRY TD05 MED LAST REV TD05 MED NEXT REV	Enter H. Enter the next system month in MM/YY/DD format. Enter the month of the next required review in MM/YY format.
Ineligible Aliens Ineligible Alien on a Multi-Person Case Ineligible Alien on a One-Person Case	TD01 MED AID TD03 ENTRY RSN TD03 MED ST TD03 MED RSN TD03 FUND TD05 MED ENTRY RSN TD05 MED ST TD05 RSN2	For zero-spenddown persons only. Note: Do not pend an ineligible alien. Do not make ineligible alien children “considered” persons in the household. Enter G. Enter F. Enter the notice reason code. See 14-B-Appendix, NOTICE CODES . Enter S. Enter G. Enter F. Enter the case-level notice reason code. See 14-B-Appendix, NOTICE CODES .

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
Approving a Case with an Ineligible Alien	TD03 ENTRY RSN	Enter A or C.
	TD03 MED ST	Enter F.
	TD03 MED RSN	Enter the notice reason code. See 14-B-Appendix, NOTICE CODES .
	TD03 FUND	Enter S.
Canceling an Ineligible Alien	TD03 ENTRY RSN	Enter G.
	TD03 MED ST	Enter N.
	TD03 MED RSN	Enter the notice reason code. See 14-B-Appendix, NOTICE CODES .
Changing Medical Status		<p>Note: After these entries update, the MED ST code will update to code “F” and the FUND code will update to “9.”</p>
		<p>Check to make sure the medical aid type is correct.</p> <p>Update any needed demographic information. See 14-B-Appendix, TD03, for valid codes.</p>
	TD03 ENTRY RSN	Enter A or C.
	TD03 MED ST	Enter A or C.
	TD03 MED RSN	Enter the notice reason code. See 14-B-Appendix, NOTICE CODES .
	TD03 FUND	Enter 1, A, R, S or C (for minor parents only).
		Enter the applicable fund code. See 14-B-Appendix, TD03 FUND .

ACTION	SCREEN FIELDS USED	INSTRUCTIONS	
Approval (Cont.)	TD06 EFFECT DT	Enter the month that service was received. If the claim covers more than one month, enter the earliest month of service.	
	TD06 # MONTHS	Enter 01.	
	TD06 AMT	Enter the total amount to be paid. Note: To verify the amount issued, check ISSV after updating.	
	TD06 SP ALLOW CD	Enter A.	
	TD06 FED ADT		Enter "0" if the fund code of the eligible person is 3 or 4.
			Enter "1" if the fund code of the eligible person is A, C, 1, 2, or R.
	TD06 PAYEE/ADDR	Enter the name of the person to whom payment is made on the household's behalf. See 14-B-Appendix, TD01 PAYEE/ADDR .	
	TD06 PAYEE/MOD	When the payee is different from the case name, enter the code that identifies the relationship of the payee to the case name. See 14-B-Appendix, TD01 PAYEE/MOD .	
	TD06 ADDRESS 1	Enter the first line of the address as it is to appear on the envelope. Exception: When PAYEE/MOD is used, enter the case name here. See 14-B-Appendix, TD01 ADDRESS 1 .	
	TD06 ADDRESS 2	Use this field when the case name appears on the Address 1 line. Leave blank if not applicable. See 14-B-Appendix, TD01 ADDRESS 2 .	
TD06 CITY	Enter the name of the city (up to 14 letters). Punctuation is not allowed.		

WORKER-INITIATED ACTIONS
Medical Transportation
 Revised June 12, 2001

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ACTION	SCREEN FIELDS USED	INSTRUCTIONS
Approval (Cont.)	TD06 STATE TD06 ZIP	Enter the abbreviation for the state. See 14-B-Appendix, TD01 STATE . Enter the 5-digit ZIP code as it is to appear on the envelope or mailer.
Ongoing Eligibility Approving a Case With Spenddown in the Retroactive Period	 TD01 ENT RSN TD01 AID TD01 MED AID TD01 AID CHG DT TD01 MED CHG DT TD05	Ongoing eligibility is allowed only if there is no spenddown involved. Opening a case with zero ongoing spenddown but a different spenddown in the retroactive period is a three-step process. <u>Step 1</u> Open the retroactive period. See Retroactive Eligibility With Spenddown: Approving a Case with Retroactive Certification Only . <u>Step 2</u> After ABC updates: Enter H. Enter a different medical aid type. Enter the first day of the first month of the retroactive period. Use MM/DD/YY format. Close the case according to instructions at Closing Case Other Than at End of Certification Period . Make <u>no</u> other entries on the system.

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
<p>Approving a Case With Spenddown in the Retroactive Period (Cont.)</p> <p>Changing from Ongoing Eligibility to a Spenddown</p>	<p>TD01 TD05 and TD03</p> <p>TD01 ENT RSN</p> <p>TD01 AID TD01 MED AID</p> <p>TD01 AID CHG DT TD01 MED CHG DT</p> <p>TD05</p> <p>TD01 TD05 TD03</p>	<p><u>Step 3</u></p> <p>After ABC updates, open the ongoing case, showing ongoing eligibility. See Approving a Case: Case Has Not Been Pended.</p> <p>If an ongoing recipient provides information that indicates that there is now spenddown, follow these instructions.</p> <p><u>Step 1</u></p> <p>Enter H.</p> <p>Enter a different medical aid type.</p> <p>Enter the first of the next month. Use MM/DD/YY format.</p> <p>Close the case according to instructions at Closing Case Other Than at End of Certification Period.</p> <p><u>Step 2</u></p> <p>After ABC updates, open the case. See Approving a Case: Case Has Not Been Pended, showing a one- or two-month certification period.</p>
<p>Pending a Case</p>	<p>TD01 ENT RSN</p>	<p>Do not pend sanctioned individuals with medical status of "I" or excluded individuals with medical status of "F."</p> <p>All Medically Needy edits apply when pending a case.</p> <p>Enter A.</p>

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Pending a Case (Cont.)	TD01 AID TD01 MED AID	Enter 37-E for each approval of Medically Needy.
	TD01 AID CHG DT TD01 MED CHG DT	If the aid type is changed, enter the first day of the month in MM/DD/YY format.
	TD01 CO RES	Enter two-digit number for the county in which the client resides. A code of 00 indicates out-of-state placement.
	TD01 PHONE	Enter the three-digit area code and the seven-digit telephone number.
	TD01 ENT RSN	Enter A in the Name/Address Section.
	TD01 CASE: LAST FIRST INIT TITLE	Enter the case name (or let the system enter it from the CNID entry), unless the payee is someone other than the client. In that case, enter the payee's name in this field but code the PAY/MOD field. For coding information, see 14-B-Appendix, TD01 CASE: LAST , TD01 CASE: FIRST , TD01 CASE: INIT , and TD01 CASE: TITLE .
	TD01 PAYEE/MOD	Enter the payee modifier code, if applicable. For valid codes, see 14-B-Appendix, TD01 PAYEE/MOD . If the payee modifier code displayed on the screen is no longer valid, remove it. See Removing Data for instructions.
	TD01 CNID	Enter the state ID number of the "case name" person. Entry in this field updates the case name fields. See Case Name ID and 14-B-Appendix, TD01 CNID .

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
Pending a Case (Cont.)	TD01 PAYEE/ ADDRESSEE	Enter the case name, unless the PAYEE/MOD field is entered. If there is a payee, enter that payee's name in this field. Do not include punctuation.
	TD01 ADDRESS 1	If the PAYEE/MOD field is used, enter the CASE NAME. If the PAYEE/MOD field is not used, enter the first line of the client's address (box number, apartment number, etc.). Do not include punctuation. See 14-B-Appendix, TD01 ADDRESS1 .
	TD01 ADDRESS 2	Enter the street address. Do not include punctuation.
	TD01 CITY	Enter the city. Do not include punctuation.
	TD01 STATE	Enter the abbreviation for the state. See 14-B-Appendix, TD01 STATE , for codes.
	TD01 ZIP	Enter the ZIP code.
	TD05 MED ENTRY RSN	Enter A.
	TD05 MED STATUS	Enter D.
	TD05 MED APP DT	Enter the application date in MM/DD/YY format. The month must be the same as the POS DT month will be.
	TD05 MR	Enter N.
TD05 RETRO	This field is optional when you are pending a case.	

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ACTION	SCREEN FIELDS USED	INSTRUCTIONS
Pending a Case (Cont.)	TD05 SPENDDOWN1 TD05 SPENDDOWN2 TD03 ENTRY RSN TD03 TD03 HAND TD03 MN TD03 MP TD03 MED ST TD03 FUND TD03 SCR TD03 HEALTH	Retroactive and current certification period amounts are optional when you are pending a case. If you enter a spenddown amount, fund codes must be consistent with this entry. Enter A. Complete any needed demographic information. See 14-B-Appendix, TD03 , for valid codes. Optional when pending a case. Coding must be consistent with spenddown fields and the person's fund code. See 14-B-Appendix, TD03 MN . Optional when pending a case. Enter "D" for each person pended. Enter for each person. See 14-B-Appendix, TD03 FUND . Optional when pending a case. Optional when pending a case.
Reapproving a Case Case Closed	TD01, TD05, TD03	To open the program, follow the instructions under Approving a Case .

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
Case Active		If the program is active when the reapplication is approved, make these entries during the last month of the current certification period.
	TD05 MED ENTRY RSN	Enter E.
	TD05 MED STATUS	Enter A.
	TD05 MED RSN1	Enter "000" if you want to send a manually prepared <i>Notice of Decision</i> . For a system-generated notice, leave this field blank. Complete the remaining entries, then see System-Issued Notice .
	TD05 APP DT	Enter date. Use MM/DD/YY format.
	TD05 MED POS DT	Enter the first day of the first month of the new certification period, in MM/DD/YY format.
	TD05 MED AD	Enter the code that indicates the timeliness of any approved medical application. Entry is required when entering an "A" MED STATUS. If the application is processed timely, use code "A." If the application is untimely, enter the reason for the processing delay.
	TD05 MED LAST REV	Enter the first month of the new certification period. Use MM/YY format.
	TD05 MED NEXT REV	Enter the last month of the new certification period. Use MM/YY format. If this is an ongoing zero-spenddown case, enter for a 12-month review.
	TD05 MR	Enter N.
TD05 RETRO	Enter zero.	

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ACTION	SCREEN FIELDS USED	INSTRUCTIONS
Case Active (Cont.)	TD05 SPENDDOWN1	Enter zeros.
	TD05 MED CP CD	If this is a zero-spenddown case, enter S. If this is a spenddown case, leave blank.
	TD05 SPENDDOWN2	Worker-calculated. Enter the amount of spenddown for the new certification period after deducting health insurance premiums. If there is no spenddown, enter zeros.
	TD05 CNT-UI	For a system-generated notice of decision, enter the total countable unearned income for the certification period.
	TD05 UI-DED 1	For a system-generated notice of decision: <ul style="list-style-type: none"> ◆ On SSI-related cases, enter the total general income exclusion for certification period. ◆ On FMAP-related cases, enter the remaining balance of paid court-ordered child support for certification period.
	TD05 UI-DED 2	For a system-generated notice of decision: <ul style="list-style-type: none"> ◆ On SSI-related cases, enter the total diversion to others for the certification period. ◆ On FMAP-related cases, enter the remaining balance of the diversion for ineligible or excluded people for the certification period.
	TD05 CNT-EI	For a system-generated notice of decision, enter the total countable earned income for certification period.

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
Case Active (Cont.)	TD05 EI-DED 1	For a system-generated notice of decision: <ul style="list-style-type: none"> ◆ On SSI-related cases, enter any remaining general income exclusion for the certification period. ◆ On FMAP-related cases, enter the 20% earned income deduction for the certification period.
	TD05 EI-DED 2	For a system-generated notice of decision: <ul style="list-style-type: none"> ◆ On SSI-related cases, enter the total work expense for the certification period. ◆ On FMAP-related cases, enter the total dependent care expense for the certification period.
	TD05 EI-DED 3	For a system-generated notice of decision: <ul style="list-style-type: none"> ◆ On SSI-related cases, enter the total earned income deduction for the certification period. ◆ On FMAP-related cases, enter the total paid out court-ordered child support for the certification period.
	TD05 EI-DED 4	For a system-generated notice of decision: <ul style="list-style-type: none"> ◆ On SSI-related cases, enter total work expense for the blind for the certification period. ◆ On FMAP-related cases, enter the total diversion for ineligible or excluded people for the certification period.

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ACTION	SCREEN FIELDS USED	INSTRUCTIONS
Case Active (Cont.)	TD05 A&A	For a system-generated notice of decision: <ul style="list-style-type: none"> ◆ On SSI-related cases, enter the total aid and attendance amount for the certification period. ◆ On FMAP-related cases, leave blank.
	TD05 UME	For a system-generated notice of decision: <ul style="list-style-type: none"> ◆ On SSI-related cases, enter the total unmet medical expenses for the certification period. ◆ On FMAP-related cases, leave blank.
	TD05 PASS	For a system-generated notice of decision: <ul style="list-style-type: none"> ◆ On SSI-related cases, enter the total amount to be deducted for a plan for self-support for the certification period. ◆ On FMAP-related cases, leave blank.
	TD05 INS PREM	For a system-generated notice of decision, enter the total amount of the health insurance premiums for the certification period.
	TD05 MEDICARE	For a system-generated notice of decision, enter the total amount of Medicare premiums the recipients paid for the certification period.
	TD05 MNIL AMT	For a system-generated notice of decision, enter the total MNIL for the household size for the certification period.
	TD05 HH SIZE	For a system-generated notice of decision, enter the number of household members.

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
Case Active (Cont.)	TD03 ENTRY RSN TD03 TD03 MN TD03 MED ST TD03 FUND	Enter "E" for all clients who are approved for the new certification period. Enter any changes. Enter applicable code for each client who is approved for a new certification period. See 14-B-Appendix, TD03 MN . Enter "A" for all clients active for the new period. Enter the applicable fund code for each client active for a new period. See 14-B-Appendix, TD03 FUND .
Removing Data	TD01 TD05 TD03 SSN	These instructions apply only when you must remove data without entering new data. Use the space bar key to remove the data in a field that allows any alphabetic codes. For a field that allows only numbers, use zeros to remove other numbers. Exception: Enter zeros if no application has been made for a social security number. Enter nines if application has been made for a social security number.

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Removing a Person from an Active Case
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ACTION	SCREEN FIELDS USED	INSTRUCTIONS
Removing a Person from an Active Case		<p>If there is only one person on the case, see Closing Case Other Than at End of Certification Period.</p> <p>Do not remove individuals from Medicaid in the same day's action as entries are made to add other individuals to Medicaid on the case.</p> <p>Enter G or H.</p> <p>Enter N.</p> <p>Enter "000" if you want to send a manually prepared <i>Notice of Decision</i>. For automated notice of decisions, enter a notice code. See 14-B-Appendix, NOTICE CODES.</p> <p>When a spenddown amount is other than zero in TD05, SPENDDOWN 1 OR 2 fields, entries are also required on the MMIS Medically Needy subsystem to close a person. For further instructions, see 14-I, Changes and Corrections.</p>
Death of Head of Household	<p>TD03 ENTRY RSN</p> <p>TD03 MED ST</p> <p>TD03 MED RSN</p> <p>TD01 ENT RSN</p> <p>TD01 PAYEE/ADDR</p> <p>TD01 PAY/MOD</p> <p>TD01 ADDRESS1</p> <p>TD01 ADDRESS2</p>	<p>Enter the following address information for the <i>Notice of Decision</i>:</p> <p>Enter H.</p> <p>Enter "To the Family."</p> <p>Enter "For."</p> <p>Enter case name.</p> <p>Enter family's address.</p>

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
Death of Head of Household (Cont.)	TD03 ENTRY RSN	Enter M.
	TD03 MED ST	Enter N.
	TD03 MED RSN	Enter 613.
	TD03 MED DATE	Enter date of death. Use MM/DD/YY format. Enter the new head of the household the following day or as soon as chosen.
	TD01 ENT RSN	Enter H.
	TD01 CASE: LAST FIRST INIT TITLE	Enter the new case name (or let the system enter it from the CNID entry), unless the payee is someone other than the client. In that case, enter the payee's name in this field but code the PAY/MOD field.
	TD01 PAYEE/MOD	Enter the payee modifier code, if applicable. For valid codes, see 14-B-Appendix, TD01 PAYEE/MOD . If the payee modifier code displayed on the screen is no longer valid, remove it. See Removing Data for instructions.
	TD01 CNID	Enter the state ID number of the "case name" person. Entry in this field updates the case name fields. See Case Name ID and 14-B-Appendix, TD01 CNID .
Death of Other Individual		Code death only on one case. The system removes the person from all associated active cases, recalculates benefits, and sends notices when appropriate. WAR message 970 is issued when more than one case exists.

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ACTION	SCREEN FIELDS USED	INSTRUCTIONS
Death of Other Individual (Cont.)	TD03 ENTRY RSN TD03 MED ST TD03 MED RSN TD03 MED DATE	Enter M. Enter N. Enter 613. Enter the date of death. Use MM/DD/YY format.
Restricted Medicaid (Lock-In)		Entries for restricted Medicaid can be made only in Central Office. These entries show on SSNI screens.
Retroactive Eligibility With Spenddown Approving an Individual for Only the Retroactive Period on an Ongoing Case	TD03 ENTRY RSN TD03 TD03 MN TD03 MP TD03 MED ST TD03 MED DATE TD03 FUND	Determine potential retroactive eligibility, including financial factors, at initial case approval. Also see 14-I, Establishing Retroactive Eligibility After Initial Approval . Enter E. Enter any needed demographic information. See 14-B-Appendix, TD03 , for valid codes. Enter the applicable code for each person. See 14-B-Appendix, TD03 MN . Make no entry. Enter A. Enter the first month of the retroactive period. This date can be no earlier than the initial month of the case retroactive period. Use MM/DD/YY format. Enter the applicable code for clients who are potentially eligible or who are spend-down-countable for the retroactive period.

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
Approving a Case with Retroactive Certification Only		Code the application as an initial approval for a current certification period. Benefits will not be issued for the current period due to entry of RETRO codes. RETRO codes “H” through “N” ensure that this current period is not assigned eligibility.
	TD01	Make entries to approve a case with retroactive certification only. See Approving a Case: Case Has Been Pended or Case Has Not Been Pended , both for completing TD01 information.
	TD05 MED ENTRY	Enter E.
	TD05 MED STATUS	Enter A.
	TD05 MED RSN1	Enter 000 if you want to send a manually prepared <i>Notice of Decision</i> . For a system-generated notice, leave this field blank. Complete the remaining entries, then see System-Issued Notice .
	TD05 MED APP DT	Enter date. The month must be the same as the POS DT months. Use MM/YY/DD format.
	TD05 MED POS DT	Enter the first day of the first month of the denied prospective certification period. Use MM/DD/YY format.
	TD05 MED AD	Enter the code that indicates the timeliness of any approved medical application. Entry is required when entering an “A” MED STATUS. If the application is processed timely, use code “A.” Use code “H” for day 31 through day 45. If the application is untimely, enter the reason for the processing delay.
	TD05 MED LAST REV	Enter the first month of the denied prospective certification period. Use MM/YY format.

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Approving a Case with Retroactive Certification Only (Cont.)	TD05 MED NEXT REV	Enter the last month of the denied prospective certification period. Use MM/YY format.
	TD05 MR	Enter N.
	TD05 RETRO	Enter the applicable retroactive code (H-N). Do not use codes 0-7. See 14-B-Appendix, TD05 RETRO .
	TD05 SPENDDOWN1	Enter the amount of spenddown for the retroactive certification period, after deduction of health insurance premium.
	TD05 SPENDDOWN2	Enter zeros.
	TD05 CNT-UI	For a system-generated notice of decision, enter the total unearned income for the certification period.
	TD05 UI-DED 1	For a system-generated notice of decision: <ul style="list-style-type: none"> ◆ For SSI-related cases, enter the total general income exclusion for certification period. ◆ For FMAP-related cases, enter the remaining balance of paid court-ordered child support for certification period.
	TD05 UI-DED 2	For a system-generated notice of decision: <ul style="list-style-type: none"> ◆ On SSI-related cases, enter the total diversion to others for the certification period. ◆ On FMAP-related cases, enter the remaining balance of the diversion for ineligible or excluded people for the certification period.
TD05 CNT-EI	For a system-generated notice of decision, enter the total amount of earned income for certification period.	

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
Approving a Case with Retroactive Certification Only (Cont.)	TD05 EI-DED 1	For a system-generated notice of decision: <ul style="list-style-type: none"> ◆ On SSI-related cases, enter any remaining general income exclusion for the certification period. ◆ On FMAP-related cases, enter the 20% earned income deduction for the certification period.
	TD05 EI-DED 2	For a system-generated notice of decision: <ul style="list-style-type: none"> ◆ On SSI-related cases, enter the total work expense for the certification period. ◆ On FMAP-related cases, enter the total dependent care expense for the certification period.
	TD05 EI-DED 3	For a system-generated notice of decision: <ul style="list-style-type: none"> ◆ On SSI-related cases, enter the total earned income deduction for the certification period. ◆ On FMAP-related cases, enter paid out court-ordered child support for the certification period.
	TD05 EI-DED 4	For a system-generated notice of decision: <ul style="list-style-type: none"> ◆ On SSI-related cases, enter total work expense for the blind for the certification period. ◆ On FMAP-related cases, enter the total diversion for ineligible or excluded people for the certification period.

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Approving a Case with Retroactive Certification Only (Cont.)	TD05 A&A	For a system-generated notice of decision: <ul style="list-style-type: none"> ◆ On SSI-related cases, enter the total aid and attendance amount for the certification period. ◆ On FMAP-related cases, leave blank.
	TD05 UME	For a system-generated notice of decision: <ul style="list-style-type: none"> ◆ On SSI-related cases, enter the total unmet medical expenses for the certification period. ◆ On FMAP-related cases, leave blank.
	TD05 PASS	For system-generated notice of decision: <ul style="list-style-type: none"> ◆ On SSI-related cases, enter the total amount to be deducted for a plan for self-support for the certification period. ◆ On FMAP-related cases, leave blank.
	TD05 INS PREM	For a system-generated notice of decision, enter the total amount of the health insurance premiums for the certification period.
	TD05 MEDICARE	For a system-generated notice of decision, enter the total amount of Medicare premiums paid by the recipient(s) for the certification period.
	TD05 MNIL AMT	For a system-generated notice of decision, enter the total MNIL for the household size for the certification period.
	TD05 HH SIZE	For a system-generated notice of decision, enter the number of household members.

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
<p>Approving a Case with Retroactive Certification Only (Cont.)</p>	<p>TD03</p> <p>TD03 ENTRY RSN</p> <p>TD03 MN</p> <p>TD03 MED ST</p> <p>TD03 FUND</p>	<p>Complete any needed demographic information for the new person. See 14-B-Appendix, TD03, for valid codes.</p> <p>Enter E.</p> <p>Enter the applicable code for each person. See 14-B-Appendix, TD03 MN.</p> <p>Enter A.</p> <p>Enter the applicable code for each person who is potentially eligible or spenddown-countable for the retroactive period. See 14-B-Appendix, TD03 FUND.</p> <p>The MMIS Medically Needy subsystem generates an ESTD for the retroactive period.</p>
<p>Retroactive Eligibility Without Spenddown</p> <p>Approving an Individual for the Retroactive Period Only</p>		<p>Determine potential retroactive eligibility, including financial factors, at initial case approval.</p> <p>If the person has a state ID number that has been active previously for Medicaid, send form 470-0397, <i>Request for Special Update</i>, to Quality Assurance specifying which months are to be eligible months.</p> <p>If the person has not been active for Medicaid in the past two years, establish a separate case (or FBU). See Case Numbering: Assigning Case Numbers, Establishing FBUs or next instructions</p>

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
Approving a Case with Retroactive Eligibility Only (Cont.)		Code the application as an initial approval for ongoing benefits for the current certification period. Entry of RETRO codes H-N prevents issuance of benefits for the current period.
	TD01	Make entries to approve a case with retroactive certification only. See Approving a Case: Case Has Been Pended or Case Has Not Been Pended , for completing TD01 information.
	TD05 MED ENTRY RSN	Enter E.
	TD05 MED STATUS	Enter A.
	TD05 MED RSN1	Enter "000" if you want to send a manually prepared <i>Notice of Decision</i> regarding the basis of eligibility. For a system-generated notice, leave this field blank. Complete the remaining entries, then see System-Issued Notice .
	TD05 MED APP DT	Enter date. The month must be the same as the POS DT month. Use MM/DD/YY format.
	TD05 MED POS DT	Enter the first day of the first month of the denied prospective certification period in MM/DD/YY format.
	TD05 MED AD	Enter the code that indicates the timeliness of any approved medical application. Entry is required when entering an "A" MED STATUS. If the application is untimely, enter the reason for the processing delay. If the application is processed timely, use code "A." Use code "H" for day 31 through day 45.

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
Approving a Case with Retroactive Eligibility Only (Cont.)	TD05 MED LAST REV	Enter the first month of the denied prospective certification period. Use MM/YY format.
	TD05 MED NEXT REV	Enter the last month of the denied prospective certification period. Use MM/YY format.
	TD05 MR	Enter N.
	TD05 RETRO	Enter the applicable retroactive code (H-N). Do not use codes 0-7. See 14-B-Appendix, TD05 RETRO .
	TD05 SPENDDOWN1	Enter zeros.
	TD05 SPENDDOWN2	Enter zeros.
	TD05 CNT-UI	For a system-generated notice of decision, enter the total countable unearned income for the certification period.
	TD05 UI-DED 1	For a system-generated notice of decision: <ul style="list-style-type: none"> ◆ For SSI-related cases, enter the total general income exclusion for the certification period. ◆ For FMAP-related cases, enter the remaining balance of paid court-ordered child support for the certification period.
	TD05 UI-DED 2	For a system-generated notice of decision: <ul style="list-style-type: none"> ◆ On SSI-related cases, enter the total diversion to others for the certification period. ◆ On FMAP-related cases, enter the remaining balance of the diversion for ineligible or excluded people for the certification period.

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Approving a Case with Retroactive Eligibility Only (Cont.)	TD05 CNT-EI	For a system-generated notice of decision, enter the total countable earned income for the certification period.
	TD05 EI-DED 1	For a system-generated notice of decision: <ul style="list-style-type: none"> ◆ On SSI-related cases, enter any remaining general income exclusion for the certification period. ◆ On FMAP-related cases, enter the 20% earned income deduction for the certification period.
	TD05 EI-DED 2	For a system-generated notice of decision: <ul style="list-style-type: none"> ◆ On SSI-related cases, enter the total work expense for the certification period. ◆ On FMAP-related cases, enter the total dependent care expense for the certification period.
	TD05 EI-DED 3	For a system-generated notice of decision: <ul style="list-style-type: none"> ◆ On SSI-related cases, enter the total earned income deduction for the certification period. ◆ On FMAP-related cases, enter the total paid out court-ordered child support for the certification period.
	TD05 EI-DED 4	For a system-generated notice of decision: <ul style="list-style-type: none"> ◆ On SSI-related cases, enter total work expense for the blind for the certification period. ◆ On FMAP-related cases, enter the total diversion for ineligible or excluded people for the certification period.

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
Approving a Case with Retroactive Eligibility Only (Cont.)	TD05 A&A	For a system-generated notice of decision: <ul style="list-style-type: none"> ◆ On FMAP-related cases, leave blank. ◆ On SSI-related cases, enter the total aid and attendance amount for the certification period.
	TD05 UME	For a system-generated notice of decision: <ul style="list-style-type: none"> ◆ On FMAP-related cases, leave blank. ◆ On SSI-related cases, enter the total unmet medical expenses for the certification period.
	TD05 PASS	For a system-generated notice of decision: <ul style="list-style-type: none"> ◆ On FMAP-related cases, leave blank. ◆ On SSI-related cases, enter the total amount to be deducted for a plan for self-support for the certification period.
	TD05 INS PREM	For a system-generated notice of decision, enter the total amount of the health insurance premiums for the certification period.
	TD05 MEDICARE	For a system-generated notice of decision, enter the total amount of Medicare premiums the recipients paid for the certification period.
	TD05 MNIL AMT	For a system-generated notice of decision, enter the total MNIL for the household size for the certification period.
	TD05 HH SIZE	For a system-generated notice of decision, enter the number of household members.

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Approving a Case with Retroactive Eligibility Only (Cont.)	TD03	Complete any needed demographic information for the new person. See 14-B-Appendix, TD03 , for valid codes.
	TD03 ENTRY RSN	Enter E.
	TD03 MN	Enter the applicable characteristic code for each person eligible for Medicaid in the retroactive period. (Do not use code 0.) See 14-B-Appendix, TD03 MN .
	TD03 MED ST	Enter A.
	TD03 FUND	Enter the applicable code for each person <u>eligible</u> in the retroactive period. See 14-B-Appendix, TD03 FUND .
Sanctions To Sanction One Person To Sanction a Case	TD01 MED AID	Use with zero-spenddown cases only. Note: Do not pend a sanctioned person.
	TD03 ENTRY RSN	Enter G.
	TD03 MED ST	Enter I.
	TD03 MED RSN	Enter the person notice reason code. See 14-B-Appendix, NOTICE CODES .
	TD03 FUND	Enter S.
	TD03 MED DIS	Enter 00.
	TD05 MED ENTRY RSN	Enter G.
	TD05 MED STATUS	Enter I.
TD05 RSN2	Enter the case sanction notice reason code. See 14-B-Appendix, NOTICE CODES .	

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
To Sanction a Case (Cont.)	TD05 MED NEG DT	Enter the date Medicaid will be canceled. This is required when using the MED STATUS code of "I."
	TD03	Complete any needed demographic information for the new person. See 14-B-Appendix, TD03 , for valid codes.
Approving an Application with a Sanctioned Person for Zero-Spenddown Cases Only	TD03 ENTRY RSN	Enter A.
	TD03 MED ST	Enter I.
	TD03 MED RSN	Re-enter the existing sanction notice reason code. Or, if there is a new sanction, enter that code.
	TD03 FUND	Enter S for considered person.
	TD03 MED DIS	Enter 00.
	BCW2s	Enter income for the months in the approval process.
Cancel the Sanctioned Person	TD03 ENTRY RSN	Enter G.
	TD03 MED ST	Enter N.
	TD03 MED RSN	Enter the notice reason code to cancel. See 14-B-Appendix, NOTICE CODES .
Failure to Comply with Third-Party Liability		Note: After these entries update, the system will change the person's medical status to an "I" and the fund code to a "9." If the client with a zero spenddown fails to comply with instructions from the Third-Party Liability Unit, sanction that person's Medicaid eligibility. This action requires timely notice.

WORKER-INITIATED ACTIONS

Sanctions

Revised November 12, 2004

Iowa Department of Human Services

Title 14 Management Information

Chapter I(1) Medically Needy Case Actions

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
Failure to Comply with Third-Party Liability (Cont.)	TD03 ENTRY RSN	Enter G.
	TD03 MED ST	Enter I.
	TD03 MED RSN	Enter notice reason code 960.
	TD03 FUND	Enter S.
	TD03 MED DIS	Enter 00. When there is only one person on the case, use these instructions to close the program line after the individual entries update, then enter the following:
	TD05 MED ENTRY RSN	Enter G.
	TD05 MED STATUS	Enter N.
Failure to Cooperate with Child Support	TD05 MED RSN2	Enter 000. Do not enter reason notice 960, since notice was previously issued. Use the ESTD to shorten the certification period or change the spenddown amount.
		Use for zero-spenddown cases only. <u>Program</u>
	TD05 MED ENTRY RSN	Enter G.
	TD05 MED STATUS	Enter I.
	TD05 RSN2	Enter notice reason code 306.
	TD05 MED NEG DATE	Enter the date the case will close.

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
Failure to Cooperate with Child Support (Cont.)	TD03 ENTRY RSN	<u>Individual</u> Enter G.
	TD03 MED ST	Enter I.
	TD03 MED RSN	Enter notice reason code 945.
	TD03 FUND	Enter S.
	TD03 MED DIS	Enter 00.
Failure to Cooperate with HIPP		Use for zero-spenddown cases only.
	TD03 ENTRY RSN	Enter G.
	TD03 MED ST	Enter I.
	TD03 MED RSN	Enter notice reason code 847.
	TD03 FUND	Enter S.
		When there is only one person on the case, use these instructions to close the program line after the individual entries update. Then enter the following:
	TD05 MED ENTRY RSN	Enter G.
	TD05 MED STATUS	Enter N.
	TD05 RSN2	Enter 000. Do not use a notice reason code because the notice was previously issued.

WORKER-INITIATED ACTIONS

Sanctions

Revised February 2, 2007

Iowa Department of Human Services

Title 14 Management Information

Chapter I(1) Medically Needy Case Actions

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
Failure to Cooperate with Investigation	TD05 MED ENTRY RSN	<u>Program</u> Use with zero-spenddown cases only.
	TD05 MED STATUS	Enter G.
	TD05 MED RSN2	Enter I.
	TD05 MED NEG DATE	Enter notice reason code 203. Enter the date the case will be canceled.
Failure to Cooperate with Quality Control	TD05 MED ENTRY RSN	Use with zero-spenddown cases only.
	TD05 MED ST	Enter G.
	TD05 MED RSN2	Enter I.
	TD05 MED NEG DATE	Enter notice reason code 203. Enter the date the case will cancel.
Lifting a Sanction for a Person on a Zero-Spenddown Case	TD03 ENTRY RSN	Enter A or C.
	TD03 MED ST	Enter A or C.
	TD03 MED RSN	Enter the applicable notice reason code. See 14-B-Appendix, NOTICE CODES .
	TD03 MED DATE	Enter the date the person is eligible. This date is the first of the month that the person cooperated.
	TD03 FUND	Enter A, R, S or C (for minor parents only).
	TD01 MED AID	Make sure the aid type is correct.

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
Reinstating a Sanctioned Person on a Zero-spenddown Case	TD03 ENTRY RSN	Enter B.
	TD03 MED ST	Enter I.
	TD03 MED RSN	Re-enter the existing sanction notice reason code. Or, if there is a new sanction, enter that code.
	TD03 FUND	Enter S.
	TD03 MED DIS	Enter 00.
Reopening or Approving a Person with an Existing Sanction on a Zero-Spenddown Case		When reopening or approving a case that includes a sanctioned person, use these instructions to:
		<ul style="list-style-type: none"> ◆ Lift the sanction, or ◆ Keep the sanction intact by the choices that you make in medical status and fund code.
	TD03 ENTRY RSN	Enter A or C.
	TD03	Complete any needed demographic information for the new person. See 14-B-Appendix, TD03 , for valid codes.
	TD03 MED ST	If the person should be under sanction status, enter "I." Or , if the person is now eligible for Medicaid, enter "A" or "C."
	TD03 MED RSN	If the MED ST is "I," re-enter the sanction notice reason code. Or , if the MED ST is "A" or "C," enter the notice reason code for Medicaid eligibility when only the sanctioned person is being reopened or approved on a multi-person case.
		See 14-B-Appendix, NOTICE CODES .

WORKER-INITIATED ACTIONS

Sanctions

Revised November 12, 2004

Iowa Department of Human Services

Title 14 Management Information

Chapter I(1) Medically Needy Case Actions

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
<p>Reopening or Approving a Person with an Existing Sanction on a Zero-spenddown Case (Cont.)</p>	<p>TD03 MED DATE</p> <p>TD03 FUND</p> <p>TD03 MED DIS</p> <p>BCW2s</p> <p>TD01 MED AID</p>	<p>Enter the date if only the sanctioned person is being approved or reopened to an active case. Do not enter a date if you are approving or reopening an entire case.</p> <p>If the MED ST is "I," enter "S". Or, if the MED ST is "A" or "C," then enter "1," "A," "R," "S" or "C" (for minor parents only).</p> <p>If the MED ST is "I," enter "00." Or, if the MED ST is "A" or "C," no entry is required in this field.</p> <p>Enter income for the applicable months.</p> <p>Check the medical aid type to make sure it is correct.</p>
<p>Shortening a Certification Period</p>	<p>TD01 ENT RSN</p> <p>TD01 AID TD01 MED AID</p> <p>TD01 AID CHG DT TD01 MED CHG DT</p> <p>TD05</p> <p>TD01, TD05, and TD03</p>	<p><u>Step 1</u></p> <p>Enter H.</p> <p>Enter a different medical aid type.</p> <p>Enter the first of the next month. Use MM/DD/YY format.</p> <p>Close the case according to instructions at Closing Case Other Than at End of Certification Period.</p> <p><u>Step 2</u></p> <p>After ABC updates, open the case. See Approving a Case: Case Has Not Been Pended, showing the shortened certification period.</p>

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
SSI-Related Cases		<p>SSI-related Medically Needy cases are allowed ongoing eligibility if all eligible members have a Medically Needy characteristic code of 7, 8, or 9, and the case has zero spenddown. These cases are reviewed on an annual basis.</p> <p>Approve these cases as all others (see Approving a Case), except the TD05 MED CP CD field must have an “S” entered at the time of approval to set up the ongoing eligibility.</p> <p>Do not set up separate QMB, SLMB, or E-SLMB cases for households that have ongoing eligibility. Enter the applicable QMB indicator. See 14-B-Appendix, TD03 QMB, for codes.</p>
Review	<p>TD05 MED ENTRY RSN</p> <p>TD05 MED LAST REV</p> <p>TD05 MED NEXT REV</p>	<p>Enter H.</p> <p>Enter the next system month in MM/YY format.</p> <p>Enter the month of the next required review in MM/YY format.</p>
Case Becomes a Spenddown Case		<p>When a change in circumstances causes the net countable income to exceed the MNIL, redetermine eligibility, compute the spenddown, and establish a two-month certification period. See Ongoing Eligibility: Changing from Ongoing Eligibility to a Spenddown.</p> <p>Remove the MED CP CD “S” from the field on TD05 by using the space bar key.</p>

WORKER-INITIATED ACTIONS**SSI-Related Cases**

Revised April 22, 2005

Iowa Department of Human Services

Title 14 Management Information**Chapter I(1)** Medically Needy Case Actions

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
Spenddown Case Becomes a Zero-Spenddown Case		<p>When a change in circumstances causes the net countable income to fall below the MNIL during the two-month certification period, change the amount of the spenddown on the ESTD to zero. See 14-I, ELIGIBILITY STATUS TURNAROUND DOCUMENT.</p> <p>Allow the two-month certification period to end. Open the case following the instructions at Approving a Case: Case Has Not Been Pended, entering a 10-month certification period.</p>
State ID Numbers	<p>TD00 (or other screen)</p> <p>ST01</p>	<p>When processing an application or adding a person to an existing case, check ST01 to see if a state ID exists for the applicant.</p> <p>Enter ST01 for OPTION and the literal "UNK" for the state ID number.</p> <p>Enter the social security number, religious beliefs (RB) indicator, (only if the social security number is all zeros), name, date of birth, sex, and select OPTION 4 in the CD/SCRN area. The system searches first on the social security number only and then on the other data.</p> <p>Match the information of the person with the information that appears on the screen. If a match is made, select the state ID.</p> <p>If the information is close, investigate further. The person may have changed a last name or may be using a nickname.</p> <p>If the search does not bring up a state ID, remove all but the first letter in the first name field and enter the last name.</p>

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
<p>State ID Numbers (Cont.)</p> <p>Assigning State IDs</p> <p>Correcting State IDs</p>		<p>The county number tells where a case file was most recently located. The person may have moved, so do not assign a new state ID number solely because the county is different.</p> <p>Be very careful not to assign duplicate state IDs. Check both the ABC and SRS systems. The client may have been on SRS, but not ABC, or vice versa. If the person has been on either system, a state ID number has been assigned.</p> <p>If there is no match, enter the literal NEW in the STATE ID field, the social security number, religious belief (RB) indicator, (only if the social security number is all zeros), full name, birth date, and sex. Press the ENTER key.</p> <p>Note: To facilitate IEVS matches, the name should match the name on available Social Security Administration records. For additional information, see 14-G, REQUIREMENTS OF IEVS MATCHING.</p> <p>Use the PF4 key to confirm the data. The system will assign a state ID number.</p> <p>If you make a mistake when assigning the state ID number , you can correct it by making an entry on TD03. Corrections made to TD03 also update ST01.</p> <p>You can correct the name, birth date, and sex. Social security numbers can also be corrected if the number you are entering is not already on the system.</p>

WORKER-INITIATED ACTIONS**State ID Numbers**

November 12, 2004

Iowa Department of Human Services

Title 14 Management Information**Chapter I(1)** Medically Needy Case Actions

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
Cross-Referencing State IDs		If you find that a person has more than one state ID number, send form 470-0271, <i>Quality Assurance Transmittal</i> , to Quality Assurance. Designate the correct state ID number and also the incorrect number to be removed.
System-Issued Notice	TD05 CNT UI	<p>ABC will not calculate the spenddown amount. You can enter income information, deductions, and spenddown amounts on TD05 and ABC will issue a <i>Notice of Decision</i>. Enter the <u>total amounts</u> for the certification period.</p> <p>The <i>Notice of Decision</i> will show:</p> <ul style="list-style-type: none"> ◆ The calculation for the certification period based on the information entered. ◆ The spenddown amount from the TD05 screen. <p>Make entries to approve the Medically Needy case. See Approving a Case: Case Has Been Pended, or Approving a Case: Case Has Not Been Pended.</p> <p>Do not enter “000” in the MED ENTRY RSN.</p> <p>In addition to the approval entries, make the following TD05 entries.</p> <p>Enter the total countable unearned income for the certification period.</p>

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
System-Issued Notice (Cont.)	TD05 UI-DED1	<p>On SSI-related cases, enter the total general income exclusion for the certification period.</p> <p>On FMAP-related cases, enter the remaining balance of paid court-ordered child support for the certification period.</p>
	TD05 UI-DED 2	<p>On SSI-related cases, enter the total diversion to others for the certification period.</p> <p>On FMAP-related cases, enter the remaining balance of the diversion for ineligible or excluded people for the certification period.</p>
	TD05 CNT-EI	<p>Enter the total countable earned income for the certification period.</p>
	TD05 EI-DED 1	<p>On SSI-related cases, enter the remaining general income exclusion.</p> <p>On FMAP-related cases, enter the 20% dependent expenses for the certification period.</p>
	TD05 EI-DED 2	<p>On SSI-related cases, enter the total work expense for the certification period (\$65 per month).</p> <p>On FMAP-related cases, enter the total dependent care expenses for the certification period.</p>

WORKER-INITIATED ACTIONS**System-Issued Notice**

November 12, 2004

Iowa Department of Human Services

Title 14 Management Information**Chapter I(1)** Medically Needy Case Actions

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
System-Issued Notice (Cont.)	TD05 EI-DED 3	<p>On SSI-related cases, enter the total earned income deduction (1/2 of the total remaining earned income).</p> <p>On FMAP-related cases, enter the total paid court-ordered child support for the certification period.</p>
	TD05 EI-DED 4	<p>On SSI-related cases, enter total work expense for blind people including impairment-related work expenses.</p> <p>On FMAP-related cases, enter the total diversion for ineligible or excluded people.</p>
	TD05 A&A & UME	<p>On SSI-related cases, enter the total amount to be deducted for the certification period for aid and attendance and unmet medical expenses.</p> <p>On FMAP-related cases, leave blank.</p>
	TD05 PASS	<p>On SSI-related cases, enter the total amount to be deducted for a plan for self-support for the certification period.</p> <p>On FMAP-related cases, leave blank.</p>
	TD05 INS PREM	<p>Enter the total amount of the insurance premiums for the certification period.</p>
	TD05 MEDICARE	<p>Enter the total amount of Medicare premiums paid for the certification period.</p>
	TD05 MNIL AMT	<p>Enter the total MNIL for the household size for the certification period.</p>
	TD05 HH SIZE	<p>Enter the number of household members.</p>

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
Transferring a Case to Another County		<p>The sending county makes the transfer entries. Do not transfer case folders until entries update.</p> <p>When the county where the household has moved requests case transfer, complete the transfer as soon as possible. If the requesting county does not receive the case timely, refer to field procedures.</p> <p>Do not transfer a case to a county staffed less than full time. Transfer it to the full-time office associated with the less-than-full-time office. The case folder remains in the associated full-time office.</p>
	TD01 ENTRY RSN	Enter H.
	TD01 CO	Enter the new county's number.
	TD01 WKR	Enter the new worker number. If the new number is not known, enter "00" in the third and fourth positions of the field.
	TD01 INFO	Enter the number of the sending county in the first two positions of the field.
	TD01 RE	Enter TR.
	TD01 LOC	Enter the county number entered in CO.
	TD01 CO RES	Enter the two-digit code for the county where the applicant resides.
	TD01 ENT RSN	Enter "H" in the Name/Address section.
	TD01 CNID	Enter the state ID number of the "case name" person, if it is missing

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
Transferring a Case to Another County (Cont.)	TD01 ADDRESS 1 & 2, CITY, ST, ZIP	Enter address changes. The worker receiving the case will get message 328 when these entries update.

SYSTEM-INITIATED ACTIONS

ACTION	EXPLANATION
Automatic Program Closing	The Medically Needy Program is automatically closed when the certification period expires. No notice is sent or required.



THOMAS J. VILSACK, GOVERNOR
SALLY J. PEDERSON, LT. GOVERNOR

DEPARTMENT OF HUMAN SERVICES
JESSIE K. RASMUSSEN, DIRECTOR

September 28, 1999

GENERAL LETTER NO. 14-I(1)-4

ISSUED BY: Bureau of Policy Analysis, Division of Policy Coordination

SUBJECT: Employees' Manual, Title 14, Chapter I(1), *Medically Needy Case Actions*, Title page, revised; Contents (pages 1 and 2), revised; and pages 1 through 45, revised.

Summary

The revised chapter includes the following changes:

- ◆ Throughout the chapter, "MNSC system" has changed to "Medically Needy subsystem."
- ◆ Information has been added regarding REVS on page 2.
- ◆ Aid type 37-F has been removed from pages 3 and 7.
- ◆ Instructions for entries made in the TD05 REA1 field have been updated on pages 9, 13, 28, 33 and 35.
- ◆ Instructions for TD03 QMB and the TD03 POV fields have been updated on page 11, 12, 14, and 15.
- ◆ "FMAP" has replaced "ADC" on pages 12, 17, and 22.
- ◆ Instructions for the TD01 MED AID field have been added on page 17.
- ◆ Instructions for changing the spenddown amount have been updated on page 19.
- ◆ Reference to "Consultec's Medically Needy Unit" has replaced "Quality Assurance" on page 20.
- ◆ Instructions for TD05 REA2 have been updated on page 25.
- ◆ Instructions for SSI-related cases have been updated on page 39.
- ◆ A new action, "System-Issued Notice," has been added beginning on page 42.

Effective Date

This manual material is effective upon receipt.

Material Superseded

Remove the entire Chapter I(1) from Employees' Manual, Title 14, and destroy it. This includes:

<u>Page</u>	<u>Date</u>
Title page	April 16, 1991
Contents (pages 1 and 2)	March 29, 1994
1-11	April 16, 1991
12, 12a	February 16, 1993
13, 14	April 16, 1991
15, 16, 16a	February 16, 1993
17, 18	April 16, 1991
19, 20, 20a	February 16, 1993
21, 22	April 16, 1991
23-26	March 29, 1994
27-32	April 16, 1991
33, 34	February 16, 1993
34a, 34b, 35	March 29, 1994
36-38	April 16, 1991
39-48	February 16, 1993

Additional Information

Refer questions about this general letter to your regional benefit payment administrator.



THOMAS J. VILSACK, GOVERNOR
SALLY J. PEDERSON, LT. GOVERNOR

DEPARTMENT OF HUMAN SERVICES
JESSIE K. RASMUSSEN, DIRECTOR

September 26, 2000

GENERAL LETTER NO. 14-I(1)-5

ISSUED BY: Bureau of Eligibility, Division of Medical Services

SUBJECT: Employees' Manual, Title 14, Chapter I(1), *MEDICALLY NEEDED SPENDDOWN CONTROL SYSTEM*, Contents (page 2), revised; Contents (page 3) new; and pages 25 through 28 and 37 through 40, revised; and pages 26a, 26b, and 26c, new.

Summary

Instructions are provided for FMAP-related cases with ongoing eligibility that have a zero spenddown. Instructions for paying medical transportation claims are also updated, along with field names and cross-references.

Effective Date

October 1, 2000

Material Superseded

Remove the following pages from Employees' Manual, Title 14, Chapter I(1), and destroy them:

<u>Page</u>	<u>Date</u>
Contents (page 2)	September 28, 1999
25-28, 37-40	September 28, 1999

Additional Information

Refer questions about this general letter to your regional benefit payment administrator.



June 12, 2001

GENERAL LETTER NO. 14-I(1)-6

ISSUED BY: Office of Policy Analysis, Division of Policy and Rule Integration

SUBJECT: Employees' Manual, Title 14, Chapter I(1), *MEDICALLY NEEDY CASE ACTIONS*, Title page, revised; Contents (pages 1 through 3), revised; pages 1 through 45, revised; and pages 46 through 72, new.

Summary

Material on the worker-initiated and ABC system-initiated Medically Needy case actions is revised to reflect the current policy and system programming changes.

Effective Date

Upon receipt.

Material Superseded

Remove the following pages from Employees' Manual, Title 14, Chapter I(1), and destroy them:

<u>Page</u>	<u>Date</u>
Title Page	September 28, 1999
Contents (page 1)	September 28, 1999
Contents (pages 2 and 3)	September 26, 2000
1-24	September 28, 1999
25, 26, 26a-26c, 27, 28	September 26, 2000
29-36	September 28, 1999
37-40	September 26, 2000
41-45	September 28, 1999

Additional Information

Refer questions about this general letter to your regional benefit payment administrator.



STATE OF IOWA

THOMAS J. VILSACK, GOVERNOR
SALLY J. PEDERSON, LT. GOVERNOR

DEPARTMENT OF HUMAN SERVICES
JESSIE K. RASMUSSEN, DIRECTOR

April 16, 2002

GENERAL LETTER NO. 14-I(1)-7

ISSUED BY: Office of Policy Analysis

SUBJECT: Employees' Manual, Title 14, Chapter I(1), *MEDICALLY NEEDY CASE ACTIONS*, pages 71 and 72, revised.

Summary

This chapter is revised to add screen fields and instructions for transferring a case to another county. Do not transfer a case to a county staffed less than full time. Transfer the case to the designated county office but enter the resident county number on TD01's CO RES field.

Effective Date

Upon receipt.

Material Superseded

Remove pages 71, and 72, dated June 12, 2001, from the Employees' Manual, Title 14, Chapter I(1), and destroy them:

Additional Information

Refer questions about this general letter to your area income maintenance supervisor 2.



STATE OF IOWA

THOMAS J. VILSACK, GOVERNOR
SALLY J. PEDERSON, LT. GOVERNOR

DEPARTMENT OF HUMAN SERVICES
JESSIE K. RASMUSSEN, DIRECTOR

February 25, 2003

GENERAL LETTER NO. 14-I(1)-8

ISSUED BY: Office of Policy Analysis

SUBJECT: Employees' Manual, Title 14, Chapter I(1), *MEDICALLY NEEDY CASE ACTIONS*, pages 2, 9, 19, 34, 44, 71, and 72, revised.

Summary

This chapter is revised to:

- ◆ Correct a cross-reference.
- ◆ Change and add to the appropriate case actions the instructions for the TD01 COS RES field, to indicate that a worker entry is required. The system no longer defaults to the county of the worker number if no entry is made.
- ◆ Change the language for case actions, "Transferring a Case to Another County," to match with other Title 14 case action chapters.

Effective Date

Upon receipt.

Material Superseded

Remove the following pages from Employees' Manual, Title 14, Chapter I(1), and destroy them:

<u>Page</u>	<u>Date</u>
2, 9, 19, 34, 44	June 12, 2001
71, 72	April 16, 2002

Additional Information

Refer questions about this general letter to your area income maintenance supervisor 2.



STATE OF IOWA

THOMAS J. VILSACK, GOVERNOR
SALLY J. PEDERSON, LT. GOVERNOR

DEPARTMENT OF HUMAN SERVICES
KEVIN W. CONCANNON, DIRECTOR

May 20, 2003

GENERAL LETTER NO. 14-I(1)-9

ISSUED BY: Office of Policy Analysis

SUBJECT: Employees' Manual, Title 14, Chapter I(1), *MEDICALLY NEEDY CASE ACTIONS*, pages 12, 17, 18, 25, 26, 40, and 65, revised.

Summary

This chapter is revised to:

- ◆ Remove references to home-health specified low-income Medicare beneficiary group (HH-SLMB). The federally funded program was terminated effective December 31, 2002.
- ◆ Add the new PF06 = HIPP REF function key to the TD03 screen. This allows workers to make an automated referral to the HIPP referral (HIRF) system.

Effective Date

Upon receipt.

Material Superseded

Remove the following pages from Employees' Manual, Title 14, Chapter I(1), and destroy them:

<u>Page</u>	<u>Date</u>
12, 17, 18, 25, 26, 40, 65	June 12, 2001

Additional Information

Refer questions about this general letter to your area income maintenance supervisor 2.



STATE OF IOWA

THOMAS J. VILSACK, GOVERNOR
SALLY J. PEDERSON, LT. GOVERNOR

DEPARTMENT OF HUMAN SERVICES
KEVIN W. CONCANNON, DIRECTOR

June 8, 2004

GENERAL LETTER NO. 14-I(1)-10

ISSUED BY: Office of Policy Analysis

SUBJECT: Employees' Manual, Title 14, Chapter I(1), *MEDICALLY NEEDED CASE ACTIONS*, pages 1, 2, 3, 13, 14, 22, 31, and 32, revised.

Summary

This chapter is revised to:

- ◆ Add a note to the TD05 MED CP CD field instructions under the following sections:
“Approving a Case: Case Has Been Pended,” and “Approving a Case: Case Has Not Been Pended.”
- ◆ Correct cross-references with the correct chapter numbers.
- ◆ Change the name of the Medicaid fiscal agent from Consultec to ACS.

Effective Date

Upon receipt.

Material Superseded

Remove the following pages from Employees' Manual, Title 14, Chapter I(1), and destroy them:

<u>Page</u>	<u>Date</u>
1	June 12, 2001
2	February 25, 2003
3, 13, 14, 22, 31, 32	June 12, 2001

Additional Information

Refer questions about this general letter to your area income maintenance supervisor 2.



STATE OF IOWA

THOMAS J. VILSACK, GOVERNOR
SALLY J. PEDERSON, LT. GOVERNOR

DEPARTMENT OF HUMAN SERVICES
KEVIN W. CONCANNON, DIRECTOR

November 12, 2004

GENERAL LETTER NO. 14-I(1)-11

ISSUED BY: Office of Policy Analysis

SUBJECT: Employees' Manual, Title 14, Chapter I(1), *MEDICALLY NEEDY CASE ACTIONS*, Contents (pages 2 and 3), revised; pages 12, 17, 18, 30, 37, 38, 39, 40, 43, 44, 54, and 64 through 72, revised; and pages 38a and 73 through 78, new.

Summary

This chapter is revised to:

- ◆ Change instructions for "Closing Case Other Than at End of Certification Period."
- ◆ Add a new section, "Excluded Persons."
- ◆ Add a new section, "Ineligible Aliens."
- ◆ Add a new section, "Sanctions."
- ◆ Change instructions and move the following sections under the new section "Sanctions:"
 - "Failure to Comply with Third-Party Liability"
 - "Failure to Cooperate with Child Support"
 - "Failure to Cooperate with HIPP"
 - "Failure to Cooperate with Investigation"
 - "Failure to Cooperate with Quality Control"
- ◆ Change instructions for pending a case.
- ◆ Add a cross-reference.

Effective Date

Upon receipt.

Material Superseded

Remove the following pages from Employees' Manual, Title 14, Chapter I(1), and destroy them:

<u>Page</u>	<u>Date</u>
Contents (pages 2 and 3)	June 12, 2001
12, 17, 18	May 20, 2003
30, 37-39	June 12, 2001
40	May 20, 2003
43	June 12, 2001
44	February 25, 2003
54, 64	June 12, 2001
65	May 20, 2003
66-70	June 12, 2001
71, 72	February 25, 2003

Additional Information

Refer questions about this general letter to your area income maintenance supervisor 2.



STATE OF IOWA

THOMAS J. VILSACK, GOVERNOR
SALLY J. PEDERSON, LT. GOVERNOR

DEPARTMENT OF HUMAN SERVICES
KEVIN W. CONCANNON, DIRECTOR

January 14, 2005

GENERAL LETTER NO. 14-I(1)-12

ISSUED BY: Office of Policy Analysis

SUBJECT: Employees' Manual, Title 14, Chapter I(1), *MEDICALLY NEEDED CASE ACTIONS*, pages 37, 38a, and 64, revised.

Summary

This chapter is revised to remove the screen fields and instructions, RSCM and BCW2, that are not applicable for Medically Needed from the following sections:

- ◆ Excluded Persons
- ◆ Ineligible Aliens
- ◆ Sanctions

Effective Date

Upon receipt.

Material Superseded

Remove the following pages from Employees' Manual, Title 14, Chapter I(1), and destroy them:

<u>Page</u>	<u>Date</u>
37, 38a, 64	November 12, 2004

Additional Information

Refer questions about this general letter to your area income maintenance supervisor 2.



April 22, 2005

GENERAL LETTER NO. 14-I(1)-13

ISSUED BY: Office of Policy Analysis

SUBJECT: Employees' Manual, Title 14, Chapter I(1), *MEDICALLY NEEDY CASE ACTIONS*, pages 3, 6, 12, 25, 72, and 73, revised.

Summary

This chapter is revised to:

- ◆ Add language to the section, "Other Resources Available," to reflect the Internet access to Vehicle Registration & Titling (VRT) screens.
- ◆ Add the new religious beliefs (RB) indicator field and instructions to TD03 and ST01. The RB field is to be entered when a person's social security number is all zeros.
- ◆ Change the language and add a section, "Cross-Referencing State IDs," to match other case action chapters for the section, "State ID Numbers."

Effective Date

Immediately.

Material Superseded

Remove the following pages from Employees' Manual, Title 14, Chapter I(1), and destroy them:

<u>Page</u>	<u>Date</u>
3	June 8, 2004
6	June 12, 2001
12	November 12, 2004
25	May 20, 2003
72, 73	November 12, 2004

Additional Information

Refer questions about this general letter to your area income maintenance supervisor 2.



STATE OF IOWA

THOMAS J. VILSACK, GOVERNOR
SALLY J. PEDERSON, LT. GOVERNOR

DEPARTMENT OF HUMAN SERVICES
KEVIN W. CONCANNON, DIRECTOR

September 16, 2005

GENERAL LETTER NO. 14-I(1)-14

ISSUED BY: Office of Policy Analysis

SUBJECT: Employees' Manual, Title 14, Chapter I(1), *MEDICALLY NEEDY CASE ACTIONS*, Contents (page 2), revised; and pages 1, 13, 17, 18, 26, 30, and 37, revised.

Summary

This chapter is revised to:

- ◆ Change organization names from the Iowa Medicaid fiscal agent, ACS, to the Department's Iowa Medicaid Enterprise (IME).
- ◆ Add the address and fax number for the IME Medically Needy Unit.
- ◆ Add the TD03 COPAY field and instructions to the sections, "Approving a Case: Case Has Been Pended," and "Approving a Case: Case Has Not Been Pended."
- ◆ Remove the section, "Excluded Persons," from this chapter. This section had previously been included in error.

Effective Date

Immediately.

Material Superseded

Remove the following pages from Employees' Manual, Title 14, Chapter I(1), and destroy them:

<u>Page</u>	<u>Date</u>
Contents (page 2)	November 12, 2004
1, 13	June 8, 2004
17, 18	November 12, 2004
26	May 20, 2003
30	November 12, 2004
37	January 14, 2005

Additional Information

Refer questions about this general letter to your area income maintenance supervisor 2.



STATE OF IOWA

THOMAS J. VILSACK, GOVERNOR
SALLY J. PEDERSON, LT. GOVERNOR

DEPARTMENT OF HUMAN SERVICES
KEVIN W. CONCANNON, DIRECTOR

April 21, 2006

GENERAL LETTER NO. 14-I(1)-15

ISSUED BY: Office of Policy Analysis

SUBJECT: Employees' Manual, Title 14, Chapter I(1), *MEDICALLY NEEDY CASE ACTIONS*, pages 3, 27, and 30, revised.

Summary

This chapter is revised to:

- ◆ Add the new TD03 DSTR field to the section, "WORKER-INITIATED ACTIONS," for demographic information. Also, field names in the demographic information are changed to reflect the current system.
- ◆ Change the language under the section, "Case Numbering." Effective February 23, 2006, the ABC system no longer deletes case numbers that have been canceled or denied for all programs for two years.
- ◆ Delete an obsolete cross-reference.

Effective Date

Immediately.

Material Superseded

Remove the following pages from Employees' Manual, Title 14, Chapter I(1), and destroy them:

<u>Page</u>	<u>Date</u>
3	April 22, 2005
27	June 12, 2001
30	September 16, 2005

Additional Information

Refer questions about this general letter to your area income maintenance administrator.



August 18, 2006

GENERAL LETTER NO. 14-I(1)-16

ISSUED BY: Office of Policy Analysis

SUBJECT: Employees' Manual, Title 14, Chapter I(1), *MEDICALLY NEEDY CASE ACTIONS*, Contents (page 1), revised; pages 3, 6, 7, 11, 12, 17 through 20, 25, 26, 27, 36, 39, 46, 54, 59, 64, 65, and 69, revised; and page 26a, new.

Summary

This chapter is revised to:

- ◆ Add the two new TD03 fields, US and ID, to the list of fields to check and make applicable entries when the instructions for TD03 read, "Complete any needed demographic information." These fields are to be used for documenting citizenship and identity for medical programs that require verification of those factors.
- ◆ Add a new section, "Assigning Medicaid Review Due Dates." With the automation now complete for form 470-3118, *Medicaid Review*, instructions are being added both on when the system generates the form and on how to request an "on-demand" form.
- ◆ Change language under the section, "Case Numbering," to indicate that an FBU of 17 is not to be used. The FBU of 17 is to be used for the Medicaid for independent young adults (MIYA) cases.
- ◆ Change field names and locations to reflect the current system throughout the entire chapter.

Effective Date

Immediately.

Material Superseded

Remove the following pages from Employees' Manual, Title 14, Chapter I(1), and destroy them:

<u>Page</u>	<u>Date</u>
Contents (page 1)	June 12, 2001
3	April 21, 2006
6	April 22, 2005
7, 11	June 12, 2001

12	April 22, 2005
17, 18	September 16, 2005
19	February 25, 2003
20	June 12, 2001
25	April 22, 2005
26	September 16, 2005
27	April 21, 2006
36	June 12, 2001
39	November 12, 2004
46	June 12, 2001
54	November 12, 2004
59	June 12, 2001
64	January 14, 2005
65, 69	November 12, 2004

Additional Information

Refer questions about this general letter to your area income maintenance administrator.



STATE OF IOWA

THOMAS J. VILSACK, GOVERNOR
SALLY J. PEDERSON, LT. GOVERNOR

DEPARTMENT OF HUMAN SERVICES
KEVIN W. CONCANNON, DIRECTOR

September 29, 2006

GENERAL LETTER NO. 14-I(1)-17

ISSUED BY: Office of Policy Analysis

SUBJECT: Employees' Manual, Title 14, Chapter I(1), *MEDICALLY NEEDY CASE ACTIONS*, page 2, revised.

Summary

This chapter is revised to remove the reference to the Department of Transportation's vehicle registration records by the option of AUTO = Motor Vehicle Resources under the section, "Other Resources Available." This option is no longer available due to system changes.

Effective Date

Immediately.

Material Superseded

Remove from Employees' Manual, Title 14, Chapter I(1), page 2, dated June 8, 2004, and destroy it.

Additional Information

Refer questions about this general letter to your area income maintenance administrator.



February 2, 2007

GENERAL LETTER NO. 14-I(1)-18

ISSUED BY: Office of Policy Analysis

SUBJECT: Employees' Manual, Title 14, Chapter I(1), *MEDICALLY NEEDY CASE ACTIONS*, pages 2, 18, 19, 26, 26a, and 68, revised.

Summary

This chapter is revised to:

- ◆ Remove the reference to the state warrant system from the section, "Other Resources Available." Effective January 2, 2007, the IVER screen menu on the TD00 screen of the Automated Benefit Calculation system no longer displays the option "WRNT=WARRANT."
- ◆ Change the language under the TD03 POV field under the following subsections of "WORKER-INITIATED ACTIONS: Approving a Case:"
 - "Case Has Been Pended," and
 - "Case Has Not Been Pended."
- ◆ Remove inappropriate BCW2 fields and instructions under the section, "WORKER-INITIATED ACTIONS: Sanctions: Lifting a Sanction for a Person on a Zero-Spenddown Case."

Effective Date

Immediately.

Material Superseded

Remove the following pages from Employees' Manual, Title 14, Chapter I(1), and destroy them:

<u>Page</u>	<u>Date</u>
2	September 29, 2006
18, 19, 26, 26a	August 18, 2006
68	November 12, 2004

Additional Information

Refer questions about this general letter to your area income maintenance administrator.



STATE OF IOWA

CHESTER J. CULVER, GOVERNOR
PATTY JUDGE, LT. GOVERNOR

DEPARTMENT OF HUMAN SERVICES
KEVIN W. CONCANNON, DIRECTOR

April 6, 2007

GENERAL LETTER NO. 14-I(1)-19

ISSUED BY: Office of Policy Analysis

SUBJECT: Employees' Manual, Title 14, Chapter I(1), *MEDICALLY NEEDY CASE ACTIONS*, page 41, revised.

Summary

This chapter is revised to add the TD06 FED ADT field and instructions to the section, "Medical Transportation: Approval."

Effective Date

Immediately.

Material Superseded

Remove from Employees' Manual, Title 14, Chapter I(1), page 41, dated June 12, 2001, and destroy it.

Additional Information

Refer questions about this general letter to your area income maintenance administrator.



STATE OF IOWA

CHESTER J. CULVER, GOVERNOR
PATTY JUDGE, LT. GOVERNOR

DEPARTMENT OF HUMAN SERVICES
KEVIN W. CONCANNON, DIRECTOR

August 3, 2007

GENERAL LETTER NO. 14-I(1)-20

ISSUED BY: Bureau of Medical Supports, Division of Financial and Health, Work Supports

SUBJECT: Employees' Manual, Title 14, Chapter I(1), *MEDICALLY NEEDY CASE ACTIONS*, Contents (page 2), revised; and pages 8, 13, and 54, revised.

Summary

This chapter is revised to change references to "monthly Medical Assistance Cards" to "eligibility."

Effective Date

August 1, 2007

Material Superseded

Remove the following pages from Employees' Manual, Title 14, Chapter I(1), and destroy them:

<u>Page</u>	<u>Date</u>
Contents (page 2)	September 16, 2005
8	June 12, 2001
13	September 16, 2005
54	August 18, 2006

Additional Information

Refer questions about this general letter to your area income maintenance administrator.



STATE OF IOWA

CHESTER J. CULVER, GOVERNOR
PATTY JUDGE, LT. GOVERNOR

DEPARTMENT OF HUMAN SERVICES
KEVIN W. CONCANNON, DIRECTOR

September 28, 2007

GENERAL LETTER NO. 14-I(1)-21

ISSUED BY: Bureau of Medical Supports, Division of Financial and Health, Work Supports

SUBJECT: Employees' Manual, Title 14, Chapter I(1), *MEDICALLY NEEDY CASE ACTIONS*, page 13, revised.

Summary

A *Request for Special Update*, form 470-0397, needs to be completed when a person is added to an ongoing Medically needy case that has met spenddown.

Effective Date

Upon receipt.

Remove from Employees' Manual, Title 14, Chapter I(1), page 13, dated August 3, 2007, and destroy it.

Additional Information

Refer questions about this general letter to your area income maintenance administrator.



STATE OF IOWA

CHESTER J. CULVER, GOVERNOR
PATTY JUDGE, LT. GOVERNOR

DEPARTMENT OF HUMAN SERVICES
KEVIN W. CONCANNON, DIRECTOR

January 4, 2008

GENERAL LETTER NO. 14-I(1)-22

ISSUED BY: Bureau of Policy Analysis and Appeals

SUBJECT: Employees' Manual, Title 14, Chapter I(1), *MEDICALLY NEEDY CASE ACTIONS*, Contents (page 1), revised; pages 4, 5, 8, 9, 10, 12, 13, 14, 21, 22, 47, 48, 55, 56, 60, 61, and 62, revised.

Summary

This chapter is revised to add the new field AD, "Application Detail," for the TD05 screen and instructions to the following sections:

- ◆ "Adding a Person to a Closed Case: When Case Has **Not** Met Spenddown."
- ◆ "Adding a Person to a Closed Case: State ID Has Not Been Active for Medicaid."
- ◆ "Approving a Case: Case Has Been Pended."
- ◆ "Approving a Case: Case Has Not Been Pended."
- ◆ "Reapproving a Case: Case Active."
- ◆ "Retroactive Eligibility With Spenddown: Approving a Case with Retroactive Certification Only."
- ◆ "Retroactive Eligibility Without Spenddown: Approving a Case with Retroactive Eligibility Only."

Effective Date

Immediately.

Material Superseded

Remove the following pages from Employees' Manual, Title 14, Chapter I(1), and destroy them:

<u>Page</u>	<u>Date</u>
Contents (page 1)	August 18, 2006
4, 5	June 12, 2001
8	August 3, 2007
9	February 25, 2003
10	June 12, 2001
12	August 18, 2006
13	September 28, 2007
14	June 8, 2004
21	June 12, 2001
22	June 8, 2004
47, 48, 55, 56, 60-62	June 12, 2001

Additional Information

Refer questions about this general letter to your area income maintenance administrator.



STATE OF IOWA

CHESTER J. CULVER, GOVERNOR
PATTY JUDGE, LT. GOVERNOR

DEPARTMENT OF HUMAN SERVICES
KEVIN W. CONCANNON, DIRECTOR

August 29, 2008

GENERAL LETTER NO. 14-I(1)-23

ISSUED BY: Bureau of Policy Analysis and Appeals

SUBJECT: Employees' Manual, Title 14, Chapter I(1), *MEDICALLY NEEDY CASE ACTIONS*, page 41, revised.

Summary

This chapter is revised to change the language under the section, "WORKER-INITIATED ACTIONS: Medical Transportation: Approval," for the EFFECT DT field on TD06.

Effective Date

Immediately.

Material Superseded

Remove from Employees' Manual, Title 14, Chapter I(1), page 41, dated April 6, 2008, and destroy it.

Additional Information

Refer questions about this general letter to your area income maintenance administrator.