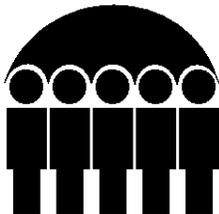


Revised March 26, 2010

Employees' Manual
Title 6
Chapter B Appendix

STATE SUPPLEMENTARY ASSISTANCE

APPENDIX



Iowa
Department
of
Human Services

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Residential Care Facility Handbook, Comm. 47	1

Residential Care Facility Handbook, Comm. 47

Purpose	<p>The State Supplementary Assistance <i>Residential Care Facility Handbook</i> has been compiled for the purpose of supplying facilities with information on State Supplementary Assistance payments for residential care.</p> <p>Policies and procedures governing the program are covered in the Handbook. Copies of forms used by the facility and instructions for their completion are also a part of the Handbook.</p>
Source	<p>Facilities can view or download the provider manual from:</p> <p>www.ime.state.ia.us/providers</p> <p>Facilities that do not have Internet access, may request a paper copy of this manual by sending a written request to:</p> <p>Iowa Medicaid Enterprise Provider Services PO Box 36450 Des Moines, IA 50315</p> <p>Include the facility vendor number, name, address, provider type, and the transmittal number that you are requesting.</p>



TERRY E. BRANSTAD, GOVERNOR

DEPARTMENT OF HUMAN SERVICES

CHARLES M. PALMER, DIRECTOR

December 31, 1996

GENERAL LETTER NO. 6-B-AP-4

ISSUED BY: Bureau of Eligibility/HIPP, Division of Medical Services

SUBJECT: Employees' Manual, Title 6, Chapter B, *State Supplementary Assistance Appendix*, Title page, new; Contents (page 1), new; and page 1, new.

Summary

Comm. 47, the *State Supplementary Assistance Handbook for Residential Care Facilities*, is transferred to new 6-B-Appendix to stay with policies for the State Supplementary Assistance program. Instead of reprinting the *Handbook*, we ask you to move it from Title 5 Appendix to this new Appendix.

Effective Date

January 1, 1997

Material Superseded

None

Additional Information

Please contact your regional benefit payment administrator if you need additional information.



TERRY E. BRANSTAD, GOVERNOR

DEPARTMENT OF HUMAN SERVICES

CHARLES M. PALMER, DIRECTOR

May 20, 1997

GENERAL LETTER NO. 6-B-AP-5

ISSUED BY: Division of Medical Services, Program Services Bureau

SUBJECT: Employees' Manual Title 6, Chapter B, *State Supplementary Assistance Appendix, Handbook for Residential Care Facilities*, Form AA-4036, *Financial and Statistical Report*, revised, and Comm 48, *Instructions for Form AA-4036-0, Financial and Statistical Report*, Contents, page ii, revised, pages 21-23, revised, and pages 24-30, new.

Summary

Schedule C of the *Financial and Statistical Cost Report*, form AA-4036 has been revised to reflect changes mandated by the Iowa Legislature. Nursing facilities (NFs), intermediate care facilities for persons with mental retardation (ICFs-MR), residential care facilities (RCFs), and residential care facilities for persons with mental retardation (RCFs-MR) must use this revised cost report form for cost reporting periods beginning July 1, 1997 and after.

The overall layout of the revised form is the same as the previous version. The difference is that line items have been added to the expense reporting section, and section names have been changed. Areas of revision include:

- Relabeling section headings into *Administrative Costs*, *Environmental Services*, *Patient Care Costs*, *Property Costs*, and *Other Costs*. The *Patient Care* section has been further subdivided into *Direct Health Care Costs* and *Support Care Costs*.
- Listing of employer taxes, group health, life, and retirement benefits, employment advertising, and education and travel expenses in each section.
- Addition of lines for costs associated with conducting criminal record checks.

These changes reflect the recommendations of a study committee convened in the summer of 1996 as directed by the General Assembly. Participants included representatives from the nursing home associations, as well as legislators and staff from several state agencies. The General Assembly mandated that the recommendations of the committee that related to a revised cost report be implemented beginning July 1, 1997.

The changes in Schedule C do **not** affect:

- ◆ Schedules A, B, D, E, F, or G.
- ◆ How the form is filled out.
- ◆ When the reports must be submitted.
- ◆ How a facility's per diem is calculated.
- ◆ The limits currently in place for certain line items, as explained in the instructions for Schedule B (such as the advertising limit and the limit on an owner/administrator salary).

Effective Date

July 1, 1997

Material Superseded

Remove the following pages from the *Handbook for Residential Care Facilities* (Comm.47) and destroy them:

- ◆ Form AA-4036-0, *Financial and Statistical Report*, dated 2/92 (following page 16)
- ◆ Contents (page ii) and pages 21 and 22 of Comm. 48, dated May 1991
- ◆ Page 23 of Comm. 48, dated July 1992

Additional Information

Questions can be directed to the Program Services Bureau at (515) 281-8526. Additional copies of form AA-4036-0 will be available from Iowa State Industries at Anamosa by July 1, 1997.



STATE OF IOWA

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

DEPARTMENT OF HUMAN SERVICES
CHARLES J. KROGMEIER, DIRECTOR

March 26, 2010

GENERAL LETTER NO. 6-B-AP-6

ISSUED BY: Bureau of Long Term Care,
Iowa Medicaid Enterprise

SUBJECT: Employees' Manual, Title 6, Chapter B, Appendix, **STATE
SUPPLEMENTARY ASSISTANCE APPENDIX**, Title page, revised;
Contents (page 1), revised; page 1, revised; and:

Comm. 47 *State Supplementary Assistance Residential Care Facility
Handbook*, revised

Summary

The *State Supplementary Assistance Handbook for Residential Care Facilities* revised to update policies and procedures to reflect current practice. Some of the updates included are:

- ◆ Resident application procedures
- ◆ Facility billing procedures
- ◆ Corrections of legal references, organizational names, addresses and cross-references
- ◆ Revisions to the following forms:
 - 470-0443, *Application and Contract Agreement for Residential Care Facilities*
 - 470-0042, *Case Activity Report*
 - 470-0030, *Financial and Statistical Report*
 - 470-0477, *RCF Admission Agreement*
 - 470-0499, *Ten Day Report of Change for FIP and Medicaid*
- ◆ Addition of the following new forms:
 - 470-0040, *Credit/Adjustment Request*
 - 470-2927, *Health Services Application*
 - 470-0039, *Iowa Medicaid Long Term Care Claim*
 - 470-3118, *Medicaid Review*
 - 470-1911, *Medical Assistance Eligibility Card*
 - 470-3744, *Provider Inquiry*
 - *Remittance Advice*

Effective Date

Immediately.

Material Superseded

Remove the following pages from Employees' Manual, Title 6, Chapter B, Appendix, and destroy them:

<u>Page</u>	<u>Date</u>
Title page	December 31, 1996
Contents (page 1)	December 31, 1996
1	December 31, 1996
Comm. 47	
Title page	April 1988
Contents (page 1)	April 1988
Contents (page 2)	December 1991
1, 2	June 1994
3	April 1988
4	January 1993
5	June 1994
6-11	April 1988
12	July 1990
13	January 1993
14	April 1988
15	April 1991
16	June 1994
AA-4036-0 (470-0030)	/97
Comm. 48	May 1991
Contents (i)	May 1991
Contents (ii)	June 1997
1	May 1991
2	May 1994
3-4a	March 1993
5-15	May 1991
16, 17	November 1993
18-20	May 1991
21-30	June 1997
PA-1108-6 (470-0443)	10/86
17	August 1987
18	April 1988
PA-2365-6 (470-0477)	1/93
19, 20	April 1988
PA 1107-0 (470-0442)	1/94
21	April 1988
22	August 1987
AA-4166 (470-0042)	12/92
23	January 1993
24	October 1992
PA-3159-0 (470-0490)	4/87

25, 26	August 1987
470-2051	10/89
AA-4163-0	None
27-34	December 1991
AA-4164-0 (470-0040) 35	5/93
36	December 1991
AA-4164-0 (470-0040) 37	5/93
38	December 1991
AA-4165-0 (470-0041)	1/87

Additional Information

The Handbook can be found at:

www.ime.state.ia.us/providers

If you do not have Internet access, you may request a paper copy of this material by sending a written request to:

Iowa Medicaid Enterprise
Provider Services
PO Box 36450
Des Moines, IA 50315

Include your vendor number, name, address, provider type, and the general letter number that you are requesting.

If any portion of this manual is not clear, please direct your inquiries to the Iowa Medicaid Enterprise Provider Services Unit.