Iowa Department of Human Services

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July 10, 2015

GENERAL LETTER NO. 14-B-AP-153

ISSUED BY: Bureau of Financial, Health and Work Supports
Division of Adult, Children and Family Services

SUBJECT: Employees' Manual, Title 14, Chapter B, Appendix, ***AUTOMATED BENEFIT CALCULATION SYSTEM APPENDIX***, Contents (pages 1, 2, and 3), revised; and pages 14 through 17, 74, 119, 120, 121, 131, 141, 159, 166, 172, 173, 174, 183 through 192, 199, 210a, 210b, 244 through 247, 249, 275, 300, 301, 302, 321, and 325, revised.

Summary

This chapter is revised to:

- Add the section, "Food Assistance: Failure to Comply," and notice reason codes 521 and 927.
- Update notice reasons 224 and 225 to revise the Medicare Savings Program resource limits due to an increase in the resource limits for extra help for Medicare Part D prescriptions.
- Remove notice reasons 255 and 256.
- Delete references and notice codes for the IowaCare program. The Iowa Care program ended December 31, 2013.
- Update the section, "Reference Chart," to reflect the current pages that the notice reasons are located.
- Update links due to the Department's new website.

Effective Date

Upon receipt.

Material Superseded

This material replaces the following pages from Employees' Manual, Title 14, Chapter B, Appendix:

Page	Date
Contents (page 1)	November 9, 2012
Contents (page 2)	February 21, 2014
Contents (pages 3 and 4)	November 9, 2012
14-17	February 20, 2009
74	September 11, 2009
119, 120	December 10, 2010
121, 131	July 15, 2011
141	February 20, 2009
159	April 2, 2010
166	February 21, 2014
172-174	February 20, 2009
183-185	September 30, 2011
186-189	December 10, 2010
190	February 20, 2009
191	July 15, 2011
192	February 20, 2009
192a	November 9, 2012
199	February 20, 2009
210a, 210b	February 21, 2014
244	February 20, 2009
245-247, 249-251	May 20, 2011
275	February 20, 2009
300	September 30, 2011
301, 302	February 21, 2014
321	September 30, 2011
325	December 10, 2010

Additional Information

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

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SCREEN/ NUMBER	FIELD NAME/ DESCRIPTION	PRGM USE	WORKER INSTRUCTIONS
TD01 I. 34	CASE REC: LOC Case Record Tracking Location	ALL	Enter the code that indicates where the case folder is sent. Entries update TRAC, on line. No location entry is required for LR, OT, or RT reason codes. Valid codes are: 00 Central Office 01-99 The county to which the folder is sent for AD, CA, ME, QC or TR reasons. R1-R5 The region to which the folder was sent for FR, CA or RO review.
TD01 I. 35	CASE REC: DATE Case Record Date	ALL	The date the folder was sent in MM/DD/YY format. Not required for reason code RT. The system generates the date when it is not entered. Entries update TRAC on line.
TD01 I. 20	MR DEMAND 1: MO Month for Which a Form Is to Be Printed in the Daily Process	FIP FA MED REF IACARE	Enter the number for the month in which the report form would normally be mailed (the month before the month in the END CERT or NEXT REV field or, for the *Medicaid Review*, before the review month). Valid codes are: 01 January 05 May 09 September 02 February 06 June 10 October 03 March 07 July 11 November 04 April 08 August 12 December
TD01 I. 21	MR DEMAND 1: CD Demand Code 1	FIP FA MED REF IACARE	If the MR DEMAND 1 MO field is entered, enter the code that identifies the type of report form requested. The system will determine the appropriate message to be printed on the form. Valid codes are: 4 FIP or FMAP-related medical review (RRED) 5 FA recertification (RRED) **Note:** If a client requests replacement of the recertification form, enter code 5, not 9.

SCREEN/ NUMBER	FIELD NAME/ DESCRIPTION	PRGM USE	WORKER INSTRUCTIONS
TD01 I. 21 (Cont.)	MR DEMAND 1: CD Demand Code 1 (Cont.)		6 FIP review and FA recertification (RRED) 9 Client request (no message) **Note:** Enter 9 only if the client requests a form in a month in which no other form has been sent. M Medicaid review Q Quarterly report for transitional Medicaid; valid for current period or month only
TD01 I. 22	MR DEMAND 1 CYC Demand Cycle Code 1	FIP FA MED REF	Enter C only when the client is due to return the demanded RRED in the monthly cycle. (If this field is used, do not use the demand due date field.) If no due date is required, leave blank. Do not enter this field for the *Medicaid Review* form. For an in-cycle report form, the due date printed on the form changes to the next month's due date after the current due date has past.
TD01 I. 23	MR DEMAND 1 DT Demand Due Date 1	FIP FA MED REF IACARE	Enter the out-of-cycle date that the demanded RRED or *Medicaid Review* is due to be returned by the client, using four digits (MMDD). If no due date is required, leave blank. (If this field is used, do not use the demand cycle code field.)

SCREEN/ NUMBER	FIELD NAME/ DESCRIPTION	PRGM USE	WORKER INSTRUCTIONS
TD01 I. 24	MR DEMAND 2 MO Month for Which a Form Is to Be Printed in the Daily Process	FIP FA MED REF IACARE	Enter the number for the month in which the report form would normally be mailed (the month before the month in the END CERT or NEXT REV field or, for the *Medicaid Review*, before the review month). Valid codes are: 01 January 05 May 09 September 02 February 06 June 10 October 03 March 07 July 11 November 04 April 08 August 12 December
TD01 I. 25	MR DEMAND 2 CD Demand Code 2	FIP FA MED REF IACARE	Enter if the MR DEMAND 2 MO field is entered. Enter the code that identifies the type of report form requested. The system will determine the appropriate message to be printed on the form. Valid codes are: 4 FIP or FMAP-related medical review (RRED) 5 FA recertification (RRED) **Note:** If a client requests replacement of the recertification form, enter code 5, not 9. 6 FIP review and FA recertification (RRED) 9 Client request (no message) **Note:** Enter only if no other form has been sent in the month. M Medicaid review Q Quarterly report for transitional Medicaid; valid for current period or month only
TD01 I. 26	MR DEMAND 2 CYC Demand Cycle Code 2	FIP FA MED REF	Enter C only when the client is due to return the demanded RRED in the monthly cycle. (If this field is used, do not use the demand due date field.) If no due date is required, leave blank. Do not enter this field for the *Medicaid Review* form. For an in-cycle report form, the due date printed on the form changes to the next month's due date after the current due date has past.

SCREEN/ NUMBER	FIELD NAME/ DESCRIPTION	PRGM USE	WORKER INSTRUCTIONS
TD01 I. 27	MR DEMAND 2 DT Demand Due Date 2	FIP FA MED REF IACARE	Enter the out-of-cycle date that the demanded RRED or *Medicaid Review* is due to be returned by the client, using four digits (MMDD). If no due date is required, leave blank. (If this field is used, do not use the demand cycle code field.)
TD01 I. 28	LI Language Indicator	ALL	Enter "S" if the household speaks only Spanish.
TD01 II. 52	PHONE Client Telephone Number	ALL	Enter the three-digit area code and the seven-digit telephone number for the client.
TD01 I. 44	CO RES Resident County	ALL	Enter the two-digit number for the county in which the client resides. Enter 00 to indicate out-of-state placement. If no entry is made, the system generates an on-line edit that requires an entry before you leave TD01.
TD01 I. 30	SERV WRK Service Referral To	ALL	If applicable, enter the four-character worker number that identifies the service worker. If the specific worker is not known, enter CS00.
TD01 I. 31	SERV NEED Service Referral Need	ALL	This is a three-character field. The **first two** characters describe the service to which the client is referred. Valid codes are: Code Service 01 Adoption services 02 Court-ordered custody investigation 03 Subsidized adoption 04 Adult residential care 05 Family-life home

SCREEN/ NUMBER	FIELD NAME/ DESCRIPTION	PRGM USE	WORKER INSTRUCTIONS
TD03 VII. 188	MN Medically Needy Characteristic	MN	Enter a code for each person on a Medically Needy case. Valid codes for eligible or conditionally eligible recipients are: 1 FMAP-related child 2 CMAP-related child 4 FMAP-related pregnant woman 5 CMAP-related pregnant woman 7 SSI-related aged person 8 SSI-related blind person 9 SSI-related disabled person A FMAP-related caretaker relative For a spenddown-countable-only person. The valid code is: 0 Not applicable
TD03 VII.	RB Religious Beliefs	ALL	When a person's social security number is all zeros, enter the code that reflects the person's religious beliefs. Valid codes are: Y Due to religious beliefs, the person will not apply for a social security number. N No, the lack of a social security number is not due to religious beliefs.
TD03 VII. 182	SSN Social Security Number	ALL	Enter the nine-digit number for the person's social security number. If the person does not have a social security number, enter all 9s when the person has applied for the number. Enter all 0s only when application has not been made or is not required.

Page 119 is reserved for future use.

ACTION	CD/PGM	MESSAGE AND MANUAL CITATION	ENTER IN:
Approval (Cont.)	**(155)**	You get SSI, State Supplementary Assistance or you live in a facility in which the Department of Human Services is paying some or all of the cost. You may not have to pay property taxes at this time. Take this notice to your county Board of Supervisors to discuss having your property taxes delayed. Usted recibe SSI, State Supplementary Assistance (Asistencia Estatal Suplementaria) o vive en una institución en la que el Department of Human Services (Departamento de Servicios Humanos) esté pagando parte o todo el costo. Usted puede no tener que pagar impuestos de propiedad en el momento. Lleve este aviso a la Junta de Supervisores de su condado para discutir la demora en sus impuestos de propiedad. EM 8-A Property Tax Relief; 441 Iowa Admin. Code 427.9 Note: This message will not be printed on approval NODs when: • The aid types are any of the following: 13-0 37-7 63-3 73-2 13-1 39-0 63-6 73-3 13-6 63-0 63-7 73-4 13-7 63-1 63-8 73-5 13-8 63-2 73-1 **and** • Zeros are entered in the vendor number on TD05 (waiver cases).	No entry

ACTION	CD/PGM	MESSAGE AND MANUAL CITATION	ENTER IN:
Approval (Cont.)	**(164)**	You are approved for the Supplement for Medicare and Medicaid Eligibles program effective **/**/**. You will get $1.00 for each month that you are eligible. Checks are mailed at the beginning of January, April, July and October for the three month period that just ended. Payments will continue as long as you are eligible for Medicaid. This program saves Iowa money. By paying you a cash benefit, Iowa can receive federal money to help pay for your Medicare premiums. Ha sido aprobado/a para el programa Supplement for Medicare and Medicaid Eligibles con vigencia al **/**/**. Recibirá $1.00 por cada mes en que sea elegible. Los cheques se envían por correo a principios de enero, abril, julio y octubre y corresponden al período de tres meses que acaba de finalizar. Los pagos continuarán siempre y cuando sea elegible para Medicaid. Este programa le ahorra dinero a Iowa. Al pagarle beneficios en efectivo, Iowa puede recibir dinero del gobierno federal para ayudarle a pagar sus primas de Medicare.	
	MED	EM 6-B Supplement for Medicare and Medicaid Eligibles; 441 Iowa Admin. Code 50.2(249), 51.10, 52.1(249)	

ACTION	CD/PGM	MESSAGE AND MANUAL CITATION	ENTER IN:
Cancellation (Cont.)	**(103)**	If you have child care expenses while you work, ask your worker about the Child Care Assistance program. Si debe pagar por el cuidado de sus hijos mientras usted está trabajando, consulte a su asistente acerca del programa Child Care Assistance (Ayuda Económica para Cuidado Infantil).	No entry
	FIP	EM 13-G Child Care Assistance; 441 Iowa Admin. Code 170.2(237A, 239B)	
	(165)	Your Supplement for the Medicare and Medicaid Eligibles program that pays you $1 to $3 per quarter is canceled effective **/**/** because you no longer meet the requirements of the program. You may keep any check for this program that you receive this month or next month. You are eligible for the check because it is for the quarter that just ended. Su programa Supplement for Medicare y Medicaid Eligibles que le paga de $1 a $3 por trimestre ha sido cancelado con vigencia al **/**/** porque usted ya no reúne los requisitos del programa. Puede conservar todos los cheques que reciba de este programa durante este mes o el mes próximo. Es elegible para conservar el cheque porque el mismo corresponde al trimestre que acaba de finalizar.	
	MED	EM 6-B Supplement for Medicare and Medicaid Eligibles; 441 Iowa Admin. Code 50.2(249), 51.10, 52.1(249)	

ACTION	CD/PGM	MESSAGE AND MANUAL CITATION	ENTER IN:
Denial (Cont.)	**(028)**	Your application for In-Home Health-Related Care is denied because … Su solicitud de In-Home Health-Related Care (Atención Médica en el Hogar) ha sido denegada porque ...	No entry
	(029)	Your application for Residential Care Facility assistance is denied because … Su solicitud de asistencia para Residential Care Facility (Centro Residencial de Atención Médica) ha sido denegada porque ...	
	(037)	Your application for Family Life Home is denied because … Su solicitud de Family Life Home (Hogar Familiar) ha sido denegada porque …	
	(047)	Your application for Medicaid is denied because … Su solicitud de Medicaid es denegada porque ...	
	(057)	Your request for FIP benefits past the 60-month limit is denied because … Su solicitud de beneficios FIP pasado el límite de 60 meses es denegada porque …	

ACTION	CD/PGM	MESSAGE AND MANUAL CITATION	ENTER IN:
CMAP or MKSN	**333** MED MKSN MN	… you are over the age limit. … usted sobrepasa el límite de edad. EM 8-F FMAP-Related Coverage Groups; EM 8-F Medicaid for Iowa Kids with Special Needs; 441 Iowa Admin. Code 75.1(249A) EM 8-J FMAP-Related Medically Needy; EM 8-J SSI-Related Medically Needy; 441 Iowa Admin. Code 75.1(35)	TD05 MED RSN2
FIP	**104**	If you provide the information we already asked you to send and verification of any changes in your income, resources or in the members of your household within 14 calendar days from the date of this notice, we will look at your application again. Otherwise, you will have to reapply. Revisaremos su solicitud nuevamente si presenta la información que ya le hemos pedido que envíe y comprobantes de los cambios ocurridos en sus ingresos, recursos o en los miembros de su grupo familiar, en un plazo de 14 días corridos a partir de la fecha de esta notificación. De lo contrario, deberá presentar una nueva solicitud. EM 4-B Grace Period Following Denial of an Application; 441 Iowa Admin. Code 40.23(4)	TD02 FIP REA2

ACTION	CD/PGM	MESSAGE AND MANUAL CITATION	ENTER IN:
FIP, Medicaid, and State Supple-mentary Assistance (Cont.)	**304**	… you are living with a parent who gets Cash Assistance. … usted vive con un progenitor que recibe Cash Assistance (Asístanse Económica en Efective).	TD02 FIP REA1 or REA2
	FIP	EM 4-C Defining the Number of Eligible Groups in a Household; 441 Iowa Admin. Code 41.28(2)“b”	
	305	… you get SSI. … usted recibe SSI.	
	FIP	EM 4-C Who Must Be in the Eligible Group; 441 Iowa Admin. Code 41.28(1) and (2)	
	MED	EM 8-C SSI Recipient; 441 Iowa Admin. Code 75.58(1)	
	MN	EM 8-C SSI Recipient; EM 8-J Who is Not Eligible for Medically Needy; 441 Iowa Admin. Code 75.1(35), 75.58(1)	
	306	… you did not cooperate with Child Support Recovery. ... usted no colaboró con Child Support Recovery.	TD05 MED RSN2
	MED MN	EM 8-C Cooperation with Support Recovery; 441 Iowa Admin. Code 75.13(1), 75.13(2), and 75.14(249A)	
	QMB SLMB QDWP E-SLMB	EM 8-C Cooperation with Support Recovery; 441 Iowa Admin. Code 75.13(2) and 75.14(249A)	

ACTION	CD/PGM	MESSAGE AND MANUAL CITATION	ENTER IN:
FIP Limited Benefit Plan	**((253))**	You were put in a Limited Benefit Plan (LBP) in error. This LBP has been stopped. Usted ha sido colocado/a en un Plan de Beneficios Limitados (Limited Benefit Plan) (LBP) por error. Este LBP ha sido discontinuado.	TD02 FIP RSN2
	FIP	EM 4-J Stopping a Limited Benefit Plan; EM 4-Appendix, PROMISE JOBS Provider Manual, Stopping a Limited Benefit Plan; 441 Iowa Admin. Code 41.24(8)	
	((254))	You were put in a Limited Benefit Plan (LBP) in error. This LBP has been stopped. Usted ha sido colocado/a en un Plan de Beneficios Limitados (Limited Benefit Plan) (LBP) por error. Este LBP ha sido discontinuado.	
	FIP	EM 4-J Stopping a Limited Benefit Plan; EM 4-Appendix, PROMISE JOBS Provider Manual, Stopping a Limited Benefit Plan; 441 Iowa Admin. Code 41.24(8)	

ACTION	CD/PGM	MESSAGE AND MANUAL CITATION	ENTER IN:
FIP Limited Benefit Plan (Cont.)	**((257))**	A final decision was made on your appeal. Your Limited Benefit Plan (LBP) will start **/**/**. You cannot get FIP or PROMISE JOBS benefits during the LBP. Se emitió la resolución final de su apelación. Su Plan de Beneficios Limitados (Limited Benefit Plan) (LBP) comenzará el **/**/**. Usted no puede recibir beneficios de FIP o PROMISE JOBS mientras reciba LBP.	TD02 FIP RSN2
	FIP	EM 1-E Final Decision; 4-J When a Timely Appeal of a Limited Benefit Plan is Filed; 441 Iowa Admin. Code 7.9, 7.16(9)“b”, and 93.15(239B)	
	((258))	A final decision was made on your appeal. Your Limited Benefit Plan (LBP) begins **/**/**. The earliest you can get FIP or PROMISE JOBS benefits is **/**/**. Se emitió la resolución final de su apelación. Su Plan de Beneficios Limitados (Limited Benefit Plan) (LBP) comenzará el **/**/**. Podrá obtener beneficios de FIP o PROMISE JOBS a partir del **/**/**.	
	FIP	EM 1-E Final Decision; 4-J When a Timely Appeal of a Limited Benefit Plan is Filed; 441 Iowa Admin. Code 7.9, 7.16(9)“b”, and 93.15(239B)	

ACTION	CD/PGM	MESSAGE AND MANUAL CITATION	ENTER IN:
FIP Limited Benefit Plan (Cont.)	**(260)**	You have chosen a Limited Benefit Plan (LBP). The LBP begins **/**/**. No one in your household can get FIP or PROMISE JOBS benefits during the LBP. Contact your DHS office to get FIP and PROMISE JOBS benefits again, and to see if you will need to reapply. You will need to sign a new Family Investment Agreement (FIA) with PROMISE JOBS. Usted ha elegido un Plan de Beneficios Limitados (Limited Benefit Plan) (LBP). El LBP comenzará el **/**/**. Ninguno de los integrantes de su hogar puede obtener beneficios de FIP o PROMISE JOBS mientras reciba LBP. Comuníquese con la oficina de DHS para obtener beneficios de FIP o PROMISE JOBS nuevamente y ver si necesita presentar una nueva solicitud. Deberá firmar un nuevo acuerdo Family Investment Agreement (FIA) con PROMISE JOBS. EM 4-J LIMITED BENEFIT PLAN; EM 4-Appendix, PROMISE JOBS Provider Manual, Choices Resulting in a Limited Benefit Plan; 441 Iowa Admin. Code 41.24(8) and 93.13(3)	No entry

ACTION	CD/PGM	MESSAGE AND MANUAL CITATION	ENTER IN:
Food Assistance: Cancellation or Denial (Cont.)	**506** FA	... you do not meet student requirements. … usted no reúne los requisitos para estudiantes. EM 7-I Eligible Students; 7 CFR 273.5(a), (b)(1); 441 Iowa Admin. Code 65.26(234)	TD02 FA REA2
Food Assistance: Continuing Failure to Comply	**507** FA	… you did not follow mandatory work registration rules. You cannot get Food Assistance until you do. … usted no cumplió las normas obligatorias del registro laboral. No podrá obtener Food Assistance hasta que lo haga. EM 7-C Work Requirements for MWRs; 441 Iowa Admin. Code 65.28(12)	TD02 FA REA2

ACTION	CD/PGM	MESSAGE AND MANUAL CITATION	ENTER IN:
Food Assistance: Failure to Comply	**521**	You cannot get Food Assistance until December 1, 2016 because you have received Food Assistance for 3 months without meeting work requirements. You may get benefits again before December 1, 2016 if you work 80 hours a month. Work can be a job, volunteer or court ordered community service work, or working off your rent. You may get benefits again if you cannot work because of a physical or mental reason, you are pregnant, someone under 18 starts living and eating with you, or you turn 50. You need to reapply if you want to get Food Assistance again. Usted no puede obtener Food Assistance hasta el 1 de Diciembre de 2016 porque la ha recibido por 3 meses sin cumplir con los requisitos laborales. Puede obtener beneficios antes del 1 de Diciembre de 2016 si trabaja 80 horas por mes. Trabajo se refíere a un empleo, trabajo voluntario o servicio comunitario por orden judicial, o a pagar el alquiler con trabajo. Usted puede obtener beneficios nuevamente si no puede trabajar debido a un motivo físico o mental, está embarazada, o un menor de 18 años vive y come con usted, o cuando cumpla 50 años. Debe presentar la solicitud nuevamente si desea obtener Food Assistance de nuevo.	TD02 FA REA2
	FA	EM 7-I ABAWD Work Requirement; 441 Iowa Admin. Code 65.28(18)	

ACTION	CD/PGM	MESSAGE AND MANUAL CITATION	ENTER IN:
Food Assistance: Income	**(403)**	Your income is over the limit. If everyone in your household is approved for Cash Assistance and/or SSI, you may be eligible for back Food Assistance. Contact your county office. Sus ingresos superan el límite. Si todos los integrantes de su hogar son aprobados para Cash Assistance y/o SSI, usted podría ser elegible para recibir Food Assistance nuevamente. Comuníquese con la oficina del condado. EM 7-F Determining Assistance; 7 CFR 273.10(e)	No entry

ACTION	CD/PGM	MESSAGE AND MANUAL CITATION	ENTER IN:
Food Assistance: Missed Appointment	**522**	You missed your Food Assistance interview. It is up to you to contact your county office if you still want to have an interview. If you don't have an interview, Food Assistance may be denied 30 days from the date of your application. Usted no concurrió a su entrevista con Food Assistance. Es su decisión comunicarse con la oficina del condado si aún desea hacer la entrevista. Si no se presenta a la entrevista, Food Assistance podrá ser denegada por 30 días a partir de la fecha de su solicitud.	TD02 FA REA1 (R entry)
	FA	EM 7-B Interviews; 7 CFR 273.2	
	523	Your application for recertification is denied because you missed your Food Assistance interview. We will reopen your application if you contact your county office for an interview by ____. Tu solicitud de recertificación se negó porque se ausentó de su entrevista de Asistencia Alimentaria. Vamos a reabrir su solicitud si usted póngase en contacto con esta oficina para una entrevista por ____.	
	FA	EM 7-B Interviews; 7 CFR 273.2, 273.14	

ACTION	CD/PGM	MESSAGE AND MANUAL CITATION	ENTER IN:
Food Assistance: Resources	**(404)**	… your resources are over the limit. If everyone in your household is approved for Cash Assistance and/or SSI, you may be eligible for back Food Assistance. Contact your county office. ... sus recursos superan el límite. Si todos los integrantes de su hogar son aprobados para Cash Assistance y/o SSI, usted podría ser elegible para recibir Food Assistance nuevamente. Comuníquese con la oficina del condado.	No entry
	FA	EM 7-D Resource Limits; 7 CFR 273.8(b)	
	550	… resources were given away to get or keep assistance. You cannot get Food Assistance through **/**/**. ... recursos fueron cedidos para obtener o conservar la asistencia. Usted no puede recibir Food Assistance hasta el **/**/**.	TD02 FA REA2
	FA	EM 7-D Transferred Resources; 7 CFR 273.8(h)	(Status must be I)
Mass Changes	**(299)**	(Message varies with the change. Spanish translation not available.)	No entry

ACTION	CD/PGM	MESSAGE AND MANUAL CITATION	ENTER IN:
Medicaid, Medically Needy, and State Supple-mentary Assistance	**199**	Your request to waive the penalty for giving away your resources or assets is denied. The people who got your resources or assets have not proven they cannot pay the nursing home payment. Su solicitud de exención de las sanciones por ceder sus recursos o activos es denegada. Las personas que recibieron sus recursos o activos no han probado que no pueden pagar los servicios de la clínica.	TD05 RSN2
	MED	EM 8-D Transfer of Assets; 441 Iowa Admin. Code 75.6(249A), 75.15(249A), 75.23(249A), P.L. 100-360	
	215	… your chosen dependent is living with his or her spouse. ... la persona a su cargo que seleccionó vive con su esposo/a.	
	ST SUPP	EM 6-B Nonfinancial Eligibility (DP); 441 Iowa Admin. Code 51.4(4)	
	216	… your chosen dependent is eligible for Cash Assistance. … la persona a su cargo que seleccionó es elegible para Cash Assistance.	
	ST SUPP	EM 6-B Nonfinancial Eligibility (DP); 441 Iowa Admin. Code 51.4(4)	

ACTION	CD/PGM	MESSAGE AND MANUAL CITATION	ENTER IN:
Medicaid, Medically Needy, and State Supple-mentary Assistance (Cont.)	**217**	… your chosen dependent could be eligible for Cash Assistance. He or she is not considered to be financially dependent. ... la persona a su cargo que seleccionó podría ser elegible para Cash Assistance. El/Ella no es considerado/a económicamente dependiente.	TD05 RSN2
	ST SUPP	EM 6-B Nonfinancial Eligibility (DP); 441 Iowa Admin. Code 51.1(249)	
	229	… you did not provide a completed Insurance Questionnaire or other information for the Third-Party Liability (TPL) unit of DHS. ... usted no completó el Cuestionario del Seguro u otra información para la unidad de Responsabilidad Civil (Third-Party Liability (TPL)) de DHS.	
	MED MN	EM 8-C Cooperation with the Health Insurance Premium Payment (HIPP) Unit; EM 8-C Cooperation with Third-Party Liability Unit (TPL); 42 CFR 433.138; 441 Iowa Admin. Code 75.21(1), 75.4(3), 75.2(249A), 75.4(249A), 80.5(249A)	
	QMB SLMB QDWP E-SLMB	EM 8-C Cooperation with Third-Party Liability Unit (TPL); 42 CFR 433.138; 441 Iowa Admin. Code 75.21(1), 75.4(3), 75.2(249A), 75.4(249A), 80.5(249A)	TD05 MED RSN2

ACTION	CD/PGM	MESSAGE AND MANUAL CITATION	ENTER IN:
Medicaid, Medically Needy, and State Supple-mentary Assistance (Cont.)	**230**	… your chosen dependent does not live with you. ... la persona a su cargo que seleccionó no vive con usted.	TD05 MED RSN2
	ST SUPP	EM 6-B Dependent Person Allowance; 441 Iowa Admin. Code 51.4(3)	
	240	… you do not live in a county that has waiver services. ... usted no vive en un condado con servicios de exención.	
	MED	EM 8-N Eligibility for the Elderly Waiver; 441 Iowa Admin. Code 83.22(249A)	
	241	… the level of care that you need does not match the waiver you applied for or you get. ... el nivel de atención médica que necesita no concuerda con la exención que solicitó o recibe.	
	MED	EM 8-N Level of Care Determination; 441 Iowa Admin. Code 83.2(249A), 83.2(1)d, 83.22(1)d, 83.42(1)b, 83.61(1)c, 83.82(1)f, 83.102(1)h, 83.122(3)	
	242	… you are not eligible for or do not get waiver services. ... usted no es elegible para o no recibe servicios de exención.	
	MED	EM 8-N When to Cancel; 441 Iowa Admin. Code 83.8(249A), 83.28(249A), 83.48(249A), 83.68(249A), 83.88(249A), 83.8, 83.28, 83.48, 83.68, 83.88, 83.108, 83.128	

ACTION	CD/PGM	MESSAGE AND MANUAL CITATION	ENTER IN:
Medicaid, Medically Needy, and State Supple-mentary Assistance (Cont.)	**244**	… the 60-day postpartum period has ended. ... el período de posparto de 60 días ha finalizado.	TD05 MED RSN2
	MED	EM 8-F Postpartum Eligibility; 441 Iowa Admin. Code 75.1(24) and 92	
	246	… the dependent is not your child, spouse, or parent. ... la persona a su cargo no es su hijo/a, esposo/a o padre/madre.	
	ST SUPP	EM 6-B Nonfinancial Eligibility (DP); 441 Iowa Admin. Code 54.41(4)	
	((281))	... you are over the age of 18. ... usted es mayor de 18 años.	
	MED	441 Iowa Admin. Code 83.122(1)	
	290	... you did not cooperate with the Health Insurance Premium Payment Program. ... usted no colaboró con el programa Health Insurance Premium Payment.	
	MED	EM 8-C Cooperation with the Health Insurance Premium Payment (HIPP) Unit; 441 Iowa Admin. Code 75.21(1) and 92.2(3)	

ACTION	CD/PGM	MESSAGE AND MANUAL CITATION	ENTER IN:
Medicaid, Medically Needy, and State Supple-mentary Assistance (Cont.)	291	… because you did not provide requested information needed to determine eligibility for Medicaid/***hawk-i***. No proporcionó la información requerida necesaria para determinar la elegibilidad para Medicaid/***hawk-i***.	TD05 MED RSN2
	HAWK-I ONLY	EM 8-B Verification; 441 Iowa Admin. Code 76.1(3), 76.2(249A), 76.13(249A), and 86.2(5)	
	293	Medicaid has been reopened for the child who is under age one because the child was born to a mother who received Medicaid at the time of birth. Medicaid eligibility will be reviewed when the child turns one year old. Medicaid ha sido renovado para el niño/la niña menor de un año de edad porque su madre recibía Medicaid en el momento de su nacimiento. La elegibilidad para Medicaid será revisada cuando el niño/la niña cumpla un año de edad.	TD05 MED RSN1
	MED	IAC 75.1(20), EM 8-F, Newborn Children of Medicaid-Eligible Mothers	

ACTION	CD/PGM	MESSAGE AND MANUAL CITATION	ENTER IN:
Medicaid, Medically Needy, and State Supplementary Assistance (Cont.)	**615** (Cont.)	… usted no reúne los requisitos de edad, no tiene hijos a su cargo, o no nos ha informado que es discapacitada o está embarazada.	TD05 RSN2
	MED	EM 8-F FMAP-Related Coverage Groups; EM 8-C Presence of Age, Blindness or Disability; 20 CFR 208.10, 208.11, 416.801, 406.901; P.L. 104-193; 441 Iowa Admin. Code 75.1(249A), 75.20(249A), 75.58(249A), and 76.2(249A)	
	MN	EM 8-J FMAP-Related Medically Needy; EM 8-J CMAP-Related Medically Needy; EM 8-F FMAP-Related Coverage Groups; EM 8-C Presence of Age, Blindness or Disability; 20 CFR 208.10, 208.11, 416.801, 416.901; 441 Iowa Admin. Code 75.1(35)a, 75.20(249A), 76.2(249A), and 75.58(249A)	
	616	…you did not show proof of your pregnancy. … usted no presentó pruebas de su embarazo.	
	MED MN	EM 8-C Verification of Pregnancy; 441 Iowa Admin. Code 75.17(249A)	
	617	… you are not pregnant. … usted no está embarazada.	
	MED	EM 8-F Pregnant or Postpartum Women and Newborns; EM 8-F FMAP-Related Coverage Groups; 441 Iowa Admin. Code 75.1(249A)	
	MN	EM 8-F Pregnant or Postpartum Women and Newborns; EM 8-J Pregnant and Postpartum Women and Newborns; EM 8-F FMAP-Related Coverage Groups; 441 Iowa Admin. Code 75.1(249A), 75.1(35)“a”	

ACTION	CD/PGM	MESSAGE AND MANUAL CITATION	ENTER IN:
Medicaid and State Supplementary Assistance Resources (Cont.)	**224**	… your resources are over the $7,280 limit for limited Medicaid services for an individual. … sus recursos superan el límite de $7,280 para servicios limitados de Medicaid por persona.	TD05 MED RSN2
	SLMB	EM 8-F Specified Low-Income Medicare Beneficiaries; 441 Iowa Admin. Code 75.1(34)“b”	
	E-SLMB	EM 8-F Expanded Specified Low-Income Medicare Beneficiaries; 441 Iowa Admin. Code 75.1(36)	
	QMB	EM 8-F Qualified Medicare Beneficiaries; 441 Iowa Admin. Code 75.1(29)“b”	
	OR		
	224	… your resources are over the $4,000 limit for limited Medicaid services for an individual. … sus recursos superan el límite de $4,000 para servicios limitados de Medicaid por persona.	
	QDWP	EM 8-F Qualified Disabled and Working Persons; 441 Iowa Admin. Code 75.1(33)	

ACTION	CD/PGM	MESSAGE AND MANUAL CITATION	ENTER IN:
Medicaid and State Supplementary Assistance Resources (Cont.)	**225**	… your resources are over the $10,930 limit for limited Medicaid services for a couple. … sus recursos superan el límite de $10,930 para servicios limitados de Medicaid por pareja.	TD05 MED RSN2
	SLMB	EM 8-F Specified Low-Income Medicare Beneficiaries; 441 Iowa Admin. Code 75.1(34)“b”	
	E-SLMB	EM 8-F Expanded Specified Low-Income Medicare Beneficiaries; 441 Iowa Admin. Code 75.1(36)	
	QMB	EM 8-F Qualified Medicare Beneficiaries; 441 Iowa Admin. Code 75.1(29)“b”	
	OR		
	225	… your resources are over the $6,000 limit for limited Medicaid services for a couple. … sus recursos superan el límite de $6,000 para servicios limitados de Medicaid por pareja.	
	QDWP	EM 8-F Qualified Disabled and Working People; 441 Iowa Admin. Code 75.1(33)	

ACTION	CD/PGM	MESSAGE AND MANUAL CITATION	ENTER IN:
FIP Limited Benefit Plan (Cont.)	**871**	The Limited Benefit Plan (LBP) has stopped for ____. El Plan de Beneficios Limitados (LBP) de ____ ha sido cancelado.	TD03 FIP RSN
	872	The Limited Benefit Plan (LBP) has stopped for ____. El Plan de Beneficios Limitados (LBP) de ____ ha sido cancelado. EM 4-J To Whom the Limited Benefit Plan is Applied; EM 4-J Stopping a Limited Benefit Plan; 441 Iowa Admin. Code 41.24(8)	No entry
	878	… of the Limited Benefit Plan (LBP) that ____ chose. To get FIP and PROMISE JOBS benefits again, this person must sign a Family Investment Agreement (FIA). If this person chose an LBP before, this person must also complete 20 hours of work or other PROMISE JOBS activity. Contact your DHS office if you want to get FIP for this person again. … del Plan de Beneficios Limitados (LBP) que ____ eligió. Para obtener beneficios de FIP y PROMISE JOBS nuevamente, esta persona deberá firmar el Acuerdo de Inversión Familiar (FIA). Si esta persona ya había elegido un LBP anteriormente, también deberá completar 20 horas de trabajo u otra actividad de PROMISE JOBS. Comuníquese con la oficina de DHS si desea obtener FIP para esta persona nuevamente. EM 4-J LIMITED BENEFIT PLAN; 441 Iowa Admin. Code 41.24(8), 93.13(3)	TD03 FIP RSN

ACTION	CD/PGM	MESSAGE AND MANUAL CITATION	ENTER IN:
Food Assistance	**927**	… cannot get Food Assistance because this person got Food Assistance for 3 out of the last 36 months without meeting the work requirements. … no puede obtener Food Assistance (Asistencia Alimentaria) porque la recibió por 3 meses durante los últimos 36 meses sin cumplir con los requisitos laborales.	TD03 FA RSN
	FA	EM 7-I ABAWD Work Requirement; 441 Iowa Admin. Code 65.28(18)	
	928	… ____ quit work without a good reason. This person is disqualified until **/**/** or until the requirements are met, whichever is later. … ___ dejó su trabajo sin causa justificada. Esta persona ha sido descalificada hasta el **/**/** o hasta que cumpla con los requisitos, en el caso que lo último ocurra con posterioridad a la fecha mencionada.	TD03 FA RSN (Status must be I)
	FA	EM 7-C Work Requirements for MWRs; 441 Iowa Admin. Code 65.28(12)	
	934	… ____ is a boarder. … ____ es pensionista.	TD03 FA RSN
	FA	EM 7-I Boarders and Commercial Boarding Houses; 7 CFR 273.1(c)	
	935	… ____ does not meet student requirements. … ____ no reúne los requisitos para estudiantes.	
	FA	EM 7-I Eligible Students; 7 CFR 273.5(a), (b)(1); 441 Iowa Admin. Code 65.26(234)	

ACTION	CD/PGM	MESSAGE AND MANUAL CITATION	ENTER IN:
Food Assistance (Cont.)	**936**	… ____ does not eat with you. … ____ no come con usted.	TD03 FA RSN
	FA	EM 7-C Household Composition; 7 CFR 273.1(a)(2)	
	995	… is not eligible due to being a fleeing felon, or violating probation or parole. … no es elegible debido a que es un delincuente prófugo o ha violado su libertad condicional o bajo palabra.	TD03 FA RSN (Status must be I)
	FA	EM 7-I Ineligible Household Members; 7 CFR 273.1, 273.11	
Food Assistance: Continuing Failure to Comply with Work Registration	**803**	____ did not meet work requirements for mandatory work registrants. This person is still disqualified from the Food Assistance Program until the requirements are met. ___ no cumplió los requisitos laborales establecidos para los inscriptos en el registro laboral obligatorio. Esta persona aún está descalificada para el Programa Food Assistance hasta que cumpla con los requisitos.	TD03 FA RSN (Status code must already be I)
	FA	EM 7-C Work Requirements for MWRs; 441 Iowa Admin. Code 65.28(12)	

ACTION	CD/PGM	MESSAGE AND MANUAL CITATION	ENTER IN:
Food Assistance: IPV Disqual-ifications	**802**	… ____ is permanently disqualified for trading Food Assistance for firearms, ammunition or explosives. … ____ ha sido descalificado/a permanentemente por haber intercambiado Food Assistance (Asistencia Alimentaria) por armas de fuego, municiones o explosivos.	TD03 FA RSN (Status must be J)
	FA	EM 7-J Penalties for Intentional Program Violation; 7 CFR 273.16(b)(3); 441 Iowa Admin. Code 65.46(5)	
	943	… ____ is disqualified for an intentional program violation. … ___ ha sido descalificado/a por haber violado intencionalmente las normas del programa.	
	FA	EM 7-J Penalties for Intentional Program Violation; 7 CFR 273.16(b)	
	992	… ____ is disqualified for intentional program violation involving a controlled substance. … ___ ha sido descalificado/a por haber violado intencionalmente las normas del programa relacionadas con sustancias controladas.	
	FA	EM 7-J Penalties for Intentional Program Violation; 7 CFR 273.16 (b)(2); 441 Iowa Admin. Code 65.46(1)	
	993	… ____ is permanently disqualified for trafficking Food Assistance. … ____ ha sido descalificado/a permanentemente por traficar Food Assistance (Asistencia Alimentaria).	
	FA	EM 7-J Penalties for Intentional Program Violation; 441 Iowa Admin. Code 65.46(2)	

Reserve pages 249 through 254 for future use.

ACTION	CD/PGM	MESSAGE AND MANUAL CITATION	ENTER IN:
Multiple Programs (Cont.)	**844**	____ does not live in Iowa. ____ no vive en Iowa.	TD03 FIP RSN for FIP
	FA	EM 7-C Residency; 7 CFR 273.3	TD03 MED RSN for Medicaid, QMB, or SLMB
	FIP	EM 4-C Residency; 441 Iowa Admin. Code 41.23(239B)	
	MED ST SUPP	EM 6-B SSA Policies Applicable to All Programs; EM 8-C Residency; EM 8-O Residency; 441 Iowa Admin. Code 51.5(249), 75.10(249A), and 92.2	
	MN QMB SLMB QDWP E-SLMB	EM 8-C Residency; 441 Iowa Admin. Code 75.10(249A)	
	((900))	… ____ does not meet the age limit. … ____ no cumple con la edad límite.	
	FIP	EM 4-C Age; 441 Iowa Admin. Code 41.21(1)	
	MED	EM 8-C Age; EM 8-F Mothers and Children Program; 441 Iowa Admin. Code 75.1(28), 75.54(1)	
	MN	EM 8-J FMAP-Related Medically Needy; EM 8-J SSI-Related Medically Needy; 441 Iowa Admin. Code 75.1(35)	
	901	… ____ does not meet student requirements. … ____ no reúne los requisitos para estudiantes.	TD03 FIP RSN TD03 MED RSN
	FIP	EM 4-C School Attendance; 441 Iowa Admin. Code 41.21(1)	
	MED	EM 8-C School Attendance; 441 Iowa Admin. Code 75.54(1)	

Reference Chart

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CODE/SEV	ORIGIN	INSTRUCTIONS
351 I	TD02	FIP next review has been changed to align with Food Assistance.
352 I	TD05	MED next review has been changed to align with Food Assistance.
353 I	BCW2	Future BCWs have been changed.
354 F	TD03	When the aid type is 37-0 or 37-E, the fund code cannot be "7." Please change the fund code.
355 F	TD05	This will be generated when notice reason code 286 is used.
356 F	TD03	Invalid entry in TD02 FA REA2 or TD03 FA QC field. When you enter code 212 in the TD02 FA REA2, code "Y" must be entered in the TD03 FA QC field for the person who did not cooperate.
357 F	TD03	The TD03 FA QC field is coded "Y" for a person being opened. If the person has cooperated with Quality Control or the noncooperation period has expired, change the "Y" to N." Otherwise, the person is ineligible for Food Assistance.
358 F	TD03	More than one person has an entry of "Y" in the TD03 FA QC field. Enter "Y"' only for the person designated by Quality Control.
360 NF	TD02	You must enter these options on the TD02 SEND CARD field: Y Yes N No Spacebar No
376 F	TD05 TD03	To correct this error, the person must be between age 18 and age 21 during the months of eligibility. Check the TD05 POS DATE and TD05 RETRO entries against the birth date.
377 I	TD05	Newborn status is ending before 12 months. Reopen newborn, if appropriate.
380 I	ICSC	The name of this responsible parent was changed by CSRU entry. (No longer displayed.)

CODE/SEV	ORIGIN	INSTRUCTIONS
460 F	BCW2	Enter matching amounts so BCW2 fields don't conflict.
462 F	TD03	The person is already active on Medicaid.
463 F	TD05 MED STATUS	Entry of "C" in MED STATUS field is incorrect. Must enter "A."
464 F	TD05 MED POS DT	MED POS DT not equal to APP DT. Correct the TD05 positive date.
465 F	TD03 QMB	When the aid type is 60-E/60-E, 60-P/60-P, 37-7/60-E or 37-7/60-P, there cannot be a value in the TD03 QMB field. To correct, use the space bar to remove values in the QMB field.
480 I	MEPD Billing System	Cancel: Payment for second beginning month was not received by due date.
481 I	MEPD Billing System	Cancel: Case needs to be canceled due to nonpayment of premium for an ongoing month.