



Iowa Department of Human Services

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GENERAL LETTER NO. 8-K-21

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

SUBJECT: Employees' Manual, Title 8, Chapter K, **PSYCHIATRIC INSTITUTIONS**, pages 3, 13, and 32, revised.

Summary

Chapter 8-K is revised to remove references to:

- ◆ The closed state juvenile facility in Toledo.
- ◆ Form 470-2479, *PMIC Exchange of Information*. Form 470-2479 is no longer being used.

Effective Date

Immediately.

Material Superseded

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

<u>Page</u>	<u>Date</u>
3	August 27, 2010
13, 32	December 5, 2008

Additional Information

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

The Bureau of Long-Term Care notifies local offices of PMICs that may participate in Medicaid. Currently, those facilities are:

Facility	National Provider Identifier (NPI)	Type of Service
Beloit Lutheran Home	1023187507	Mental health
Boys and Girls Home Residential Treatment	1063511038	Mental health
Bremwood Lutheran Home	1023187507	Mental health
Children’s Square USA	1134265291	Mental health
Cornerstone Recovery	1366568065	Mental health
Four Oaks Inc	1710046255	Mental health
Hillcrest Family Services	1780880310	Mental health
Independence MHI—PMIC	1205911765	Mental health
Jackson Recovery Centers, Inc	1811994973	Substance abuse and mental health
Mercy Hospital (Council Bluffs)	1871665372	Substance abuse and mental health
Orchard Place	1245220938	Mental health
Tanager Place	1114083474	Mental health

Most of these facilities are licensed as both foster care and medical facilities. However, both foster children and non-foster children may be placed in any PMIC.

The Independence PMIC is restricted to admissions from the child and adolescent units at Independence MHI, Cherokee MHI, and the state juvenile facility in Eldora. Children are admitted to the Independence PMIC when no community PMIC will admit them until they exhibit a period of stable behavior.

If Level of Care Is Denied

Legal reference: 441 IAC 85.7(2), 85.46(249A), 81.10(4)“3”

If the IME Medical Services Unit determines that the person does not need the level of care or the type of facility that the person is in, it will issue a letter to:

- ◆ The applicant,
- ◆ The facility physician,
- ◆ The facility,
- ◆ The income maintenance worker, and
- ◆ The service worker, if involved.

The person may appeal to the Department if the person disagrees with the decision.

If PMIC level of care is denied for a child in foster care, payment for the child's care is made at the foster care rate through the foster care program, instead of the Medicaid program. Cancel the Medicaid facility payment for the child effective the day of denial and refer the case to the responsible service worker to arrange for foster care payments to the PMIC.

To continue Medicaid for foster children or children in subsidized adoption without facility payment, change the aid type for all children from 37-7 to the aid type that reflects the coverage group of the child, such as Child Medical Assistance Program (CMAP), Supplemental Security Income (SSI), Family Medical Assistance Program (FMAP), IV-E, Mothers and Children (MAC), or the state-only aid type of 40-9.

Continued Stay Reviews

Legal reference: 441 IAC 78.3(249A), 81.7(249A), 85.24(1)“f,” 85.45(1)

The IME Medical Services Unit and the Iowa Plan complete the recertification reviews. The facility is responsible for obtaining the recertification of the need for care. Assume that the level of care continues to be approved unless you receive other notice.

Duties of Service Staff	Duties of IM Staff
3. Complete the application if necessary and forward it to IM within two working days of receipt. Attach a copy of the court order or voluntary placement agreement, and <i>IV-E Initial Placement Information</i> , form 470-3839.	3. Determine financial eligibility under IV-E, if first placement.
4. Refer to SSI if needed.	4. Determine Medicaid eligibility.
5. Initiate payee change for unearned income, if needed.	5. Open a Medicaid case and make referrals to the IV-D agency using the REFER system.
6. Use FACS to communicate placement information to FCRU per instructions in 18-G.	6. Inform the member and the service worker of the decision and client participation.
7. Assist IM with verification needed to establish eligibility.	7. Inform service worker of visit and hospital days.
8. Report changes in income, resources, placement, or pregnancy to IM staff.	8. Review case and report changes in eligibility to service staff.
9. Review visit plans.	9. Inform the service worker of the discharge and last month's client participation.
10. Assist IM with reviews.	10. Determine if a child is continuously eligible or complete an automatic redetermination of Medicaid eligibility. See 8-F, Continuous Eligibility for Children or 8-G, AUTOMATIC REDETERMINATION .

Some policies only apply to a foster child entering a PMIC. These policies are outlined in the following sections:

- ◆ [IV-E eligibility](#)
- ◆ [State-only funding](#)