



# Iowa Department of Human Services

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## GENERAL LETTER NO. 8-F-88

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

SUBJECT: Employees' Manual, Title 8, Chapter F, **COVERAGE GROUPS**, pages 5, 29, 30, 31, 33, 36, and 192, revised.

### Summary

Chapter 8-F is revised to:

- ◆ Correct the form number of the *Application: Presumptive Health Care Coverage for Children*. The correct form number is 470-4855.
- ◆ Update legal references.
- ◆ Update the Iowa Family Planning Network Monthly Income Limits: 300% of Poverty table.
- ◆ Update the Medicaid for Employed People with Disabilities (MEPD) premium scale effective August 1, 2015.

### Effective Date

The changes to the MEPD premium scale are effective August 1, 2015.

All other changes are effective upon receipt.

### Material Superseded

This material replaces the following pages from Employees' Manual, Title 8, Chapter F:

<u>Page</u>	<u>Date</u>
5	September 10, 2010
29-31	January 30, 2015
33	April 4, 2014
36	January 30, 2015
192	July 25, 2014

### Additional Information

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

## **Presumptive Eligibility for Children**

**Legal reference:** 441 IAC 75.1(44); Sec. 1920A of the Social Security Act

### **Policy:**

Children under the age of 19 who have been identified as being potentially eligible for Medicaid or **hawk-i** may be presumed eligible by a “qualified entity” and may receive temporary Medicaid coverage pending a formal eligibility determination by the Department. A child determined to be presumptively eligible is eligible for full Medicaid benefits during the presumptive period.

Eligibility is based on the statements made by the family on the application. There are no verification requirements for the presumptive eligibility program. A child cannot be determined presumptively eligible more than once in a 12-month period of time.

### **Procedure:**

| The family shall complete form 470-4855, *Application: Presumptive Health Care Coverage for Children*. The qualified entity uses the information provided on the application to make entries into the presumptive eligibility system via the provider portal for an eligibility determination.

The qualified entity shall print a notice of decision indicating the result and give it to the applicant. Both approved and denied presumptive applications will automatically be sent to the Department for a formal Medicaid eligibility determination.

### **Comment:**

Whether a child is currently receiving Medicaid or **hawk-i** is self-declared on the presumptive application. The presumptive eligibility system will capture whether a child has already received presumptive coverage in the past 12 months.

## **Income Guidelines**

### **Policy:**

In order for a child to be determined presumptively eligible, gross family income cannot exceed 300% of the federal poverty level for the family size.

## **Iowa Family Planning Network**

| **Legal reference:** 441 IAC 75.1(41)“a”

### **Policy:**

Iowa provides limited Medicaid coverage for family planning-related services through the Iowa Family Planning Network (IFPN) to:

- ◆ Any woman who has a pregnancy end on or after February 1, 2006, and who was receiving Medicaid on the date when the pregnancy ended; and
- ◆ Persons of reproductive age, ages 12 through 54, with countable income at or below 300% of the federal poverty level.

IFPN provides limited coverage for services related to pregnancy prevention.

## **Application Processing**

**Legal reference:** 441 IAC 75.1(41)“b”

### **Policy:**

Both DHS income maintenance workers and designated family planning agencies and clinics can process applications for people who must meet the 300% income limit. See [8-B, Where the Application Must Be Filed](#).

No application for IFPN is necessary for a woman whose pregnancy ends while she is on Medicaid. Only DHS can establish IFPN eligibility for women who have a pregnancy end while receiving Medicaid.

### **Procedure:**

Process applications according to the policies at [8-B, Processing Standards](#).

At the time of application, give the applicant the following information:

- ◆ *Comm. 20, Your Guide to Medicaid*,
- ◆ *Comm. 209 or 209(S), Information About Your Privacy Rights*, and
- ◆ *Comm. 243, Primary Care Access*. This pamphlet explains where a woman can access primary care services in Iowa. It lists rural health clinics and federally qualified health centers that usually can provide care on a sliding fee schedule.

The Family Planning Waiver (FPW) system will automatically determine IFPN eligibility for every female Medicaid member entitled to IFPN coverage after a pregnancy has ended.

Claims paid by the Iowa Medicaid Enterprise (IME) will identify women who had a pregnancy end while on Medicaid. IME will send a record to the FPW system to establish an IFPN case when the IM worker has not already established the case.

NOTE: The certification period will be determined by the FPW system, IFPN will be underlying the postpartum period.

### **Choice of IFPN Eligibility**

**Legal reference:** 441 IAC 75.1(41)"a"

Screen the application to determine if eligibility may exist under other Medicaid coverage groups. See [Nonfinancial Eligibility](#). Explain the difference between IFPN and regular Medicaid and let the applicant choose which coverage group to apply for.

If the applicant opts for IFPN services, ask the applicant to sign form 470-4314, *Election of Iowa Family Planning Network*, and document in the case record that the application was screened and the applicant's decision.

### **Effective Date of IFPN Eligibility**

**Legal reference:** 441 IAC 75.1(41)"d"

A person found eligible for IFPN coverage is certified for a period of 12 months. The effective date of IFPN eligibility is the first day of the month when the application was filed or the first day of the month when all eligibility factors were met, whichever is later. IFPN eligibility cannot be granted for any month before the month of application.

## **Nonfinancial Eligibility**

To determine eligibility for IFPN coverage, use the policies and procedures in [8-C, Nonfinancial FMAP-Related Eligibility](#), with the following exceptions.

### **Age**

**Legal reference:** 441 IAC 75.1(41)"a"(2), (3)

IFPN eligibility is limited to persons of reproductive age. To be eligible based on income, a person must be at least 12 years old but less than 55 years old.

The age requirement does not apply to women who have a pregnancy end while they are on Medicaid. Assume that a woman who applies for IFPN or has a pregnancy end while on Medicaid is of reproductive age.

### **Other Medical Coverage**

**Legal reference:** 441 IAC 75.1(41)

**Policy:**

A person who is not otherwise enrolled in Medicaid may be eligible for IFPN. A teen that is enrolled in *hawk-i* is eligible for IFPN.

- ◆ A woman whose pregnancy ends while the woman is on Medicaid is eligible for IFPN. This includes Medicaid eligibility through Medically Needy with a spenddown.

EXCEPTION: IFPN eligibility does not exist for a woman whose delivery was covered under the emergency coverage group. See [8-L, Limited Eligibility for Certain Aliens](#).

- ◆ A person who is covered under group or private health insurance is eligible for IFPN.

1. Ms. D receives Medicaid under the FMAP coverage group. She gives birth to a second child on March 25. The FPW system establishes an IFPN case for Ms. D for the months of March through May of the following year. Ms. D continues to be eligible for FMAP with IFPN as underlying eligibility.

Ms. D is subsequently canceled from FMAP effective July. IFPN automatically becomes the primary coverage beginning in July and will continue through May of the following year.

2. Ms. S lives by herself and has health insurance that covers family planning services. If all other eligibility requirements are met, Ms. S is eligible for IFPN.

## **Income**

**Legal reference:** 441 IAC 75.1(41)"c"

In determining IFPN eligibility, the household's countable monthly income shall not exceed the amounts shown in the chart below for a household of the same size.

<b>Iowa Family Planning Network Monthly Income Limits: 300% of Poverty</b>								
HH Size	1	2	3	4	5	6	7	Additional
Limit	\$2943	\$3983	\$5023	\$6063	\$7103	\$8143	\$9183	\$1045 each

NOTE: The income limit does not apply if a woman qualifies because she was receiving Medicaid when her pregnancy ended.

The gross income (before taxes and other deductions) received by any person included in the household size must be counted. Income received by a parent for a teen (e.g. child support, social security benefits) is not counted for the teen's eligibility unless the parent makes it available to the teen.

Proof of income shall be documented in the case record. Proof may include copies of pay stubs, an employer's statement, an award letter, an income tax return, etc.

## **Countable Income**

**Legal reference:** 441 IAC 75.1(41)"c"(2) and (3)

Count only the following income in determining IFPN eligibility:

- ◆ Money, wages or salary: Count wages according to [8-E, TYPES OF FMAP-RELATED INCOME](#). Lump-sum income received due to employment is not counted. Project income according to [8-E, Budgeting for FMAP-Related Households](#).
- ◆ Self-employment: Calculate countable self-employment income according to policies at [8-E, FMAP-RELATED SELF-EMPLOYMENT INCOME](#).
- ◆ Unemployment insurance benefits: If unemployment insurance benefits are reduced, count the actual amount the person receives.
- ◆ Child support: Count the actual monthly amount paid. The \$50 exemption is not allowable.

## **Case Maintenance**

### **Reporting Requirements**

**Legal reference:** 441 IAC 76.15(249A)

Client reporting requirements include:

- ◆ Supplying requested information or verification.
- ◆ Reporting changes.

The client must supply complete and accurate information needed to establish initial and ongoing eligibility. IFPN follows the policy found at [8-G, Supplying Information and Verification](#).

The client or someone acting on the client's behalf must report the following and any other changes that affect eligibility:

- ◆ Health insurance starts or begins to cover family planning services,
- ◆ There is a change in mailing or living address,
- ◆ A woman becomes pregnant, or
- ◆ The person is no longer capable of reproducing (e.g., had sterilization surgery, hysterectomy, vasectomy, etc.).

### **Acting on Reported Changes**

**Legal reference:** 441 IAC 75.1(41)"c"(5) and 76.15(249A); 42 CFR 435 and 435.919

After assistance has been approved, changes occurring during a month are effective the first day of the next calendar month, provided timely notice can be given. When timely notice is required and cannot be given, the effective date is the first day of the second month following the month the change was reported.

EXCEPTION: A person found to be income-eligible upon application or annual redetermination of eligibility shall remain income-eligible for 12 months regardless of any change in income or household size.

1. Ms. B is approved for IFPN with a January – December certification period. Ms. B reports on October 5 that she moved to Illinois. Ms. B's IFPN eligibility is canceled effective November 1.

Premium Schedule		
If the gross monthly income of the person getting MEPD is:	The percentage of the federal poverty level is:	The premium amount is:
\$1,472 or less	At or below 150%	0
Above: \$1,472	Above 150%	\$32
\$1,619	165%	\$44
\$1,766	180%	\$53
\$1,962	200%	\$62
\$2,207	225%	\$73
\$2,453	250%	\$84
\$2,943	300%	\$106
\$3,433	350%	\$130
\$3,924	400%	\$153
\$4,414	450%	\$177
\$5,395	550%	\$221
\$6,376	650%	\$268
\$7,357	750%	\$316
\$8,338	850%	\$375
\$9,809	1000%	\$451
\$11,280	1150%	\$530
\$12,751	1300%	\$612
\$14,517	1480%	\$707

**Procedure:**

Use the *MEPD Income Worksheet*, form 470-3686, to determine ongoing premiums for a 12-month period. When a case is newly approved, more than one premium period may need to be established, depending on when the approval occurs. Only one premium amount will apply to all premium periods that need to be established at the time of an approval.

To determine the premium amount:

1. Determine the premium periods for the approval. See the following section on [How to Establish Premium Periods](#).
2. Determine the premium amount for each premium period in the covered by the approval.
3. Apply the lowest premium amount established to all premium periods covered by the approval.