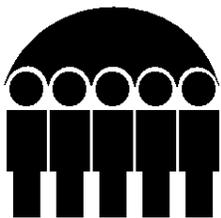


August 6, 1996

Title 8  
Chapter I Appendix

# MEDICAL INSTITUTIONS APPENDIX



Iowa  
Department  
of  
Human Services

[MEDICAID PROVIDER MANUAL FOR INTERMEDIATE CARE FACILITIES FOR THE  
MENTALLY RETARDED, COMM. 46](#)



# STATE OF IOWA

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

DEPARTMENT OF HUMAN SERVICES  
KEVIN W. CONCANNON, DIRECTOR

July 30, 2003

## GENERAL LETTER NO. 8-I-AP-10

ISSUED BY: Bureau of Long-Term Care

SUBJECT: Employees' Manual, Title 8, Chapter I, **MEDICAL INSTITUTIONS APPENDIX**, Comm. 46, *Medicaid Provider Manual for Intermediate Care Facilities for the Mentally Retarded*, Table of Contents (pages ii and iii), revised; pages 2, 9, 10, 33 through 38, and 43 through 52, revised; pages 53 through 55, new; Appendix A, pages A1 through A10, A14, A15, A19, A20, and A21, revised; Appendix B, Title page, revised, and page 28, revised; and the following forms:

HCFA-671 *Long Term Care Facility Application for Medicare and Medicaid*, revised  
470-0372 *ICF/MR Provider Agreement*, revised  
470-0377 *Nondiscrimination Compliance Review*, revised  
470-0030 *Financial and Statistical Report*, revised  
470-0375 *ICF/MR Placement Statement*, revised  
470-0042 *Case Activity Report*, revised  
470-0039 *Iowa Medicaid Long-Term Care Claim*, revised  
470-0040 *Credit/Adjustment Request*, revised  
470-0041 *Adjustment to Facility Payment*, revised

### Summary

The ICF/MR provider manual is revised to:

- ◆ Provide information on the ICF/MR assessment fee imposed by 2002 Iowa Acts, Second Extraordinary Session, Chapter 1001, sections 36 and 46. Schedule C of the *Financial and Statistical Report* is revised to include a line for reporting the fee, and the form instructions are revised accordingly.
- ◆ Update other form samples and instructions. The numbering system on Department forms has changed. References to the Division of Medical Services have been changed to the Bureau of Long-Term Care. References to the Medicaid fiscal agent have changed from "Consultec" to "ACS." The sources for some forms have changed.

### Effective Date

February 1, 2003

## Material Superseded

Remove the following pages from Employees' Manual, Employees' Manual, Title 8, Chapter I, *Medicaid Provider Manual for Intermediate Care Facilities for the Mentally Retarded*, and destroy them:

<u>Page</u>	<u>Date</u>
Contents (pp. ii and iii)	November 1997
2, 9, 10	March 1993
33	July 1994
34-38	March 1993
42a-42c, 43, 44	November 1997
45-52	March 1993
A1-A4 *	November 1997
HCFA-671	1/90
MA-2147-0 (470-0372) (12 pp.)	1/81
470-0377 (4 pp.)	7/91
A5, A6	March 1993
AA-4036-0 (470-0030) (15 pp.)	8/97
A7, A8	March 1993
MA-2152-0 (470-0375)	2/91
A9	March 1993
A10	July 1997
AA-4166-0 (470-0042)	6/97
A14	November 1997
AA-4163-0 (470-0039)	Undated
A15	November 1997
AA-4164-0 (470-0040)	Undated
A19, A20	November 1997
AA-4165 (470-0041)	7/97
A21	July 1997
Appendix B, Title page	March 1993

\* Move form 470-0254 to follow page A2 instead of page A4. Move form HCFA-1513 to follow revised form HCFA-671 and precede page A3

## Additional Information

Refer questions about this general letter to the Bureau of Long-Term Care.

As of this revision, this manual will be available on the Internet through the Department's web site at <http://www.dhs.state.ia.us/policyanalysis/>. In the future, only the transmittal letter will be mailed to providers. You may view and print the revised pages from the web site.