Iowa Department of Human Services

Terry E. Branstad
Governor

Kim Reynolds
Lt. Governor

Charles M. Palmer
Director

September 27, 2013

GENERAL LETTER NO. 6-AP-110

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

SUBJECT: Employees' Manual, Title 6, ***INCOME MAINTENANCE PROGRAMS APPENDIX***, Contents (pages 2, 4, 5, 11, and 12), revised; pages 44 through 56, 56a, 138, 148 through 169, 196, 309, 421, and 435 through 463, revised; page 56b, new; and the following forms:

470-3967	*ABAWD Letter*, revised
470-3967(S)	*ABAWD Letter* (Spanish), revised
470-0042	*Case Activity Report*, revised
470-4832	*Redetermination to Other Medical Programs*, revised
Comm. 180	*Medicaid for Employed People With Disabilities (MEPD)*, revised
Comm. 372	*Medicaid for Employed People with Disabilities (MEPD) Frequently Asked Questions*, revised
RC-0033	*Desk Aid*, revised

Summary

This chapter is revised to:

- Update the dates for the three-year able-bodied adult without dependents (ABAWD) period to reflect the current period of December 1, 2011, through November 30, 2014, on 470-3967, *ABAWD Letter*, and its Spanish translation, 470-3967(S).
- Update the instructions and form 470-0042, *Case Activity Report*, to:
  - Add facility type indicators.
  - Add level of care indicators.
  - Revise the distribution instructions.
- Remove the following forms which are obsolete effective July 1, 2013:
  - 470-4194 and 470-4194(S), *IowaCare Premium Agreement*
  - 470-4208 and 470-4208(S), *IowaCare Premium Agreement Cover Letter*
  - 470-4364, 470-4364(S), 470-4364(M), and 470-4364(MS), *IowaCare Renewal Application*

- Comm. 239 and Comm. 239(S), *IowaCare Application*
- Comm. 248 and Comm. 248(S), *IowaCare Member Frequently Asked Questions*
- Comm. 260, *Do You Need Help Paying for Your Prescription Drugs?*

♦ Remove references to the IowaCare Program on form 470-4832, *Redetermination to Other Medical Programs*.

♦ Revise the instructions to remove references to IowaCare.

♦ Update the MEPD premium chart with the new premiums effective August 1, 2013, on the following:

- Comm. 180, *Medicaid for Employed People With Disabilities*
- Comm. 372, *Medicaid for Employed People with Disabilities (MEPD) Frequently Asked Questions*

♦ Change RC-0033, *Desk Aid*, to:

- Remove information about IowaCare eligibility income limits and the premium scale effective July 1, 2013.
- Update the MEPD premium chart with the new premiums effective August 1, 2013.

Effective Date

Removal of the IowaCare forms and instructions are effective July 1, 2013.

The updated MEPD premiums are effective August 1, 2013.

All other changes are effective upon receipt.

Material Superseded

This material replaces the following pages from Employees' Manual, Title 6, Appendix:

Page	Date
Contents (pages 2 and 4)	December 7, 2012
Contents (page 5)	January 6, 2012
Contents (page 11)	August 3, 3012
Contents (page 12)	May 17, 2013
470-3967	4/12
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44	October 7, 2011
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155	December 7, 2012
156-168	October 7, 2011
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171, 172	October 7, 2011
196	March 8, 2013
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309, 421	October 7, 2011
Comm. 180	8/12
Comm. 239	4/13
Comm. 239(S)	4/13
435	October 7, 2011
436	March 8, 2013
Comm. 248	2/13
Comm. 248(S)	2/13
437	October 7, 2011
438	August 3, 2012
439-442	October 7, 2011
Comm. 260	5/08
443-445	January 6, 2012
446	May 17, 2013
447, 448	January 6, 2012
Comm. 372	8/12
449-455	January 6, 2012
456	August 3, 2012
457-462	May 17, 2013
RC-0033	4/13
463-466	May 17, 2013

Additional Information

Destroy existing supplies of the following obsolete forms:

- 470-4194 and 470-4194(S), *IowaCare Premium Agreement*
- 470-4208 and 470-4208(S), *IowaCare Premium Agreement Cover Letter*

- 470-4364, 470-4364(S), 470-4364(M), and 470-4364(MS), *IowaCare Renewal Application*
- Comm. 239 and Comm. 239(S), *IowaCare Application*
- Comm. 248 and Comm. 248(S), *IowaCare Member Frequently Asked Questions*
- Comm. 260, *Do You Need Help Paying for Your Prescription Drugs?*

Use up existing supplies of Comm. 180, *Medicaid for Employed People With Disabilities*, before ordering Comm. 180, dated 8/13, from Anamosa in the usual manner.

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

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Iowa Department of Human Services

Terry E. Branstad
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Kim Reynolds
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Charles M. Palmer
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Dear

Right now, you can get Food Assistance for only three months from December 1, 2011, through November 30, 2014.

To get Food Assistance for a longer time, you can do one or more of the following things for at least 80 hours a month:

- Work at a job that pays money
- Work at a job that pays you in other ways, like paying off your rent or other things you need
- Help at a non-profit agency (like a food bank)
- Do court-ordered community service

Or, you can also get Food Assistance longer if any of these things change:

- You turn 50 years old
- You have a physical or mental problem that keeps you from working
- You become pregnant
- You eat with someone under age 18 who lives with you, even if it's not all of the time

Remember that if you stop getting Food Assistance, you can always re-apply at any time.

Please call my office if you:

- Have questions, or
- Need this letter in another language.

I accept collect calls.

Thank you for your cooperation,

Income Maintenance Worker

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Estimado (a)

Ahora mismo, usted puede recibir Food Assistance (Asistencia Alimenticia) únicamente por tres meses desde 1 de diciembre de 2011 hasta 30 de noviembre de 2014.

Para recibir Food Assistance por mas tiempo, puede hacer una o mas de las siguientes cosas por lo menos hasta 80 horas al mes:

- Tener un trabajo remunerado en dinero
- Tener un trabajo que pague de otras formas, como uno que pague su renta u otras cosas que usted necesite
- Ayudar a una agencia sin ánimo de lucro (como un banco de alimentos)
- Hacer trabajo comunitario por orden judicial

O, también puede recibir Food Assistance por más tiempo si alguna de estas cosas cambia:

- Usted ha cumplido 50 años
- Usted tiene un problema físico o mental que no le permite trabajar
- Usted queda embarazada
- Usted se alimenta con alguien menor de 18 años que viva con usted, aunque no sea todo el tiempo

Recuerde que si usted deja de recibir Food Assistance, usted siempre puede volver a solicitarla en cualquier momento.

Por favor llame a mi oficina si:

- Tiene preguntas, o
- Necesita esta carta en otro idioma.

Acepto llamadas por cobrar.

Gracias por su ayuda,

Trabajador de Mantenimiento de Ingreso

Case Activity Report, Form 470-0042

Purpose

Form 470-0042, *Case Activity Report*, provides a mechanism for nursing facilities, ICFs/ID, mental health institutes, PMICs, and residential care facilities to report individual resident activities occurring at the facility level that may affect eligibility.

Source

The form is available on the Iowa Medicaid Enterprise (IME) web site at:
http://www.ime.state.ia.us/Providers/Forms.html#search=forms

Completion

Facility staff must complete the form when:

- A resident applies for Medicaid.
- A Medicaid member enters the facility.
- Medicare coverage for a Medicaid member residing in the facility starts or stops and the Medicaid rate is higher than the Medicare rate.
- A Medicaid member dies or is discharged.

When a Medicaid applicant or member enters the facility, the facility completes Sections 1, 2, and 3 and, if applicable, Section 4.

When a Medicaid applicant or member dies or is discharged, the facility completes Sections 1, 2, and 5.

Distribution

Facilities must submit the form to the appropriate Department office within two business days of the action.

Nursing facilities (NF), hospice, community ICFs/ID, skilled nursing facilities (SNF), and swingbeds shall mail, email or fax the form to the address below and keep a copy.

Centralized Facility Eligibility
Unit Imaging Center 1
Iowa Department of Human Services
417 E. Kanesville Blvd.
Council Bluffs, IA 51503-4470

Fax: 515-564-4040 email: facilities@dhs.state.ia.us

Iowa Department of Human Services

Case Activity Report

Complete this form when a Medicaid applicant or member enters or leaves your facility, and when a resident of your facility applies for Medicaid. See the back of this form for instructions.

1. Member Data

Name		Date Entered Facility
Social Security Number	State ID	Case Number

2. Facility Data

Provider Number/NPI Number	Facility Type: ☐ Nursing facility ☐ Skilled nursing facility ☐ Swingbed ☐ ICF/ID ☐ PMIC ☐ Hospice ☐ PACE ☐ RCF ☐ MHI	
Name		DHS Per Diem
Street Address	City	State Zip
Signature of Person Completing Form		Date Completed
Contact Name		Contact Phone Number

3. Level of Care

This information is determined by IME Medical Services Unit, Medicare or by a managed care contractor. For clarification, PMIC must indicate if this is PMIC mental health or PMIC substance abuse. Do not complete this section for hospice.

Level of Care	Level of Care Process: ☐ IME Medical Services ☐ Medicare ☐ Managed care ☐ Utilization Board ☐ Out-of-state skilled preapproval	Effective Date

4. Medicare Information for either Skilled Patients or Hospice Patients in Facilities

If there is any change in this coverage, please notify the county DHS office.

Do you expect this stay to be covered by Medicare? ☐ No ☐ Yes, see dates:	Expected dates of Medicare coverage _____ through _____

5. Discharge Data

Date of Discharge _____ Last Month in Facility (for residents who transfer to another facility or level of care): _____ Days in facility _____ Reserve bed days _____ Non-covered days _____ Total billing days on claim to fiscal agent	Reason for Discharge ☐ Died ☐ Hospital stay (less than 10 days, form is not required) ☐ Transferred to another facility Name _____ Level of care, if known _____ ☐ Moved to new living arrangement Address, if available _____

If you have any questions, please contact IME Provider Services, 1-800-338-7909, locally 515-256-4609, or by email at imeproviderservices@dhs.state.ia.us.

Instructions for Preparing the Case Activity Report:

- When a current resident applies for Medicaid, complete sections 1, 2, and 3. Enter the resident's first name, middle initial, and last name as they appear on the *Medical Assistance Eligibility Card*. The state ID number is assigned by the Iowa Department of Human Services and consists of seven digits plus one letter, e.g. 1100234G.
- When a Medicaid applicant or member enters the facility or changes level of care, complete sections 1, 2, and 3 and, if applicable, section 4.
- When there is Medicare coverage and the Medicaid rate is higher than the Medicare rate, complete sections 1, 2, and 4.
- When a Medicaid applicant or member dies or is discharged, complete sections 1, 2, and 5.
- This form must be completed within two business days of the action.
- The administrator or designee responsible for the accuracy of this information should sign in section 2.

Distribution Instructions for NFs, Hospice, Community ICF/IDs, SNFs, and Swingbed:

Mail, email or fax a copy to the DHS Centralized Facility Eligibility Unit. Keep a copy.

Centralized Facility Eligibility Unit
Imaging Center 1
Iowa Department of Human Services
417 E. Kanesville Blvd.
Council Bluffs, IA 51503-4470
Fax: 515-564-4040 email: facilities@dhs.state.ia.us

Note: Form 470-2618, *Election of Medicaid Hospice Benefit*, must accompany this *Case Activity Report* for hospice patients.

Distribution Instructions for PMICs:

Mail, email or fax a copy to the DHS Centralized Facility Eligibility Unit. Keep a copy.

Centralized Facility Eligibility Unit – PMIC
Imaging Center 1
Iowa Department of Human Services
417 E. Kanesville Blvd.
Council Bluffs, IA 51503-4470
Fax: 515-564-4040 email: CSAPMIC@dhs.state.ia.us

Distribution Instructions for PACE:

Mail, email or fax a copy to the Woodbury Adult Intake Team. Keep a copy.

Woodbury Adult Intake Team
Imaging Center 1
Iowa Department of Human Services
417 E. Kanesville Blvd.
Council Bluffs, IA 51503-4470
Fax: 515-564-4014 email: 97cmz2@dhs.state.ia.us

Distribution Instructions for RCFs, MHIs, and State Resource Centers:

Mail or fax a copy to your county DHS income maintenance worker. Keep a copy.

Residential care facilities (RCFs), mental health institutes (MHIs), and state resource centers shall mail or fax a copy to the local DHS income maintenance worker and keep a copy.

Psychiatric medical institutions for children (PMICs) shall mail, email or fax the form to the address below and keep a copy.

Centralized Facility Eligibility Unit – PMIC
Imaging Center 1
Iowa Department of Human Services
417 E. Kanesville Blvd.
Council Bluffs, IA 51503-4470

Fax: 515-564-4040 email: CSAPMIC@dhs.state.ia.us

Program for All-Inclusive Care for the Elderly (PACE) shall mail, email or fax the form to the address below and keep a copy.

Woodbury Adult Intake Team
Imaging Center 1
Iowa Department of Human Services
417 E. Kanesville Blvd.
Council Bluffs, IA 51503-4470

Fax: 515-564-4014 email: 97cmz2@dhs.state.ia.us

Data

Section 1. Member Data: Section 1 contains resident-specific information. The resident's name should be used as it appears on the *Medical Assistance Eligibility Card*. "Date Entered Facility" is the date the resident entered the facility for the first time or was readmitted to the facility following a discharge.

Section 2. Facility Data: Section 2 contains information on the facility involved and the person filling out the form. The provider number or national provider identifier must correspond with the level of care indicated in Section 3. The "DHS Per Diem" is the facility's computed rate. The "Date Completed" is the date the form is completed and submitted.

Section 3. Level of Care: Section 3 lists the process used to determine level of care (IME Medical Services Unit, Medicare, managed care contractor, out-of-state skilled preapproval or utilization board) and the effective date of determination.

Section 4. Medicare Information for Skilled Patients in Facilities: Section 4 reflects Medicare coverage that may apply to skilled care or hospice. Complete this section when there is Medicare coverage but the Medicaid rate is higher than the Medicare rate.

Section 5. Discharge Data: Complete Section 5 when a resident leaves the facility or dies. The information under "Last Month in Facility" is used to recalculate client participation if the client transfers to another facility or living arrangement (not home). Remember that Medicaid does not pay for the date of discharge.

Certificate of Enrollment, Form 470-4444

Purpose	The *Certificate of Enrollment*, form 470-4444, is used to inform providers that a child has been approved for Child Care Assistance. This form informs the provider of the hours of care, units of service, and co-pay fee that each child in care is approved for.
Source	Form 470-4444 is generated by the KinderTrack system.
Completion	The KinderTrack system generates and completes this form for all Child Care Assistance approvals when the child has been assigned to a provider.
Distribution	This form is mailed to the provider that is assigned to the child. The form is also saved electronically in the KinderTrack system.
Data	The system completes all information on this form.

Certification of Eligibility of SSI Applicant, Form 470-0363

Purpose

Form 470-0363 is used to verify a person's SSI eligibility or SSI application status.

Source

DHS staff may complete this form on line using the template on the DHS Intranet eForms web page.

Supplies of the form may also be printed or photocopied from the sample in the manual as needed. Department offices located in the same county as a Social Security Administration office shall supply copies of this form to the Social Security office upon request.

Completion

Either the Department or the Social Security Administration may initiate the form, depending on which agency receives a complaint.

The Department office prepares two copies of the form when the Department has not received an SDX indicating a client has been approved for SSI but the client claims:

- To have been approved for SSI for more than 60 days, or
- To have applied for SSI more than 60 days ago.

The Social Security office initiates the form when:

- It receives a complaint that a client who has been approved for SSI for more than 60 days has not been approved for Medicaid.
- A case is placed in forced pay, one-time pay, or limited period of eligibility status.

NOTE: In all situations involving forced pay, one-time pay, or a possible limited period of eligibility, the Department office should:

- Maintain a control on the case;
- Contact the Social Security office if no SDX information has been received on the case after six months;
- Cancel medical assistance if the Social Security office then indicates that the case has since been placed in a non-payment status.

Distribution	When the Department office initiates the form, forward the original to the Social Security office. You may upload the request to the electronic case file. When the original is returned, it will be scanned and uploaded If the form is initiated by the Social Security office, the original is forwarded to the Department office.
Data	When the form is initiated by a Department office, complete Section A (Identification) to the best of the information you have available. (When the form is initiated by the Social Security office, that agency completes all sections.)

Change in Health Insurance, Form 470-3792

Purpose	Form 470-3792, *Change in Health Insurance*, is a cover letter used to collect information for the Food Assistance and Medicaid programs.
Source	Complete the form on line using the template available on the DHS Intranet eForms web page.
Completion	Complete this form when it is reported that someone in the household has gone to work. This form is used to request information and verification regarding the new income and forward the *Employer's Statement of Earnings* form.
Distribution	Print two copies of the form. Give one copy to the client and file one copy in the case record. The client completes the form and returns it to the assigned imaging center.
Data	The form populates address and worker information areas of the form and calculates a due date for the return of the requested information.

Change in Medical Deduction for Food Assistance, Form 470-4487 or 470-4487(S)

Purpose

Form 470-4487, *Change in Medical Deduction for Food Assistance*, is used in conjunction with a "warnings, informational, fatal, and summary" (WIFS) message when buy-in occurs for a Food Assistance household receiving the standard medical deduction.

Since the state is now paying the Medicare premium, the worker uses this form to determine if the person has other medical expenses that would qualify the household for the standard medical deduction.

Source

Complete the English or Spanish version of this form on line using the templates on the DHS Intranet eForms web page.

Completion

An informational WIFS message will be sent to the worker associated with a Food Assistance case when:

- Buy-in of the Medicare premium occurs for any person active on the case, and
- The case is coded on BCW1 for the standard medical deduction for Food Assistance.

When you receive the WIFS message:

- Examine the case record to see if the household has any other verified medical expenses that qualify it for the Food Assistance standard medical deduction.
- If not, remove the coding for the standard deduction from the BCW1 screen and send this form.

Distribution

Send one copy to the household and document that the form was issued.

Data

The worker completes the date, address, case number, client name, and worker phone number and name. No due date is necessary, as this form is informational to the household and the household needs respond only if it has additional expenses to report.

Child Care Assistance Application, Form 470-3624 or 470-3624(S)

Purpose	The *Child Care Assistance Application*, form 470-3624 or 470-3624(S), collects information about people needing child care that is required to determine eligibility for Child Care Assistance.
Source	The English version, 470-3624, is printed in pads of 25. Order supplies from Iowa Prison Industries at Anamosa. Print supplies of the Spanish version from the sample in the manual. Families may also fill out the application electronically through the Child Care Public Web Portal.
Completion	The applicant or someone representing the applicant prepares the form when the parent or guardian requests Child Care Assistance.
Distribution	The applicant mails the form to the Centralized Child Care Assistance Unit, Polk County River Place, 2309 Euclid Avenue, Des Moines, IA 50310. If an applicant submits this form to a local DHS office, it must be forwarded to the Centralized Child Care Assistance Unit.
Data	Questions on the first page gather information about the family, the children needing care, and the care provider the family has chosen. Questions on the second page ask about the family's need for service. The third page asks about monthly income. The fourth page asks about the provider the family is using for care. The back of the application states appeal rights. The applicant enters the following information: ♦ **Family Information:** (If two parents or guardians are in the home, the same information is needed for both.) • Name of the parent or guardian of the children needing care. • The parent or guardian's date of birth. • The parent or guardian's social security number. Leave blank if the person does not have a social security number.

- Phone number and address, including the street, city, and ZIP code.
- The name, relationship to the parent or guardian, date of birth, social security number, sex, name of school district, race, ethnicity, citizenship and alien status for all children needing care. Leave the social security number blank if the child does not have a number.
- A check to indicate whether a child has special needs. (If so, make sure that the parent or guardian submits a statement verifying a special needs diagnosis from a doctor or other medical professional.)
- The name and relationship to the parent or guardian of all other people in the home.

♦ **Need for Service:** (If two parents or guardians are in the home, the same information is needed for both.)

- A check indicating whether each parent or guardian is working.
- If so, the number of hours per day and per week the person works.
- Each person's work schedule, with starting and ending times for the shift of work.
- A check indicating whether the parent or guardian is a full-time student, and if so, the school name.
- A check indicating whether the parent or guardian is a graduate student. (If so, that person is not eligible to receive Child Care Assistance.)
- The school's name.
- Whether the person needs child care to look for work and when they will start searching.

The applicant must attach:

- The most recent pay stubs for each employed person, or
- A copy of the class schedule if the person is a student.

- Monthly Family Income
  - The amount of gross wages, SSI, FIP benefits, social security, child support or alimony, and any other income. (If the children live with a guardian, only the child's income is needed.)
  - The name of the income maintenance worker if the client is receiving Food Assistance, FIP, or Medicaid.
- Provider Information
  - The child care provider's name, phone number, street address, city, state, and ZIP code.
  - A check to indicate if the provider will watch the children in the parent or guardian's home.
  - Question asking whether the provider is a backup provider.

The parent or guardian must sign and date the application.

Child Care Assistance Billing/Attendance, Form 470-4534

Purpose	Form 470-4534 is used by a child care provider to bill the Department for child care services provided to a child eligible for Child Care Assistance (CCA).
Source	This form is generated by the KinderTrack system and mailed to the child care provider for each CCA-eligible child.
Completion	The KinderTrack system generates and completes the header information for each CCA-eligible child. This form prints and is mailed to the provider every four weeks. If the provider does not submit time and attendance on line through the Child Care Assistance Provider Portal, this form must be completed and returned to the Centralized Child Care Assistance Unit for processing. The provider is responsible for completing the remainder of the form, including having the parent sign it.
Distribution	This form is mailed to the child care provider from DHS central office. The provider must retain a signed copy of this form. This form also is saved electronically in KinderTrack.
Data	The KinderTrack system completes: **Provider:** The provider's name. **Child Name:** The name of the child the provider should bill for. **Case#:** The KinderTrack case number. **Billing Period:** The two-week billing period. **Parent Name:** The name of the child's parent. **Date:** Each day of the two-week billing period. The child care provider is responsible for: **In:** The time the child arrived at the provider's child care. **Out:** The time the child left the provider's care.

Absent: Mark if a child was absent from the child care on a day that the child is normally scheduled to attend.

Parent Signature: The parent of the child must sign the form to certify the hours of care being billed to the Department for this child are correct.

Provider Signature: The provider of the child must sign the form to certify the hours of care being billed to the Department for this child are correct.

Child Care Assistance Billing/Attendance Provider Record, Form 470-4535

Purpose	Form 470-4535 serves as verification that an electronic bill has been submitted to the Department for child care services provided to a child eligible for Child Care Assistance (CCA).
Source	This form is generated by the KinderTrack system and is printed by the child care provider.
Completion	KinderTrack generates and completes all information for each CCA-eligible child. A provider that bills electronically is required to print this form after electronically submitting a bill for service and have the parent sign it.
Distribution	The provider must retain this form for ten years as verification that the electronic billing was correct and complete.
Data	The KinderTrack system completes all information on this form based on what the provider's electronic billing for:

Provider Name: The provider's name.

Provider Address: The provider's address.

Parent: The name of the child's parent.

Child: The name of the eligible child.

Case #: The KT case number.

Billing Period: The two-week billing period.

Date: Each day of the two-week billing period.

Time In: The time the child arrived at the provider's child care.

Time Out: The time the child left the provider's care.

Absent: Marked if the child was absent from the child care on a day that the child is normally scheduled to attend.

Parent's Signature: The parent of the child must sign the form to certify the hours of care being billed to the Department for this child are correct.

Provider's Signature: The provider of the child must sign the form to certify the hours of care being billed to the Department for this child care correct.

Health Services Application, Form 470-2927 or 470-2927(S)

Purpose

The *Health Services Application* is designed to assist people applying for various health-related programs, including SSI-related, FMAP-related and refugee Medicaid and Medically Needy, and State Supplementary Assistance.

It is designed to be a brief and easily understood form. With this form, an applicant does not have to provide identical information to several different agencies in order to apply for the programs each agency administers.

Source

Form 470-2927 is printed with 30 sets on a pad. The Spanish version, 470-2927(S), is printed with 10 sets on a pad. Order supplies of both from Iowa Prison Industries at Anamosa.

Completion

Mail or give the *Health Services Application* to a person applying for Medicaid, Medically Needy, State Supplementary Assistance, or IowaCare. (Use the *Health and Financial Support Application*, form 470-0462 or 470-0462(S), when a person wants to apply for FIP, Food Assistance, or Child Care Assistance as well as Medicaid.)

Applications: The applicant completes the form. A friend, relative, authorized representative, or DHS staff may help, if needed.

The applicant must sign the form unless mentally or physically unable to do so. If the applicant is mentally competent but unable to sign the application form, an "X" or a thumbprint may be used if witnessed by two people who know the applicant.

If the applicant is mentally incompetent, the form may be completed by a legal guardian, a relative, a person in whose home the applicant resides, or by the IM worker if there is no other person able or willing to file the application.

When both parents or spouses are in the home, one must sign the application. If there is a guardian or conservator, this person shall participate in completing the form and shall sign for the applicant, if necessary. See 8-B, Who Must Sign the Application.

Important Information About Your FIP, Form 470-3851

Purpose

Beginning on January 1, 1997, families can get FIP assistance for a total of only 60 months. The 60-month period need not be consecutive. See 4-C, Limit on FIP Assistance, for information about the 60-month FIP limit.

Form 470-3851 is issued to families whose FIP assistance is counted toward the 60-month limit. It informs families of the number of FIP months they have used and the number of FIP months they have left to use. The purpose is to alert them to prepare for becoming self-supporting by the end of their 60-month limit.

Source

You can generate form 470-3851 from the following sources:

- For active FIP families that have received FIP for 36 or more months, generate form 470-3851 for the family by choosing the "Active Cases That Have Used FIP For 36 or More Months" report in ETS. Using this source will:
  - Simultaneously generate Comm. 137, *60-Month Limit on FIP*. Comm. 137 provides the family with basic information about the 60-month FIP limit.
  - Automatically record in ETS the date you generate the form and the number of FIP months used at that point.
  - Fill in all items except for your name and phone number. Complete these items before issuing the form to the client.
  - Automatically generate a copy of both documents for the case record.
- For families that are not active on FIP or have received FIP for fewer than 36 months, generate form 470-3851 from the "Form History" page in ETS. This will also generate Comm. 137.

  Form 470-3851 will be blank, requiring you to fill in all items before issuing the form to the client. Also, the date you generate the blank form will not be recorded in ETS.

Using the "Form History" page, you can also:

- Obtain Comm. 137 separately, without form 470-3851.
- Obtain completely filled-in duplicates of form 470-3851 you previously sent to a family from the "Active Cases That Have Used FIP For 36 or More Months" report in ETS, if there is a need. For example, the family may request a duplicate copy.

♦ You can complete form 470-3851 on line using the template on the DHS Intranet eForms web page. There is a button on Page 1 that links to Comm. 137. Click on the button to open and print Comm. 137.

♦ You can print the form from the on-line manual or photocopy it from the paper manual.

Completion

Issue form 470-3851, along with Comm. 137, to parents or needy specified relatives whose FIP assistance is counted toward the 60-month limit. Obtain the number of months an applicant or a participant family has received FIP from the Eligibility Tracking System (ETS).

Issue the form:

♦ At months 36, 42, 48, 54, 56, and 58 to families active on FIP.

♦ At the annual review interview, regardless of how many months the family has received FIP. Discuss the family's FIP status and the impact of the 60-month limit.

♦ At the application interview for families that have not received FIP for 60 months and are reapplying for FIP. Discuss the family's FIP status and the impact of the 60-month limit.

♦ At the family's request.

NOTE: You may also issue form 470-3851 at any other time it appears appropriate or beneficial to the family. Examples:

- You may want to issue the form in month 59 or even month 60 to help families to better understand the connection between the number of months they have received FIP and the 60-month cancellation notice.
- You may want to include the form when issuing form 470-3826, *Request for FIP Beyond 60 Months*, to families that are close to the 60-month limit. (See 6-Appendix for information on issuing form 470-3826 to families that have received FIP for 58 or more months.)

Distribution

Issue the completed original of the form to the family along with Comm. 137.

If the form is generated through the "Active Cases That Have Used FIP for 36 or More Months" report, the issuance will automatically be recorded in the ETS Forms History.

If a blank form is completed from the ETS Forms History or from the eForms web page or the manual, note the issuance in the On Line Narrative.

It is not necessary to keep a copy of the form in the case record.

Data

If you are generating a blank form 470-3851, fill in:

- The date.
- Your county office number.
- The FIP case number.
- The client's name and address.
- The number of FIP months the family has used.
- The number of FIP months the family has left to use.
- Your name, worker number, phone number, and e-mail address.

If you are generating form 470-3851 from the "Active Cases That Have Used FIP For 36 or More Months" report in ETS, fill in your name and phone number.

NOTE: When generating a blank form 470-3851, be sure to state the most current number of FIP months the family has used. For example, if you are completing the form so late in month 56 that it will be month 57 before the family will get the form, state "57" as the number of FIP months used.

Important Information About Your Medicaid Benefits, Form 470-4537

Purpose	Form 470-4537 is used to notify the member that Medicaid will stop paying for most of their prescriptions.
Source	This form is system-generated.
Completion	Central office will mail form 470-4537 to a member: ♦ Two months before a member turns age 65, and ♦ When the Centers for Medicare and Medicaid Services notifies the Department that the member has Medicare benefits.
Distribution	One copy is mailed to the member.
Data	The form explains: ♦ That Medicaid stops paying for most prescriptions when Medicare coverage begins. ♦ What Part D costs Medicare will help pay for because the member receives help from Medicaid. ♦ What will happen if the member does not enroll in a Part D plan. ♦ What the member should do if the member has drug coverage through an employer or union. ♦ Who to call if the member has questions.

Inability to Find a Responsible Person, Form 470-3356

Purpose	The *Inability to Find a Responsible Person* is completed when an individual or an organization wants to be considered a "responsible person" for a client who is physically incapacitated, incompetent, or deceased and is in need of a "responsible person" to act on their behalf and there is otherwise no person to act in that capacity.
Source	Form 470-3356 is not printed. Photocopy supplies as needed from the sample in the manual, or print the form from the on-line manual.
Completion	The person or organization requesting to be considered as a responsible person completes the form.
Distribution	The party who completed the form submits one copy to the county DHS office and should keep one copy.
Data	The form contains: ♦ The name of the client. ♦ The reason that the client needs representations. ♦ The name of the person proposed to be the responsible person. ♦ The period of time for which responsibility is requested (during application, for ongoing eligibility, or both). ♦ The signature of the proposed responsible person. ♦ The date of the signature. ♦ The name of the business or organization the responsible person is from, if any. ♦ The signature of a person from that organization authorizing this designation. ♦ The position of the authorizing person.

Income Documentation Tool (InDoc), Form 470-4823

Purpose	Form 470-4823, *Income Documentation Tool (InDoc)*, is used to document what income and deductions are considered in the eligibility determination for FIP, Food Assistance, and FMAP-related Medicaid programs. The documentation is used to explain how income was calculated and to support the entries made in the ABC system.
Source	Complete the InDoc on line using the template on the DHS Intranet eForms web page.
Completion	Complete the InDoc at the time of application, RRED, or reported change.
Distribution	Upload the completed InDoc into the Electronic Case File.
Data	The InDoc contains three tabs for recording income and deduction information.

Institutional Spouse Intent to Transfer Resources, Form 470-4888

Purpose	Form 470-4888, *Institutional Spouse Intent to Transfer Resources*, is used to document the institutionalized spouse's intent to transfer ownership of their resources to the community spouse as a condition of ongoing Medicaid eligibility within 90 days of being approved for Medicaid facility assistance.
Source	Complete the form on line using the template on the DHS Intranet eForms web page.
Completion	After an institutionalized spouse is approved for Medicaid, the income maintenance (IM) worker issues the form to obtain: ♦ The member's written statement of intent to transfer resources to the community spouse within 90 days. ♦ Proof of the resources transferred.
Distribution	Give one copy to the member. Upload a copy to the electronic case file. The member signs the form and returns it. Upload the signed form into the case file.
Data	Entering the case number for the facility case will populate the name, address, and salutation of the member. The worker profile will populate the worker address and contact information.

Insurance Questionnaire, Form 470-2826 or 470-2826(S)

Purpose

The *Insurance Questionnaire* is used to identify clients who have health insurance or other medical resources available to them. It is also used as an input document for transmitting information to the Third-Party Liability subsystem and the Automated Benefit Calculation (ABC) system.

Source

The English version of form 470-2826 is printed with 100 forms on a pad. Order supplies from Iowa Prison Industries at Anamosa.

Both the English and Spanish versions of this form are available on line as templates on the DHS Intranet eForms web page.

Completion

Include this form in the application packet. Also give or mail a form to the client to complete when the client reports a change in medical resources (for example, on the review form).

The client or the client's representative completes one copy of the form at the time of application and when a change in medical resources occurs.

Distribution

When a completed *Insurance Questionnaire* is returned, handle it as follows:

- If the form indicates no insurance coverage, file it in the case record.
- If the form indicates Medicare coverage only, enter the information into the ABC system TD03 screen as directed in 14-B-Appendix. Then file the form in the case record.
- If the form indicates Medicare coverage plus other insurance, enter the Medicare information into the ABC system as indicated above and then send the form to Iowa Medicaid Enterprise (IME) Revenue Collection Unit.
- If the form indicates coverage from any source not addressed above, send the form to the IME Revenue Collection Unit.

  Send forms to IME via local mail if available or mail them to IME Revenue Collection Unit, P. O. Box 310202, Des Moines, Iowa 50331-0202.

When you send the form to IME, you may keep a copy of the form in the case record. However, this is not mandatory because IME will scan all forms to the workflow processing system.

- When a form is returned indicating coverage has stopped:
  - Ensure that the name of the insurance company and the client's state identification number are on the form,
  - Write TERMINATED across the top of the form, and
  - Send it to Iowa Department of Human Services, Bureau of Long Term Care, 100 Army Post Rd, Des Moines, IA 50315.

Insurance Report, Form 470-0444

Purpose	Form 470-0444 is used to obtain information regarding life insurance policies carried by an applicant or participant or a member of the family whose resources are considered in determining eligibility for FIP or Medicaid.
Source	Complete form 470-0444 on line using the template on the DHS Intranet eForms web page. This form is also printed in pads of 20 two-part precarboned sets. Order supplies from Iowa Prison Industries at Anamosa.
Completion	The IM worker completes this form when authorized by the applicant or participant to secure information that is not otherwise available. Complete the cover letter. The client or authorized representative signs the authorization portion of the form. The insurance company representative completes the remainder of the form.
Distribution	Forward one copy to the insurance company. You may upload the request to the electronic case file. When the insurance company returns the original, it will be scanned and uploaded.
Data	Enter identifying information, sign the form as the person requesting information, and fill in the policy numbers if available. Enter the return address of the Department office at the bottom of the second page.

Intentional Program Violation Hearing Notice, Unnumbered

Purpose	The *Intentional Program Violation Hearing Notice* is used to notify the client that a hearing on the referral for intentional program violation has been scheduled.
Source	This form is supplied by the Department of Inspections and Appeals (DIA), Division of Appeals.
Completion	This DIA Division of Appeals completes the form.
Distribution	DIA sends the original to the client, with copies to the client's representatives, the referring county, the service area, and the appeal file.
Data	DIA completes the following data: ♦ Date issued. ♦ IPV number (the appeal number assigned to the case). ♦ Date and time of hearing. ♦ Administrative law judge scheduled to hear the referral. ♦ Reason for hearing. ♦ Administrative rules and Code of Federal Regulation citations. ♦ Explanation of intentional program violation and the client's rights.

Interview Checklist for Farmer Food Stamp Applications and Recertifications, Form 470-2326

Purpose	The purpose of form 470-2326 is to assist the IM worker during interviews with applicants who are farming.
Source	Print supplies of form 470-2326 from the on-line manual or photocopy the sample form.
Completion	At the option of the local office, the IM worker may prepare this form when interviewing an applicant who farms.
Distribution	File the form in the applicant's case record, if completed.
Data	The form suggests questions and includes explanations and reminders on: ♦ Incorporation. ♦ Tax returns. ♦ Bankruptcy. ♦ Income and deductions. ♦ Capital gains. ♦ Proration. ♦ Reporting changes. ♦ Collateral sources. ♦ ABC entries.

Iowa Medicaid Managed Health Care Enrollment Form, Form 470-2168 or 470-2168(S)

Purpose	Medicaid members in managed health care counties can use form 470-2168 or 470-2168(S) to register a choice of enrollment or a change in enrollment regarding their managed health care options. This form does not function as a notice of enrollment to the managed health care provider. The IME Member Services Unit collects this information and generates an enrollment tape monthly. The Department then notifies the managed health care providers.
Source	This form is a one-page self-mailer addressed to the IME Member Services Unit. The IME Member Services Unit issues this form as part of the enrollment packet mailed to each new Medicaid case approved in a managed care county. Make supplies of this form available to members at Department offices. (Obtain supplies from the IME Member Services Unit.) The form is also available through the Member Services call center toll-free at 1-800-338-8366 or (515) 725-1003 in the Des Moines area and at some participating managed health care providers.
Completion	The Medicaid member (or someone acting on the member's behalf) may complete this form to choose or change a managed health care option. (These choices can also be registered by phone to the numbers listed on the form.)
Distribution	A Department office or managed health care provider that receives a completed request form from a member should send the form to IME Member Services Unit.
Data	The member enters: ♦ The name or number of the county where the family resides. ♦ The date this request is signed. ♦ The last name, first name, and middle initial, birth date, and state ID number of every person in the family who is eligible to enroll in managed health care.

- For a choice of MediPASS, the name of the MediPASS provider chosen to serve as each person's primary care physician. (This can be different for each person in the household.)
- For a choice of HMO, the name of the HMO chosen.
- The reason for changing providers, if applicable.
- The family's address, including street, city, and zip code.
- The family's telephone number.
- The signature of the person who signed the Medicaid application.

Iowa Medicaid Managed Health Care Provider Request for Member Disenrollment, Form 470-2169

Purpose

Managed health care providers can use form 470-2169 to request that a Medicaid member assigned to them be disenrolled or reassigned. Completion of this form does not cause immediate disenrollment.

Disenrollment is not effective until the managed health care review committee has reviewed the request and the IME Provider Services Unit has coded disenrollment with an effective date. Enrollment still exists until the provider's name no longer appears on the recipient's pink *Medical Assistance Eligibility Card*.

Source

This form is issued to managed health care providers in their managed care handbook. Additional copies are available to participating providers upon request to the IME Provider Services Unit.

Completion

The managed health care provider completes Parts A and B of this form when the provider wants to stop serving the member due to:

- The member's age or sex being outside the provider's normal scope of treatment.
- Issues such as failing to show up for appointments, noncompliance with treatment, and abusive or drug-seeking behavior.

An authorized member of the managed health care review committee is responsible for completing Part C of this form.

Distribution

The provider keeps a copy and mails the original to:

IME Provider Services Unit
P.O. Box 36450
Des Moines, Iowa 50315

Managed health care staff send a copy of the form to the member at the time of the provider's original request.

After the Review Committee decision has been recorded, the form shall be distributed as follows:

- The review committee retains the original.
- A copy is sent to the provider.

The IME Provider Services Unit does not enter any system action to disenroll the member until it has received instructions from the Division of Medical Services regarding the managed health care review committee's decision.

Data

Part A. Provider identification: The managed health care provider completes Part A as follows:

- Check type of managed health care that applies.
- Enter name of managed health care provider.
- Enter Medicaid provider number of managed health care provider.
- Enter address of managed health care provider.
- Enter signature of authorized person making request for provider.
- Enter date the request is signed.

Part B. Disenrollment request: The managed health care provider completes Part B as follows:

- Enter name of each member for whom disenrollment is requested.
- Enter state Medicaid personal ID number for each member for whom disenrollment is requested.
- State reasons for each person for whom disenrollment is being requested by using disenrollment reason/code. Additional documentation shall be attached, if necessary.

Part C. Decision of Managed Health Care Review Committee: The Managed Health Care Review Committee shall make a decision within 30 days of receipt of the request. When the form is completed, the MHC team member shall make the appropriate system entries within ten days.

Section C shall contain approval of the request, a denial of the request, or some specific instructions as to how the managed health care team or managed health care provider should proceed.

- Indicate the decision of the Managed Health Care Review Committee: "approve," "deny," or "other." If "other" is checked, an explanation should be included in the comments section.
- Include comments of the Managed Health Care Review Committee, if appropriate.
- Use this area to relay specific instructions to the income maintenance worker concerning implementation of the Review Committee's decision.
- An authorized member of the Managed Health Care Review Committee shall sign as the designee of the administrator of the Division of Medical Services. The date signed shall be included.

IowaCare Billing Statement, Form 470-4165

Purpose	The *IowaCare Billing Statement* is sent to recipients in the IowaCare coverage group when a premium is assessed.
Source	The statement is computer-generated from the billing system in Central Office. When a member reports nonreceipt of a billing statement, the worker can reprint the billing statement by entering an "X" in the REPRINT (CLNT) field of the STMT in the MIPS system. This will issue a copy sent to the client. NOTE: Be sure the address on ABC is updated and correct.
Completion	The statement is issued directly from Central Office. A preaddressed envelope is included for members to remit premium payments. Payment cannot be made directly to the DHS local or central office. If a replacement envelope is requested, provide one to the member.
Distribution	One copy of the billing statement is mailed to the member. If a copy of a billing statement is needed for an appeal, the worker can reprint the billing statement by entering an "X" in the REPRINT (WRKR) field of the STMT in the MIPS system. This will issue a copy to the worker.
Data	The billing statement: ♦ Contains the billing date, the case name and address, and the member's state identification number. ♦ Identifies the months, the amount owed per month, the payment due date, information about advance payment, any amount applied to a month on the billing statement sent the month following the month the payment is applied, and consequences of nonpayment. ♦ Allows the member to sign claiming hardship or inability to pay the premium for the month. ♦ Instructs members to remit the top portion of the statement with their payment, in the enclosed envelope.

IowaCare Insurance Information Request, Form 470-4542

Purpose	The *IowaCare Insurance Information Request* is sent to request needed health insurance information from the member. IowaCare members are to report within 10 days that they have health insurance. This is new information.
Source	Complete form 470-4542 on line using the template on the DHS Intranet eForms web page.
Completion	The IM worker completes form 470-4242 when the worker receives a request to verify that IowaCare eligibility exists based on the health insurance meeting one of the exceptions for IowaCare.
Distribution	The IM worker sends the form to the IowaCare member.
Data	The form includes the: ♦ Member's name ♦ Health insurance company's name ♦ Date information is due ♦ IM worker's name

IowaCare Medical Card, Form 470-4164

Purpose	The *IowaCare Medical Card* is a card that contains basic identifying eligibility information concerning an IowaCare member with restrictions to specific providers and services. The mailer containing the card has contact information for members who have questions and states that there is limited coverage.
Source	The card is issued by Central Office Data Management Division.
Completion	The card is generated at the beginning of each certification period for new approvals and reinstatements. If the member loses the card, the card is damaged, or the card is mismailed due to an unreported change of address, the member should contact the IME Member Services Unit at 1-800-338-8366 (or at 256-4606 for those living in Polk County).
Distribution	One copy of the card is automatically issued.
Data	The member's name, plan ID, and plan number are printed on the card. The back of the card provides information on where to send claims and contact phone numbers for any questions.

IowaCare Refund Notice, Form 470-4310 or 470-4310(S)

Purpose	The *IowaCare Refund Notice* explains to an IowaCare member why the member is receiving a premium refund.
Source	The Quality Assurance Unit in Central Office issues the notice.
Completion	The notice is issued directly from Central Office when all or part of the IowaCare premium is refunded.
Distribution	One copy of the refund notice is mailed to the member and one copy is sent to the local DHS office.
Data	The refund notice: ♦ Contains the date, the county, worker name, worker phone number, and the member's case number, state identification number, and name. ♦ Identifies the amount of the refund and the reason for the refund.

Pages 169 through 172 are reserved for future use.

Medical Assistance Eligibility Card, Form 470-1911

Purpose

The *Medical Assistance Eligibility Card* contains basic identifying information to enable a provider of medical care to confirm a Medicaid member's eligibility. The member is instructed to keep the permanent card and present it when receiving medical services. NOTE: This card is not issued to IowaCare members.

Source

The *Medical Assistance Eligibility Card* is computer-generated for new approvals during the daily processing.

The IM worker or the IME Member Services Unit can generate replacement cards through the web-based system. Replacement cards for members enrolled in the Iowa Family Planning Network can also be replaced through the Family Planning Waiver system.

Completion

The *Medical Assistance Eligibility Card* is issued to the member directly. The first card is mailed at the time of initial approval.

The Department will issue replacement cards:

- Upon a member's request,
- When foster care eligibility is established, or
- When card was last issued due to IFPN eligibility.

Circumstances under which a replacement card is necessary includes:

- The card has been lost, stolen, or damaged;
- The member did not receive the initial card;
- The member's name changes; or
- A duplicate card is needed for a member who is out of the home, for example, when a child is visiting relatives over the summer.

Iowa Department of Human Services

Terry E. Branstad
Governor

Kim Reynolds
Lt. Governor

Charles M. Palmer
Director

Dear

Your Medical Assistance has been canceled. You may be eligible for Medical Assistance under one of the following programs:

- The Medically Needy Program

You will need to pay a spenddown (like a deductible), of $_____ for the months of _____, before you will be eligible for Medicaid. If you think your future medical bills will exceed $_____ for the months of _____, or if you already have more than $_____ in unpaid medical bills, then the Medically Needy program may help you.

- Iowa Family Planning Network (IFPN)

This program offers limited family planning services (example: annual exams, lab tests, most contraceptive supplies, and some STD treatment). This program is available to persons ages 12 through 54. If you had a pregnancy end within the last 12 months and were on Medicaid, you are automatically eligible for this program.

- Medicaid for Employed People with Disabilities (MEPD)

This program offers Medicaid for disabled persons under the age of 65 who have income from employment or being self-employed.

To determine your eligibility under another coverage group, the following proof is needed:

The Department must receive the requested information by _____.

When the Department receives the requested information by this date, a worker will then determine if you are eligible for Medicaid under another coverage group and notify you of the results. If the Department does NOT receive the requested information by this date, you will have to reapply for Medicaid benefits.

Sincerely,

Enclosures: Medicaid for the Medically Needy, Comm. 30
It's Your Future, Comm. 249
MEPD Brochure, Comm. 180

Redetermination to Other Medical Programs, Form 470-4832

Purpose	Form 470-4832, *Redetermination to Other Medical Programs*, is used when eligibility for Medicaid ends. It explains other medical programs that the member may be eligible for, and it requests the necessary information to determine eligibility for those alternatives.
Source	Form 470-4832 is available on line on the DHS Intranet eForms web page.
Completion	When eligibility for Medicaid ends, the worker may send this letter to the member. Any or all of the following program descriptions may be included: ♦ Medically Needy ♦ Family Planning Services ♦ MEPD
Distribution	Send the letter to the member. You may upload the request to the electronic case file. When the member returns the requested information, it will be scanned and uploaded.

Comm. 123 or Comm. 123(S), Important Information for You and Your Family Members About the Estate Recovery Program

Purpose	The *Important Information for You and Your Family Members About the Estate Recovery Program* is a flier designed to give answers to questions about the Estate Recovery Program.
Source	The English version of this flier is printed with 100 fliers per pad. Order supplies from Iowa Prison Industries at Anamosa. Print supplies of the English and Spanish versions from the samples in the manual or from the DHS Intranet eForms web page.
Distribution	Issue a copy of this flier to all Medicaid applicants.

How much will I have to pay?

Look at the chart below to find the monthly premium that you may have to pay. Add your gross earned income and your gross unearned income together. Then find the total of your income on the chart and look for the premium on the same line.

PREMIUM SCHEDULE

If the monthly gross income of the disabled person is:	The monthly premium is:
$ 1,437 or Less	**$ 0**
More than: $ 1,437	$ 29
1,580	39
1,724	44
1,915	51
2,155	56
2,394	66
2,873	86
3,352	106
3,830	124
4,309	144
5,267	182
6,224	221
7,182	262
8,139	305
9,575	369
11,012	440
12,448	515
$ 14,171 and above	598

This chart is a guide only. Federal poverty levels may be updated each year. Changes in the poverty levels will change the income range for premiums.

When are premium payments due?

A billing statement will be sent to you that lists the months for which you have been approved and for which a premium is due. Generally, premiums should be paid by the last day of the month for the next month's coverage.

IMPORTANT: When you are first approved, the bill may be for more than one month and the premium amount or due dates may vary. **Please read the billing statement carefully.**

What happens when I do not pay the premiums?

If you do not pay the premium by the due date, your MEPD will be canceled. You may have to file a new application to get MEPD again.

If you make a late payment:

- MEPD can be reinstated if your ongoing month's payment is received by the last working day of the month it is due.
- MEPD coverage can be reopened if the payment is late but is received in the month after the month it is due.

Questions?

Call the DHS office in your county.

PRINTED ON RECYCLED PAPER

Iowa Department of Human Services

Comm. 180 (Rev. 8/13)

MEDICAID FOR EMPLOYED PEOPLE WITH DISABILITIES (MEPD)

Medicaid for Employed People with Disabilities (MEPD) is a program for people with disabilities who work.

Are you eligible?

To qualify you must:

- Be under age 65.
- Be disabled. You are disabled if:
  - You are determined to be disabled by the Social Security Administration.
  - The Department of Human Services (DHS) has made a determination that you are disabled.
- Have income from work or be self-employed.
- Have monthly **net family income** less than 250% of the federal poverty level for your family size. Net income is your gross family income after deductions and disregards. The DHS office will tell you about the disregards and deductions you can get and if your family's net income is below 250% of the poverty level.
- Have countable assets that are less than:
  - $12,000 for one person
  - $13,000 for a couple

Some assets held by the MEPD applicant or member do not count for the MEPD program. They are:

- **Retirement accounts.** Examples are:
  - Simplified employee pension plans
  - Self-employment pension plans
  - Keogh plans
  - Individual retirement accounts
  - Roth individual retirement accounts
  - Savings incentive matched plans for employees and similar plans for retirement
- **Funds in assistive technology accounts.** This is money saved to get assistive technology to help you do your work. A physician, certified vocational rehabilitation counselor, licensed physical therapist, licensed speech therapist, or licensed occupational therapist must state that the assistive technology is needed to help you in your employment.
- **Funds in an exempt medical savings account.** This money is exempt from federal income taxation as stated in Section 220 of the United States Internal Revenue Code (26 U.S.C. § 220).

- Pay a monthly premium when **your** monthly **gross income** is above 150% of the federal poverty level. **Premiums are based only on the gross income of the disabled person (see MEPD Premium Chart).**
- Meet all other eligibility rules for the program.

How do I find out if I can get MEPD?

To find out if you can get MEPD:

- Complete an application from your local DHS office, or
- Use your computer to apply at this web site: https://secureapp.dhs.state.ia.us/oasis.

What happens when I have to pay a premium?

You will get a Notice of Decision telling you the amount of your monthly premium for the 12-month enrollment period.

- Your monthly premium will not go up during your 12-month enrollment period.
- The monthly premium may go down if you report that your income goes down.

Comm. 243 or Comm. 243(S), Primary Care Access

Purpose	Pamphlets Comm. 243 and Comm. 243(S) explain where a woman can access primary care services in Iowa.
Source	Printed supplies of Comm. 243 may be ordered from Iowa Prison Industries at Anamosa. Print supplies of the Spanish version from the sample in the manual.
Distribution	Provide this pamphlet to all women who are determined eligible under the Iowa Family Planning Network.
Data	The pamphlet lists rural health clinics and federally qualified health centers that generally can provide care on a sliding fee schedule.

Comm. 249 or Comm. 249(S), It's Your Future

Purpose	Brochures Comm. 249 and Comm. 249(S) provide information about services provided by the Iowa Family Planning Network.
Source	Additional copies of both Comm. 249 and Comm. 249(S) may be ordered from Iowa Prison Industries at Anamosa.
Distribution	Give Comm. 249 or Comm. 249(S) to: ♦ Men and women ages 12 through 54 who lose Medicaid eligibility, ♦ People who have eligibility established under the Iowa Family Planning Network. Display the brochures in the local office for public access.
Data	The brochures explain the availability of free birth control services for men and women under the Iowa Family Planning Network and give contact information for finding services.

Comm. 255 and Comm. 255(S), Important Information About the HIPP Program

Purpose	Brochure Comm. 255 and Comm. 255(S) provides information about the Health Insurance Premium Payment (HIPP) program.
Source	Additional copies of Comm. 255 and Comm. 255(S), which are printed with English text on one side and Spanish text on the other, may be ordered from Iowa Prison Industries at Anamosa.
Distribution	Give Comm. Comm. 255 and Comm. 255(S) to: ♦ Applicants for HIPP benefits ♦ Other interested parties
Data	The brochure explains how a member can get HIPP, how HIPP decides if insurance is cost-effective, and what insurance plans the program will and will not pay for.

Comm. 257, Verifying Citizenship and Identity Poster

Purpose	Comm. 257 is a poster in English and Spanish about federal Medicaid requirements.
Source	Additional copies of Comm. 257 may be ordered from Iowa Prison Industries at Anamosa.
Distribution	Two posters were mailed to each local office and family planning clinic. These posters should be displayed in the reception area of the waiting room of all full-time and less-than-full-time local offices.
Data	The poster includes the basic documents for proof of citizenship and identity. It includes a web address that may be used to find phone and fax numbers for vital records offices in each state. These numbers will help applicants and members born outside of Iowa to apply for original birth certificates if they do not have verification of U.S. citizenship.

Comm. 258 or Comm. 258(S), Verifying Citizenship and Identity

Purpose	*Verifying Citizenship and Identity* is an informational notice about federal Medicaid requirements.
Source	The English and Spanish versions are available on line on the DHS Intranet eForms web page.
Distribution	Give this notice to applicants and members when requested or needed.
Data	The notice includes a web address that customers may use to find phone and fax numbers for vital records offices in each state to help applicants and members born outside of Iowa apply for original birth certificates if they do not have verification of U.S. citizenship.

Comm. 266, Iowa's Estate Recovery Law

Purpose	Brochure Comm. 266 provides basic information on the provisions for recovery of Medicaid expenses from the estates of Medicaid members or their heirs.
Source	Printed supplies of Comm. 266 may be ordered from Iowa Prison Industries at Anamosa.
Distribution	Give to this brochure to Medicaid applicants who are over the age of 55 and to applicants under the age of 55 who are in long-term care.
Data	The brochure explains who is affected by the Estate Recovery Program, when a claim is made against an estate, how claims are paid, the relationship to life insurance, trusts, and annuities, and the provisions for waiving the debt.

Comm. 284, Bringing Farmers Markets and Food Assistance Together

Purpose	Comm. 284 is a brochure that promotes the use of Food Assistance benefits to purchase food at farmer's markets.
Source	Additional supplies of Comm. 284 may be printed on 11" x 17" paper from the following Department website: http://www.dhs.state.ia.us/Consumers/Assistance_Programs/FoodAssistance/FarmersMarket.html (Click on the link for the latest list of farmers markets.)
Distribution	Give Comm. 284 to: ♦ New Food Assistance applicant households. ♦ Members of the public upon request.
Data	The brochure lists Iowa farmers markets that have vendors who accept the Food Assistance electronic benefit transfer (EBT) card as payment.

Comm. 295, It Pays to Work

Purpose	Comm. 295 is a flier that explains the earned income tax credit (EITC).
Source	Printed supplies of Comm. 295 may be ordered from Iowa Prison Industries at Anamosa.
Distribution	Give Comm. 295 to: ♦ All Family Investment Program (FIP applicants at the time of interview. ♦ FIP participants at other times as appropriate. The pamphlet can also be posted in local offices to increase awareness of the advantages of working and of EITC.
Data	The flier explains what EITC is and how to get it. It also shows how earned income can increase the money available to a family that is on FIP.

Comm. 316, PACE (Program of All-Inclusive Care for the Elderly)

Purpose	Comm. 316 provides information about PACE (Program of All-Inclusive Care for the Elderly), which provides "managed" long-term care to members who want to live in the community.
Source	Local offices may print the booklet from the sample in the manual. The booklet is also available on line at http://www.dhs.state.ia.us/uploads/Comm_316_7-12%20Revised.pdf.
Distribution	The local office issues the booklet to PACE members.
Data	The booklet explains how a member obtains services under PACE, the member's rights and responsibilities, and disenrolling from PACE.

Comm. 337, Medicaid for Kids with Special Needs

Purpose	Comm. 337 is a brochure that explains the Medicaid coverage group for children with special needs (MKSN).
Source	Supplies of Comm. 337 may be ordered from Iowa Prison Industries at Anamosa.
Distribution	Give Comm. 337 to applicants or potential applicants for MKSN coverage.
Data	The brochure contains: ♦ Information on how to apply for MKSN ♦ An overview of MKSN eligibility requirements ♦ A chart of income limits ♦ Contact information for the Department.

Iowa Department of Human Services

Medicaid for Employed People with Disabilities (MEPD)
Frequently Asked Questions

Medicaid for Employed People with Disabilities (MEPD) is a program for people with disabilities who are employed.

What are the eligibility requirements for MEPD?

People who are disabled and have earned income can get Medicaid when the person:

- Is under age 65.
- Is still considered to be disabled based on SSI medical criteria for disability.
- Has earned income from employment or self-employment.
- Meets general SSI-related Medicaid eligibility requirements.
- Is not eligible for any other Medicaid coverage group other than QMB, SLMB, or Medically Needy.
- Have resources less than $12,000 for an individual and $13,000 for a couple.
- Has net family income less than 250% of the federal poverty level.
- Pays any premium due for the month of eligibility.

How do I find out if I can get MEPD?

To find out if you can get MEPD, you must fill out a Medicaid application and send it to your local Department of Human Services (DHS) office. The application may be mailed, faxed or delivered to the DHS office. **Or**, you may apply on-line at http://oasis.iowa.gov/

Do I have to pay a premium for MEPD?

If your monthly gross income is over 150% of the federal poverty level, you will have to pay a premium. You will get a Notice of Decision telling you the amount of your monthly premium. See the premium chart on the next page.

Note: Your monthly premium will not go up during the 12-month enrollment period. The premium may go down if you report that your income has decreased.

How much will I have to pay each month?

You will get an MEPD Billing Statement telling you the amount of the premium. The chart on the next page can help you figure out the amount of your premium. This chart is a guide only, and the premium amount is updated annually in August.

To find your premium, add your gross earned income and your gross unearned income together. Then find the total of your monthly gross income on the chart. The premium you will have to pay will be on the same line.

If the monthly gross income of the disabled person is:	The monthly premium is:
$1,437 or less	**$0**
More than: $1,437	$29
$1,580	$39
$1,724	$44
$1,915	$51
$2,155	$56
$2,394	$66
$2,873	$86
$3,352	$106
$3,830	$124
$4,309	$144
$5,267	$182
$6,224	$221
$7,182	$262
$8,139	$305
$9,575	$369
$11,012	$440
$12,448	$515
$14,171 and above	**$598**

When are premiums due?

A billing statement will be sent to you that shows the month a premium is due. To get Medicaid on the first day of next month, premiums should be received by DHS by the last day of the month. Your MEPD will be canceled if you do not pay the premium by the 14th of the month.

Note: When you are first approved, the first billing statement may be for more than one month and the premium amount or due dates may vary. **Please read your billing statements carefully.**

What happens if I am late paying my premium?

If you do not pay the premium by the due date, your MEPD will be canceled. If you make a premium payment late:

- MEPD can be reinstated if your ongoing month's payment is received by the last day of the month it is due. For example, the payment for the July Medicaid was due July 14, but DHS received by July 31.
- MEPD coverage can be reopened if the payment is late but is received in the month after the month in which it was due. For example, the payment for July Medicaid was due July 14, but DHS received by August 31.

Note: If your payment is more than 3 months late, it will not be accepted and you will not be able to get Medicaid for that month. It is **very** important that you make your premium payment on time or early if possible.

How are my payments applied?

Payments are always applied to pay the current month premium, if unpaid. If the payment is received **after** the 14th of the month and the current month is already paid, it will be held to pay for the next month. See the last page for examples.

How do I pay my premium?

A postage-paid envelope is included with your bill. If you lose your MEPD Billing Statement, you can call your local DHS office to get a new one mailed to you. If you lose your envelope, you may mail your payment to the address below:

Iowa Medicaid Enterprise
MEPD Premium
PO Box 10339
Des Moines, IA 50306-0339

(**Note:** This address is different from the address on the preaddressed postage-paid envelope.)

Please write your name and your member ID number on the check or money order. If this information is not included, your payment may not be credited to the right account.

Where can I go to get services?

Members enrolled with MEPD may see any provider who agrees to be paid by Iowa Medicaid. You may contact Iowa Medicaid Member Services to find out who these providers are by:

- Phone: Monday through Friday 8:00 AM to 5:00 PM at 1-800-338-8366 or in Des Moines at 515-256-4606.
- E-mail at: IMEMemberServices@dhs.state.ia.us.

Or, search on Iowa Medicaid's website at: www.ime.state.ia.us.

What services are covered?

MEPD members have all Iowa Medicaid benefits. This includes medical, dental, vision, and chiropractic services. Prescription services are included for members who do not have Medicare.

For those members enrolled with Medicare as well as MEPD, prescription coverage will go through a Medicare Part D plan. MEPD will pay for your Medicare premiums.

If you would like to know if a specific service is covered, you must work with your physician. Your physician will need to contact Provider Services to explain the service that you need to see if that service can be paid for by Medicaid.

Will I have to pay any co-payments?

Yes, the following is a breakdown of your co-payment amounts:

Co-payment Amount	Service
$1.00 per visit	Services from a podiatrist, chiropractor, and physical therapy.
$2.00 per visit	Ambulance services, audiology services, hearing aid dealer services, medical equipment, optical services, prosthetic devices, psychology services, and rehabilitation services.
$3.00 per visit	Dental services, hearing aides, physician office visits and lab services.

How can MEPD help me to stop smoking?

Counseling plus medication has proven to be the best way to help people stop smoking. If you follow these steps, Medicaid will pay the costs of these services:

- First, you will be asked to visit your physician and explain that you want to stop smoking. Your doctor will work with you to decide which program is best for you.
- You could also get:
  - A prescription for Chantix or Buproprion (but Medicaid will only pay for these prescriptions if you do not have Medicare).
  - Over-the-counter nicotine patches and gum.
- You will also have to participate in counseling through Quitline Iowa. This counseling is done over the phone while you are taking a drug to stop smoking. Together, the drug and counseling help you stop smoking.

Will I get an MEPD ID card?

Yes. It is the same card that all Medicaid members get. You will get a plastic card that says Iowa Department of Human Services Medical Assistance Eligibility Card. Keep this card. If your card becomes lost, damaged, or stolen, contact Iowa Medicaid Member Services to get a new card. Call **1-800-338-8366** or locally in the Des Moines area **515-256-4606.**

Is there anything else I need to know?

Yes. Be sure to report the following changes to your Income Maintenance Worker at your local DHS office if you:

- Stop working,
- Earn more money,
- Earn less money,
- Move to a new address, or
- Are no longer disabled according to the Social Security Administration.

Who can I call if I still have questions about MEPD?

Your local DHS office is a good source of information about the program. You can also call the Iowa Medicaid Enterprise Member Services at **1-800-338-8366** or in Des Moines area at **515-256-4606.**

How premium payments are applied?

This is the order that payments are applied to your account:

1. To the current month, if the current month is unpaid.
2. If the payment is received **before** the 14th, after paying the current month, any extra money will be applied to old unpaid months, in this order:
    a. To the month before the current calendar month, if unpaid.
    b. To the oldest unpaid month and forward until all old unpaid months have been paid.
3. If the payment is received **after** the 14th of the month, it will be held to pay to the next month.
4. When all unpaid months have been paid, any extra money will be held as a credit and used to pay future months.

Examples:

The member has a monthly premium of $56.00. The member has not made their first two premium payments and also owes for current month.

Example 1: The member mails in a payment for $112.00 and it is received on the 10th of the month.

- $56.00 will be applied towards the current month and,
- $56.00 will be applied towards the previous month, leaving a past due balance on the first month.

Example 2: The member mails in a payment for $112.00 and it is received on the 18th of the month.

- $56.00 will be applied towards current month and,
- $56.00 will be applied towards the following month.
- No payments will be applied towards the past due months.

Example 3: The member mails in a payment of $168.00 and it is received on the 10th of the month.

- $56.00 will be applied towards current month,
- $56.00 will be applied towards the previous month and,
- $56.00 will be applied towards the oldest unpaid month.

Example 4: The member mails in a payment of $168.00 and it is received on the 18th of the month.

- $56.00 will be applied towards current month,
- $56.00 will be applied towards the following month and
- $56.00 will be applied towards the previous month, leaving a past due amount for the oldest unpaid month.

Example 5: The member mails in a payment of $224.00 and it is received on the 10th of the month.

- $56.00 will be applied towards current month,
- $56.00 will be applied towards the previous month,
- $56.00 will be applied towards the oldest unpaid month and,
- $56.00 will be applied to the second oldest undpaid month.

Example 6: The member mails in a payment of $224.00 and it is received on the 18th of the month.

- $56.00 will be applied towards current month,
- $56.00 will be applied towards the following month,
- $56.00 will be applied towards the previous month and,
- $56.00 will be applied towards the oldest unpaid month.

Comm. 372, Medicaid for Employed People with Disabilities (MEPD) Frequently Asked Questions

Purpose	Comm. 372 gives the new MEPD member information about the coverage group.
Source	Print supplies of Comm. 372 from the sample in the manual.
Distribution	The Iowa Medicaid Enterprise will mail each new MEPD member a copy of Comm. 372. Local office staff may also give Comm. 372 to MEPD members.

Comm. 377 and Comm. 377(S), FIP Electronic Access Card

Purpose	Comm. 377 and Comm. 377(S) is a flier that provides information about the FIP electronic access card (EAC).
Source	Comm. 377 is printed in English on one side with Comm. 377(S) in Spanish on the reverse. Order supplies from Iowa Prison Industries at Anamosa.
Distribution	Provide a copy of Comm. 377 and Comm. 377(S) to all FIP applicants.

Comm. 390 and 390(S), Benefits of a Healthy Marriage

Purpose	The flier *Benefits of a Healthy Marriage* constitutes the services provided under the categorical assistance program Promoting Awareness of the Benefits of a Healthy Marriage. (A household can be eligible for Promoting Awareness of the Benefits of a Healthy Marriage only when the household is otherwise eligible for Food Assistance.)
Source	The flier is generated by the Automated Benefit Calculation System when system entries are made to approve a household for Promoting the Awareness of the Benefits of a Healthy Marriage and, consequently, for Food Assistance. It is printed with English text on one side and Spanish text on the reverse.
Distribution	The flier is mailed to the household with the *Notice of Decision* approving the household for both programs.
Data	The flier provides information on the benefits provided by a healthy marriage.

Comm. 411, Medicaid for People in Care Facilities

Purpose

The flier *Medicaid for People in Care Facilities* gives basic information about the services covered by Medicaid for long-term care.

Source

Print or photocopy supplies of Comm. 411 from the sample in the manual as needed.

Distribution

Give Comm. 411 to:

- All long-term care applicants and
- Anyone who requests information about Medicaid coverage of facility care expenses.

When more detailed information is requested, send Comm. 52, *Medicaid for People in Nursing Homes and Other Care Facilities*, or give the internet link to Comm. 52 at:

http://www.dhs.state.ia.us/policyanalysis/PolicyManualPages/Manual_Documents/Forms/Comm52.pdf

Data

Comm. 411 explains:

- Admission procedures,
- The effect of Medicaid eligibility on the facility payment,
- Consideration of a spouse at home,
- Client participation,
- Additional services available,
- The relationship between Medicare and Medicaid, and
- Transfer from one facility to another.

Comm. 412, Medicaid Information

Purpose	The pamphlet *Medicaid Information* gives basic information about the medical services paid by Medicaid.
Source	Print or photocopy supplies of Comm. 412 from the sample in the manual as needed.
Distribution	Give Comm. 412 to: ♦ All Medicaid applicants and ♦ Anyone who requests information about Medicaid. When more detailed information is requested, send Comm. 20, *Your Guide to Medicaid*, or give the Internet link to Comm. 20 at: http://www.dhs.state.ia.us/policyanalysis/PolicyManualPages/Manual_Documents/Forms/Comm20.pdf
Data	Comm. 412 explains: ♦ The Medical Assistance Eligibility Card, ♦ Retroactive eligibility, ♦ Copayment for services and other member responsibilities, ♦ Medicaid providers, ♦ Coverage limitations applicable to the various providers, ♦ Managed care, and ♦ Use of the Member Services Call Center.

Comm. 413, Medicare Savings Programs

Purpose	The flier *Medicare Savings Programs* gives basic information about the qualified Medicare beneficiary (QMB) program.
Source	Print or photocopy supplies of Comm. 413 from the sample in the manual as needed.
Distribution	Give Comm. 413 to: ♦ All members who qualify for QMB and ♦ Anyone who requests information about Medicare Savings Programs. When more detailed information is requested, send Comm. 60, *Medicaid for the Qualified Medicare Beneficiary*, or give the Internet link to Comm. 60 at: http://www.dhs.state.ia.us/policyanalysis/PolicyManualPages/Manual_Documents/Forms/Comm60.pdf
Data	Comm. 413 explains the eligibility requirements and services available under the QMB program.

Comm. 414, Protecting Your Resources and Income

Purpose	The flier *Protecting Your Resources and Income* gives basic information about how resources and assets are determined when a person applies for Medicaid for facility care.
Source	Print or photocopy supplies of Comm. 414 from the sample in the manual as needed.
Distribution	Give Comm. 414 to: ♦ All applicants for facility care and ♦ Anyone who requests information about the treatment of resources for Medicaid eligibility for facility care. When more detailed information is requested, send Comm. 72, *Protection of Your Resources and Income*, or give the Internet link to Comm. 72 at: http://www.dhs.state.ia.us/policyanalysis/PolicyManualPages/Manual_Documents/Forms/Comm72.pdf
Data	Comm. 414 explains: ♦ The income limit for the spouse in the facility, ♦ How resources are divided between the spouse in the facility and the spouse at home, and ♦ What income can be protected.

Comm. 415, Medically Needy Medical Assistance

Purpose	The pamphlet *Medically Needy Medical Assistance* gives basic information about the Medically Needy program.
Source	Print or photocopy supplies of Comm. 415 from the sample in the manual as needed.
Distribution	Give Comm. 415 to all applicants who are determined eligible for Medically Needy coverage. When more detailed information is requested, send Comm. 30, *Medicaid for the Medically Needy*, or give the internet link to Comm. 30 at: http://www.dhs.state.ia.us/policyanalysis/PolicyManualPages/Manual_Documents/Forms/Comm30.pdf
Data	Comm. 415: ♦ Lists the eligibility requirements. ♦ Explains spenddown. ♦ Tells when a *Medical Assistance Eligibility Card* is issued.

Comm. 424, Medicaid Payback Trusts in Iowa

Purpose	Comm. 424 is an informational brochure available to income maintenance workers, as well as the general public, trustees, and attorneys to provide basic information about Medicaid Payback Trusts in Iowa.
Source	Print or photocopy supplies of Comm. 424 from the sample in the manual as needed.
Distribution	Give Comm. 424 to anyone who requests information about the Medicaid Payback Trusts in Iowa.

Comm. 438, Family Medicaid

Purpose	The flier *Family Medicaid* gives basic information about Medicaid for families with children.
Source	Print or photocopy supplies of Comm. 438 from the sample in the manual as needed.
Distribution	Give Comm. 438 to FMAP-related Medicaid applicants at the time they are given a *Health and Financial Support Application*, form 470-0462 or 470-0462(S). When more detailed information is requested, send Comm. 27, *Medicaid for Families and Children*, or give the internet link to Comm. 27 at: http://www.dhs.state.ia.us/policyanalysis/PolicyManualPages/Manual_Documents/Forms/Comm27.pdf
Data	Comm. 438: ♦ Explains Medicaid eligibility requirements and application procedures, and ♦ How a member can access medical care.

RC-0002, Schedule of Needs

Purpose

Title IV-A of the Social Security Act requires states administering a cash assistance program (known as FIP in Iowa) to establish standards of assistance. These standards, expressed in money amounts, are for the purpose of determining financial need and the amount of assistance on an equitable basis.

The *Schedule of Living Costs* and the *Schedule of Basic Needs* are provided to comply with 1991 Iowa Acts, Chapter 267.

The instructions governing the use of the schedules are contained in 4-F, Applying Income Tests and Calculating the Amount of Assistance.

Chart of Basic Needs Components:

Below the *Schedule of Needs* is the *Chart of Basic Needs Components*. The total of the amounts of basic needs components does not exactly equal the amount shown on the corresponding *Schedule of Basic Needs*. This difference arises from many factors, but occurs primarily by reason of the "rounding off" procedures that are employed throughout the process culminating in the *Schedule of Basic Needs*.

This chart is used in determining applicant's or participant's net profit from renting out apartments in the applicant's or participant's own home. Note that the amounts set forth on the chart for each budgetary item are computed on a per-person basis.

For example, the two-person allowance for shelter is $131.62 ($65.81 x 2); the two-person allowance for utilities is $32.90 ($16.45 x 2).

Allowances for Special Needs:

A summary of the allowances for special needs is printed on the reverse for quick reference.

RC-0008, Overpayment Recovery Codes

Purpose

RC-0008 explains the meaning of codes in the Overpayment Recovery System.

RC-0018, Supplemental Security Income Payment Standards

Purpose	The RC-0018 is a chart of SSI and State Supplementary Assistance payment standards. It may be used as a reference in determining eligibility and the amount of payment in SSI-related Medicaid and State Supplementary Assistance cases.
Source	This chart is available on line on the DHS Intranet eForms web page. No supplies are printed.
Data	Payment standards for the various categories of State Supplementary Assistance are found under the headings listed on the chart.

RC-0023 or RC-0023(S), Things You Need to Give Us for Food Assistance

Purpose	RC-0023 and RC-0023(S) are fliers used to inform applicants of the verification requirements in the application and recertification processes.
Source	The English version of the flier is printed with 50 sheets on a pad. Order supplies from Iowa Prison Industries at Anamosa. The Spanish version can be printed or photocopied from the sample in the manual.
Distribution	Give one document to each household filing an initial application for Food Assistance or an application for recertification.
Data	The flier explains what documents clients need to produce to verify their identity, alien status, social security number, residency, expenses, earnings and other income, and assets.

Iowa Department of Human Services

Desk Aid

COVERAGE GROUP	RESOURCE LIMIT	MONTHLY INCOME LIMITS							
Food Assistance	$3,250 if one or more age 60 or older or disabled $2,000 all other households	Household Size							
			1	2	3	4	5	6	7
		Gross	$ 1,211	$ 1,640	$ 2,069	$ 2,498	$ 2,927	$ 3,356	$ 3,785
		Net	$ 931	$ 1,261	$ 1,591	$ 1,921	$ 2,251	$ 2,581	$ 2,911
		Max Allotment	$ 200	$ 367	$ 526	$ 668	$ 793	$ 952	$ 1,052
Expanded FA Cat Elig	None	Household Size							
		1	2	3	4	5	6	7	
		$ 1,490	$ 2,018	$ 2,546	$ 3,074	$ 3,602	$ 4,130	$ 4,658	
		For each additional household member add $499.							
FIP	$2,000 per applicant household $5,000 per recipient household	Household Size							
			1	2	3	4	5	6	7
		Test 1	$ 675.25	$1,330.15	$1,570.65	$1,824.10	$2,020.20	$2,249.60	$2,469.75
		Test 2	$ 365	$ 719	$ 849	$ 986	$ 1,092	$ 1,216	$ 1,335
		Test 3	$ 183	$ 361	$ 426	$ 495	$ 548	$ 610	$ 670
FMAP and FMAP-Related Medicaid	$2,000 per applicant household $5,000 per recipient household	Household Size							
			1	2	3	4	5	6	7
		Test 1	$ 675.25	$1,330.15	$1,570.65	$1,824.10	$2,020.20	$2,249.60	$2,469.75
		Test 2	$ 365	$ 719	$ 849	$ 986	$ 1,092	$ 1,216	$ 1,335
		Test 3	$ 183	$ 361	$ 426	$ 495	$ 548	$ 610	$ 670
Mothers and Children (MAC) Medicaid *	$10,000 per household	Household Size							
		Poverty Level	1	2	3	4	5	6	7
		300% Preg. women/infants	$ 2,873	$ 3,878	$ 4,883	$ 5,888	$ 6,893	$ 7,898	$ 8,903
		For each additional household member add $1,005							
		133% Children 1-18	$ 1,274	$ 1,720	$ 2,165	$ 2,611	$ 3,056	$ 3,502	$ 3,947
		For each additional household member add $446.							
Medically Needy Medicaid *	$10,000 per household	Medically Needy Income Level (MNIL) by Household Size							
		1	2	3	4	5	6	7	
		$ 483	$ 483	$ 566	$ 666	$ 733	$ 816	$ 891	

100% Poverty Level	1	2	3	4	5	6	7
	$ 958	$ 1,293	$ 1,628	$ 1,963	$ 2,298	$ 2,633	$ 2,968
	For each additional household member add $335.						

300% Poverty Level Medicaid for Kids with Special Needs (MKSN)	1	2	3	4	5	6	7
	$ 2,873	$ 3,878	$ 4,883	$ 5,888	$ 6,893	$ 7,898	$ 8,903
	For each additional household member add $1,005.						

SSI-Related Medicaid *

$2,000 for one person

$3,000 for a couple

Household Size (couple in own home)

1	2
$ 710	$ 1,066

QMB * (A Medicare Savings Program)

$7,080 for one person

$10,620 for a couple

	Poverty Level	Household Size: Individual	Household Size: Couple
Effective 4/1/13	100%	$ 958	$ 1,293

SLMB * (A Medicare Savings Program)

$7,080 for one person

$10,620 for a couple

Poverty Level	Household Size	Income Over	But Less Than
Effective 4/1/13	Individual	$ 958	$ 1,149
Over 100% but less than 120%	Couple	$ 1,293	$ 1,551

Expanded SLMB * (QI-1) (A Medicare Savings Program)

$7,080 for one person

$10,620 for a couple

Poverty Level	Household Size	Income	But Less Than
Effective 4/1/13	Individual	$ 1,149	$ 1,293
120% but less than 135%	Couple	$ 1,551	$ 1,745

QDWP Medicaid * (A Medicare Savings Program)

$4,000 for one person

$6,000 for a couple

	Poverty Level	Household Size: Individual	Household Size: Couple
Effective 4/1/13	200%	$ 1,915	$ 2,585

MEPD Medicaid for Employed People with Disabilities

$12,000 for one person

$13,000 for a couple

Net countable income is less than 250% FPL

MEPD Income Limit Household Size

1	2	3	4	5	6	7	8
$ 2,394	$ 3,232	$ 4,069	$ 4,907	$ 5,744	$ 6,582	$ 7,419	$ 8,257

* Note: Compare net countable income to the income limits.

Monthly Medicare Part B Premium
(Effective 1-1-2013)
$104.90

MEPD Premiums Effective August 1, 2013

If the gross monthly income of the person getting MEPD is:	FPL	Premium Amount
$ 1,437 or less	At or below 150%	**$ 0**
Above: $ 1,437	**Above:** 150%	$ 29
1,580	165%	39
1,724	180%	44
1,915	200%	51
2,155	225%	56
2,394	250%	66
2,873	300%	86
3,352	350%	106
3,830	400%	124
4,309	450%	144
5,267	550%	182
6,224	650%	221
7,182	750%	262
8,139	850%	305
9,575	1000%	369
11,012	1150%	440
12,448	1300%	515
$ 14,171 and above	1480%	598

RC-0033, Desk Aid

Purpose

The RC-0033 is a chart of Food Assistance, FIP, and Medicaid income and resource limits. Workers can use it as a reference in determining eligibility and the amount of payment in these cases.

Source

Print RC-0033 from the manual or the DHS Intranet eForms web page.

Data

The chart lists:

- Income and resource limits for:
  - Food Assistance
  - FIP
  - FMAP and FMAP-related Medicaid
  - Mothers and Children (MAC) Medicaid
  - Medically Needy Medicaid
  - Medicaid for Kids with Special Needs (MKSN) (no resource limit)
  - SSI-related Medicaid
  - QMB (Medicare savings)
  - SLMB (Medicare savings)
  - Expanded SLMB (Medicare savings)
  - QDWP (Medicare savings)
  - Medicaid for Employed People with Disabilities
- Income limits and premium levels for Medicaid for Employed People with Disabilities
- The Medicare Part B premium

RC-0064, Unearned Income Desk Aid

Purpose

The *Unearned Income Desk Aid* is designed as an immediate reference about unearned income for income maintenance staff. It:

- Gives information on the documents that verify child support, unemployment benefits, SSI benefits, and social security benefits.
- Explains how to determine the receipt date for these income sources when determining initial and ongoing eligibility for the Food Assistance, FIP, and Medicaid programs.
- Lists the child support account codes to distinguish between payments that are forwarded to the client and those that are kept by the state.

Source

Print or photocopy RC-0064 from the sample in the manual if needed.

RC-0085, Guide for Citizenship and Identification

Purpose	The *Guide for Citizenship and Identification* is a tool to help ensure that each Medicaid applicant and member provides documentation of identity and citizenship with the highest level of reliability that is readily available.
Source	Print the guide from the DHS Intranet eForms web page as needed.

RC-0103, Disability Determination Checklist

Purpose	RC-0103 is used to assist income maintenance workers in submitting complete disability determination referrals to the Disability Determination Services Bureau (DDSB). It may be used as a checklist for each determination or as a general guide to ensure that all required information is included in the referral.
Source	Print RC-0103 from the manual or the DHS Intranet eForms web page.
Distribution	The worker may retain the form in the case file, but it is not required.
Data	The front of the form lists the required documentation to provide with disability referrals. The back of the form gives helpful tips for: ♦ Continuing disability reviews (CDRs). ♦ Disability referrals based on worsened conditions or new conditions. ♦ The use of form 470-0363, Certification of Eligibility of SSI Applicant. ♦ Concurrent determinations for Medicaid and Social Security benefits.

RC-0128, Suspending Medicaid to Limited Benefits for Incarcerated Individuals Procedure Guide

Purpose	RC-0128 is used to assist income maintenance workers in determining the correct procedure for suspending Medicaid benefits to limited services for individuals who have been incarcerated for more than 30 consecutive days. It should be used as general guide to make sure all the required steps are completed.
Source	Print RC-0128 from the sample in the manual.