



Iowa Department of Human Services

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For Human Services use only:

General Letter No. 8-AP-442
Employees' Manual, Title 8
Medicaid Appendix

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ALL PROVIDERS MANUAL TRANSMITTAL NO. 16-2

ISSUED BY: Iowa Medicaid Enterprise

SUBJECT: **ALL PROVIDERS MANUAL**, Chapter II, *Member Eligibility*, pages 9 and 16, revised.

Summary

ALL PROVIDERS MANUAL, Chapter II, *Member Eligibility*, is revised to align with current IA Health Link policies, procedures, and terminology.

Effective Date

January 1, 2016

Material Superseded

This material replaces the following pages in the **ALL PROVIDERS MANUAL**:

| <u>Page</u> | <u>Date</u> |
|----------------------------|----------------|
| Chapter II 9, 16 | August 1, 2014 |

Additional Information

The updated provider manual containing the revised pages can be found at:

<http://dhs.iowa.gov/sites/default/files/All-II.pdf>

If any portion of this manual is not clear, please contact the Iowa Medicaid Enterprise Provider Services Unit at 800-338-7909 or locally (in Des Moines) at 515-256-4609, or email at imeproviderservices@dhs.state.ia.us.



- ◆ Children under age 19 (“kids with special needs” or MKSN) who:
 - Are considered disabled based on SSI disability criteria.
 - Have gross family income at 300 percent of the federal poverty level or less.
 - Are enrolled in a parent’s employer’s group health insurance when the employer pays at least half of the annual cost of premiums.

5. **Members Receiving State Supplementary Assistance**

People who receive State Supplementary Assistance are eligible for Medicaid. State Supplementary Assistance is a state program that makes a cash assistance payment to certain SSI beneficiaries and people that are not eligible for SSI due to income slightly exceeding the SSI standard.

The monthly State Supplementary Assistance payment supplements the person’s income to meet the cost of special needs, including residential care, in-home health-related care, family-life home care, a dependent person, or special needs due to blindness. Certain people eligible for both Medicare and Medicaid receive a small State Supplementary Assistance payment quarterly.

6. **Members Residing in Medical Institutions**

People who reside in a medical institution (a hospital, nursing facility, psychiatric institution, or intermediate care facility for the intellectually disabled) and meet a period of 30 days in a medical institution per 441 IAC 75.1(7)“c” may be eligible for Medicaid.

These people must meet all eligibility requirements for SSI, except that their monthly income may be such that they would be ineligible to receive cash assistance through the SSI program.

There is a special Medicaid income limit in effect for people in medical institutions. To be eligible in terms of income, the person’s monthly income may not exceed 300 percent of the basic SSI benefit. This limit generally increases on January 1 of each year, as increases occur in the basic SSI benefit.



The 2015 QMB resource limits are the same as the resource limits for full premium subsidy under the Extra Help for Medicare Part D Drug Plan: \$7,280 for an individual and \$10,930 for a couple. SSI resource policies apply when determining countable resources.

A member can be concurrently eligible for QMB and Medically Needy. Members who are conditionally eligible for Medically Needy and are eligible for QMB are entitled only to services covered under QMB until spenddown is met. Once spenddown is met, they are then entitled to Medicaid benefits payable under Medically Needy.

Eligibility for QMB becomes effective the first day of the month following the month of decision. Each person eligible for QMB is issued a *Medical Assistance Eligibility Card*, form 470-1911.

11. Services to Members Under Waiver and Grant Programs

a. Home- and Community-Based Services Waivers

Home- and community-based services (HCBS) waivers provide a variety of services in a member's home that are not available through regular Medicaid. Services provided under the waivers are not available to other Medicaid members.

The total costs of these services and regular Medicaid cannot exceed the total cost of care and services provided in a medical institution. There are currently seven HCBS waivers, targeting the following groups:

- ◆ *AIDS/HIV* provides services for people with acquired immunodeficiency syndrome (AIDS) or human immunodeficiency virus (HIV) infection who would otherwise require care in a medical institution.
- ◆ *Brain Injury (BI)* provides services for people with a specific brain injury diagnosis to allow them to live in the community.
- ◆ *Child Mental Health (CMH)* provides services for children with a serious mental, behavioral, or emotional disorder.
- ◆ *Elderly* provides services to elderly Iowa residents so they can stay in the home instead of entering a nursing facility.