

# GRANTEE Update

June 29, 2009

The Update is a bi-weekly Web newsletter published by the Iowa Department of Public Health's Bureau of Family Health. It is posted the second and fourth week of every month, and provides useful job resource information for departmental health care professionals, information on training opportunities, intradepartmental reports and meetings, and additional information pertinent to health care professionals.

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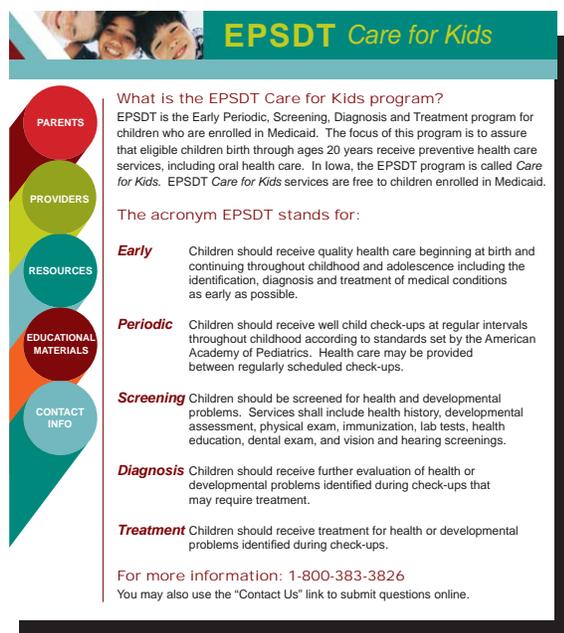
## EPSDT Web Pages Now Posted!

The Bureau of Family Health's EPSDT Team and the Communications Workgroup is pleased to announce the posting of the newly revised *EPSDT Care for Kids* Web pages!

The *EPSDT Care for Kids* Web pages include the following links:

- **Information for Parents** (eligibility, services provided, why EPSDT exams are important, where to get additional information and resources)
- **Information for Providers** (resources to assist providers in implementing the *EPSDT Care for Kids* program)
- **Resources**
- **Educational Materials**
- **Contact Information**

Please visit the new *EPSDT Care for Kids* Web pages at [www.idph.state.ia.us/hpcdp/epsdt\\_care\\_for\\_kids.asp](http://www.idph.state.ia.us/hpcdp/epsdt_care_for_kids.asp) and provide feedback to Heather Hobert Hoch at [hhobert@idph.state.ia.us](mailto:hhobert@idph.state.ia.us).



The graphic features a header with a photo of children and the text "EPSDT Care for Kids". Below is a vertical sidebar with five colored circles: PARENTS (red), PROVIDERS (green), RESOURCES (teal), EDUCATIONAL MATERIALS (orange), and CONTACT INFO (light blue). The main content area contains text explaining the program, the acronym EPSDT, and definitions for Early, Periodic, Screening, Diagnosis, and Treatment services. It also includes contact information: 1-800-383-3826 and a link to submit questions online.

**What is the EPSDT Care for Kids program?**  
EPSDT is the Early Periodic, Screening, Diagnosis and Treatment program for children who are enrolled in Medicaid. The focus of this program is to assure that eligible children birth through ages 20 years receive preventive health care services, including oral health care. In Iowa, the EPSDT program is called *Care for Kids*. *EPSDT Care for Kids* services are free to children enrolled in Medicaid.

The acronym EPSDT stands for:

- Early** Children should receive quality health care beginning at birth and continuing throughout childhood and adolescence including the identification, diagnosis and treatment of medical conditions as early as possible.
- Periodic** Children should receive well child check-ups at regular intervals throughout childhood according to standards set by the American Academy of Pediatrics. Health care may be provided between regularly scheduled check-ups.
- Screening** Children should be screened for health and developmental problems. Services shall include health history, developmental assessment, physical exam, immunization, lab tests, health education, dental exam, and vision and hearing screenings.
- Diagnosis** Children should receive further evaluation of health or developmental problems identified during check-ups that may require treatment.
- Treatment** Children should receive treatment for health or developmental problems identified during check-ups.

For more information: 1-800-383-3826  
You may also use the "Contact Us" link to submit questions online.

# Program Management

## DHS Iowa Administrative Code Rules - Medicaid & *hawk-i* Eligibility

The Iowa Medicaid Enterprise (IME) has posted several sets of Iowa Administrative Code rules related to Medicaid and *hawk-i* eligibility that may be of interest to your agency. The following have been noticed on the IME Rules Docket at [www.dhs.iowa.gov/policyanalysis/RulesPages/dockets.htm](http://www.dhs.iowa.gov/policyanalysis/RulesPages/dockets.htm).

- ARC 7929B: An amendment adopted and filed emergency effective July 1, 2009 that removes two of the requirements for an infant to be deemed Medicaid eligible for 12 months based upon their 'newborn' status. Any infant in Iowa who was born to a woman who was Medicaid-eligible at the time of birth shall remain eligible through the month of the child's first birthday, even if the child is no longer living with the mother or the mother no longer qualifies for Medicaid. View ARC 7929B on pages 8-9 of **The Update**.
- ARC 7931B: An amendment adopted and filed emergency effective July 1, 2009 that increases the Medicaid income limit for pregnant women and for infants less than one year of age to 300 percent of the federal poverty level. It also eliminates an income deduction equal to 15 percent of the poverty level for infants and pregnant women, which has been used to effectively increase the previous income limit from 185 percent to 200 percent of the federal poverty level. Under this amendment, pregnant women will move from the IowaCare program to regular Medicaid, unless they are ineligible for Medicaid due to excess resources. View ARC 7931B on pages 10-12 of **The Update**.
- ARC 7932B: An amendment adopted and filed emergency effective July 1, 2009 that provides that children in lawful permanent resident status may receive Medicaid coverage if they are otherwise eligible, regardless of their date of entry to the U.S. This amendment does not extend coverage to children who do not have documentation of their legal entry to the U.S. See ARC 7932B on pages 13-15 of **The Update**.
- ARC 7881B: An amendment adopted and filed emergency effective July 1, 2009 that provides that children in lawful permanent resident status may receive *hawk-i* coverage if they are otherwise eligible, regardless of their date of entry to the U.S. This amendment does not extend coverage to children who do not have documentation of their legal entry to the U.S. View ARC 7881B on pages 16-17 of **The Update**.
- ARC 7770B: An amendment adopted and filed effective July 1, 2009 that increases the *hawk-i* income limits from 200 percent of the federal poverty level to 300 percent of the federal poverty level and implements increased monthly cost sharing for children with countable family income at or more than 200 percent of the federal poverty level (\$20 per month per child up to a maximum of \$40 per family). View ARC 7770B on pages 18-22 of **The Update**.

# Program Management

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## Iowa Medicaid Introduces Interpretation Services

Two informational letters have been released by the Iowa Medicaid Enterprise (IME) that pertain to interpretation services to be covered under various Medicaid programs effective July 1, 2009. *Note that these services must be included in your agency's approved Cost Analysis prior to billing.*

- Informational Letter #811 addresses interpretation services and requirements pertaining to Family Planning programs.
- Informational Letter #812 addresses interpretation services and requirements pertaining to Title V Maternal and Child Health programs.

For all agencies, two new codes will be opened:

- T1013 - Sign language or oral interpretive services; 15 minute unit; fee schedule maximum of \$15 per unit
- W5023 - Telephonic oral interpretive services; 1 minute unit; fee schedule maximum of \$1.70 per unit

In order for these services to be covered by Iowa Medicaid, the services must meet the following criteria:

- Services must be provided by designated interpreters that provide **ONLY** interpretive services (employed or contracted staff)
- The interpretive services must facilitate access to Medicaid covered services. Providers may only bill for interpretive services provided in conjunction with another Medicaid service. Medical staff who are bilingual are not reimbursed for the interpretation, but only for the medical service they provide. *Note that Family Planning providers must include the interpretive service code on the same claim form as the payable Medicaid service*
- Reimbursable time may include the interpreter's travel and wait time

Documentation requirements include the following:

- Interpreter's name or company
- Date and time of interpretation
- Service duration (time in and time out)
- Cost of providing the service

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# Program Management

continued...

## Iowa Medicaid Introduces Interpretation Services

It is the responsibility of the billing provider to determine the interpreter's competency. Sign language interpreters should be licensed according to the Iowa Administrative Code 645 Chapter 361. Oral interpreters should be guided by the standards developed by the National Council on Interpreting in Health Care ([www.ncihc.org](http://www.ncihc.org)).

For more information, please view Informational Letter #811 on pages 23-24 of **The Update** and Informational Letter #812 on page 25 of **The Update**. If you have questions, please contact IME provider services at 1-800-338-7909 (515-725-1004 in the Des Moines area) or by e-mail at [imeproviderservices@dhs.state.ia.us](mailto:imeproviderservices@dhs.state.ia.us).

## Updated *hawk-i* Fact Sheets

The *hawk-i* fact sheets, available in English and Spanish, have been updated to reflect the increase in income limits to 300 percent of the federal poverty level, effective July 1, 2009. To download the updated fact sheets, go to pages 26-27 of **The Update**.

### ★ *hawk-i* Hoja de Información

*hawk-i* es un programa para niños no asegurados que provee seguro médico gratuito o a bajo costo para los niños de familias de bajos recursos.

#### Elegibilidad

Son elegibles los niños y adolescentes menores de 19 años quienes:

- ★ Están dentro de los límites de ingresos (vea las tablas abajo)
- ★ Son residentes de Iowa
- ★ Son ciudadanos de los Estados Unidos o residentes permanentes legales
- ★ No son los dependientes de un empleado del Estado de Iowa
- ★ No son elegibles para los beneficios de Medicaid

**Proveedores del Plan de Salud**  
Los niños matriculados en *hawk-i* recibirán una tarjeta de seguro médico y servicios a través de uno de los programas de salud que participan en el programa.

#### Servicios Cubiertos

- ★ Visitas Médicas ★ Atención en Hospital ★ Recetas ★ Visitas del Programa de Niños Sanos
- ★ Vacunas e Inyecciones ★ Emergencias ★ Cirugías ★ Cuidado Dental ★ Exámenes de la Vista
- ★ Servicios de Audición ★ Salud Mental Y Atención de Abuso de Substancia ★ Terapia del Habla

#### ¿Cuánto Cuesta?

Si el ingreso contable anual de su familia está abajo de las sumas escritas en las tablas, a sus hijos les puede ser posible obtener cobertura GRATIS bajo Medicaid.

Tamaño de la Familia (padres, cónyuges, padrastros, y niños menores de 19 viviendo juntos)	Medicaid Si el ingreso contable anual de su familia está en esta tabla, a sus hijos les puede ser posible obtener cobertura GRATIS bajo Medicaid
1	Up to \$14,404
2	Up to \$19,379
3	Up to \$24,353
4	Up to \$29,327
5	Up to \$34,301
6	Up to \$39,275
7	Up to \$44,250
8	Up to \$49,224

Tamaño de la Familia (padres, cónyuges, padrastros, y niños menores de 19 viviendo juntos)	<i>hawk-i</i> Si el ingreso contable anual de su familia está en esta tabla, a sus hijos les puede ser posible obtener cobertura GRATIS bajo <i>hawk-i</i>
1	\$14,405 to \$16,244
2	\$19,380 to \$21,854
3	\$24,354 to \$27,464
4	\$29,328 to \$33,074
5	\$34,302 to \$38,684
6	\$39,276 to \$44,294
7	\$44,251 to \$49,904
8	\$49,225 to \$55,514

Tamaño de la Familia (padres, cónyuges, padrastros, y niños menores de 19 viviendo juntos)	<i>hawk-i</i> Si el ingreso contable anual de su familia está en esta tabla, a sus hijos les puede ser posible obtener <i>hawk-i</i> por \$10 por niño mensual. Ninguna familia pagará más de \$20 mensual.
1	\$16,245 to \$32,490
2	\$21,855 to \$43,710
3	\$27,465 to \$54,930
4	\$33,075 to \$66,150
5	\$38,685 to \$77,370
6	\$44,295 to \$88,590
7	\$49,905 to \$99,810
8	\$55,515 to \$111,030

Updated June 2009

### ★ *hawk-i* Fact Sheet

*hawk-i* is a program for uninsured children that provides no-cost or low-cost health care coverage to children in working families.

#### Eligibility

- Children and teens under 19 years of age who:
- ★ Meet income guidelines (see charts)
  - ★ Are Iowa residents
  - ★ Are U.S. citizens or permanent legal residents
  - ★ Are not the dependent of a State of Iowa employee
  - ★ Are not eligible for Medicaid benefits

#### Health Plan Providers

Children enrolled in *hawk-i* will get an insurance card and services through one of the health plans that participate in the program.

#### Covered Services

- ★ Doctor visits ★ Hospital care ★ Prescriptions ★ Well-child visits
- ★ Vaccines/shots ★ Emergencies ★ Surgery ★ Dental care ★ Vision exams
- ★ Hearing services ★ Mental health/Substance abuse ★ Speech therapy

#### What does it cost?

Look up your family's income in the charts to see if your children may qualify for free or low-cost health care coverage. If your income is below the amounts listed in these charts, your children may qualify for Medicaid.

Family Size (parents, spouses, stepparents, & children under 19 living together)	Medicaid If your family's yearly countable income is in this chart, your children may be able to get FREE coverage under Medicaid
1	Up to \$14,404
2	Up to \$19,379
3	Up to \$24,353
4	Up to \$29,327
5	Up to \$34,301
6	Up to \$39,275
7	Up to \$44,250
8	Up to \$49,224

Family Size (parents, spouses, stepparents, & children under 19 living together)	<i>hawk-i</i> If your family's yearly countable income is in this chart, your children may be able to get FREE coverage under <i>hawk-i</i>
1	\$14,405 to \$16,244
2	\$19,380 to \$21,854
3	\$24,354 to \$27,464
4	\$29,328 to \$33,074
5	\$34,302 to \$38,684
6	\$39,276 to \$44,294
7	\$44,251 to \$49,904
8	\$49,225 to \$55,514

Family Size (parents, spouses, stepparents, & children under 19 living together)	<i>hawk-i</i> If your family's yearly countable income is in this chart, your children may be able to get <i>hawk-i</i> for \$10 per month per child. No family pays more than \$40 per month.
1	\$16,245 to \$32,490
2	\$21,855 to \$43,710
3	\$27,465 to \$54,930
4	\$33,075 to \$66,150
5	\$38,685 to \$77,370
6	\$44,295 to \$88,590
7	\$49,905 to \$99,810
8	\$55,515 to \$111,030

Updated June 2009

# W O R T H   N O T I N G

## AAPD Revises Oral Health Guidelines for Expectant Moms

Modified oral health guidelines from the American Academy of Pediatric Dentistry (AAPD) include a call for all pregnant women to receive counseling and oral health care during pregnancy. Additionally, infants should be given an oral health risk assessment and oral care before their 1-year birthday, according to the new guidance. The new guidelines are designed to ensure better oral health for the mother and baby.

The guidelines are substantiated by studies that indicate how perinatal dental care can prevent preterm and low-birth weight babies, and how it is equally significant to overall health for pregnant women, especially for the upcoming delivery.

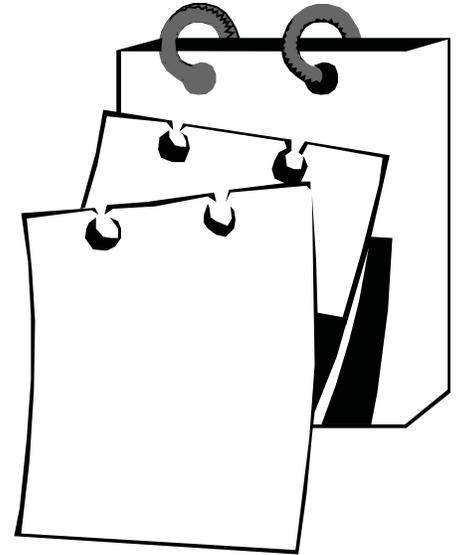
The revised guidance also stresses appropriate oral care for infants and toddlers, an age group vulnerable to early childhood caries (ECC). Simple lifestyle changes related to a mother's oral hygiene, diet, use of topical fluoride and not sharing eating utensils can significantly lower a child's chances of having ECC.

Physicians are encouraged to address the new AAPD guidelines with patients. The AAPD is also calling for the curriculum at medical, nursing and allied health professional programs to involve education in perinatal and infant oral health.

To read the updated guidelines, visit AAPD's Web site at [www.aapd.org](http://www.aapd.org).



# CALENDAR OF EVENTS



July 1, 2009

**Early Childhood Iowa Professional Development  
Component Group Meeting**

9:30 a.m. - 4 p.m.

DMACC Conference Center, in Newton

July 9, 2009

**Early Childhood Iowa Regional Meeting**

8:30 a.m. - 12 p.m.

Greteman Center (attached to Holy Spirit Parish), 421 East Bluff Street in Carroll

If you would like to attend this meeting, please RSVP to Jenny Hodges at

[jhodges@idph.state.ia.us](mailto:jhodges@idph.state.ia.us) or call (515) 281-4926.

\*October 5-6, 2009

**BFH-CSCH Fall Seminar**

Gateway Conference Center, Ames

October 15, 2009

**Adolescent Health Conference**

Cedar Rapids

\*Required meeting

# GRANTEE Update

## Phone Directory

**Bureau of Family Health: 1-800-383-3826**

**Teen Line: 1-800-443-8336**

**Healthy Families Line: 1-800-369-2229**

**FAX: 515-242-6013**

NAME	PHONE	E-MAIL
Beaman, Janet	281-3052	<a href="mailto:jbeaman@idph.state.ia.us">jbeaman@idph.state.ia.us</a>
Borst, M. Jane (Bureau Chief)	281-4911	<a href="mailto:jborst@idph.state.ia.us">jborst@idph.state.ia.us</a>
Brown, Kim	281-3126	<a href="mailto:kbrown@idph.state.ia.us">kbrown@idph.state.ia.us</a>
Clausen, Sally	281-6071	<a href="mailto:sclausen@idph.state.ia.us">sclausen@idph.state.ia.us</a>
Connet, Andrew	281-7184	<a href="mailto:aconnet@idph.state.ia.us">aconnet@idph.state.ia.us</a>
Cox, Jinifer	281-7085	<a href="mailto:jcox@idph.state.ia.us">jcox@idph.state.ia.us</a>
Dhooge, Lucia	281-7613	<a href="mailto:ldhooge@idph.state.ia.us">ldhooge@idph.state.ia.us</a>
Doyle Scar, Angie	242-5980	<a href="mailto:adoyle@idph.state.ia.us">adoyle@idph.state.ia.us</a>
Ellis, Melissa	281-7044	<a href="mailto:mellis@idph.state.ia.us">mellis@idph.state.ia.us</a>
Goebel, Patrick	281-3826	<a href="mailto:pgoebel@idph.state.ia.us">pgoebel@idph.state.ia.us</a>
Hageman, Gretchen	281-7585	<a href="mailto:ghageman@idph.state.ia.us">ghageman@idph.state.ia.us</a>
Hinton, Carol	281-6924	<a href="mailto:chinton@idph.state.ia.us">chinton@idph.state.ia.us</a>
Hobert Hoch, Heather	281-6880	<a href="mailto:hhobert@idph.state.ia.us">hhobert@idph.state.ia.us</a>
Hodges, Jenny	281-4926	<a href="mailto:jhodges@idph.state.ia.us">jhodges@idph.state.ia.us</a>
Hummel, Brad	281-5401	<a href="mailto:bhummel@idph.state.ia.us">bhummel@idph.state.ia.us</a>
Johnson, Marcus	242-6284	<a href="mailto:mjohnson@idph.state.ia.us">mjohnson@idph.state.ia.us</a>
Jones, Beth	281-7044	<a href="mailto:bjones@idph.state.ia.us">bjones@idph.state.ia.us</a>
Miller, Lindsay	281-7721	<a href="mailto:lmiller@idph.state.ia.us">lmiller@idph.state.ia.us</a>
Monsma, Alison	281-7368	<a href="mailto:amonsma@idph.state.ia.us">amonsma@idph.state.ia.us</a>
Montgomery, Juli	242-5593	<a href="mailto:jmontgom@idph.state.ia.us">jmontgom@idph.state.ia.us</a>
O'Hollearn, Tammy	242-5639	<a href="mailto:tohollea@idph.state.ia.us">tohollea@idph.state.ia.us</a>
Pearson, Analisa	281-7519	<a href="mailto:apearson@idph.state.ia.us">apearson@idph.state.ia.us</a>
Peterson, Janet	242-6388	<a href="mailto:jpeterso@idph.state.ia.us">jpeterso@idph.state.ia.us</a>
Piper, Kim	281-6466	<a href="mailto:kpiper@idph.state.ia.us">kpiper@idph.state.ia.us</a>
Schulte, Kelly	281-8284	<a href="mailto:kschulte@idph.state.ia.us">kschulte@idph.state.ia.us</a>
Trusty, Stephanie	281-4731	<a href="mailto:strusty@idph.state.ia.us">strusty@idph.state.ia.us</a>
Wheeler, Denise	281-4907	<a href="mailto:dwheeler@idph.state.ia.us">dwheeler@idph.state.ia.us</a>

Area code is 515

HUMAN SERVICES DEPARTMENT [441]

**Adopted and Filed Emergency**

Pursuant to the authority of Iowa Code section 234.6 and 2008 Iowa Acts, chapter 1187, section 6(6), the Department of Human Services amends Chapter 75, “Conditions of Eligibility,” Iowa Administrative Code.

This amendment removes two of the requirements for an infant to be deemed Medicaid-eligible for 12 months because of “newborn” status, a mandatory coverage group under the Medicaid program. Based on legislation enacted in the Children’s Health Insurance Program Reauthorization Act (CHIPRA), Public Law 111-3, states shall no longer require that the infant must live with the mother or that the mother must continue to meet the Medicaid eligibility requirements that would apply if she were still pregnant.

The effect of this amendment is that any infant in Iowa who was born to a woman who was Medicaid-eligible at the time of birth shall remain eligible through the month of the child’s first birthday, even if no longer living with the mother, or the mother would no longer qualify for Medicaid. This change will ensure the continuous availability of medical care during the child’s first year of life and is in line with state’s vision to provide health care to all Iowa children.

This amendment does not provide for waivers in specified situations, since the change is a benefit to the infants affected. Requests for the waiver of any rule may be submitted under the Department’s general rule on exceptions at 441--1.8(17A,217).

The Council on Human Services adopted this amendment on June 10, 2009.

The Department finds that notice and public participation are unnecessary, in that the rule change is necessary to meet federal requirements, and impracticable, because there is insufficient time to allow for public comment before the effective date required. Therefore, these amendments are filed pursuant to Iowa Code section 17A.4(3).

The Department also finds, pursuant to Iowa Code section 17A.5(2)“b”(1), that the normal effective date of this amendment should be waived, as authorized by 2008 Iowa Acts, chapter 1187, section 6(6).

This amendment is also published herein under Notice of Intended Action as **ARC 7930B** to allow for public comment.

This amendment is intended to implement Iowa Code section 249A.4 and Public Law 111-3, section 113(b)(1).

These amendments becomes effective July 1, 2009.

The following amendment is adopted.

Amend subrule 75.1(20) as follows:

**75.1(20)** Newborn children of Medicaid-eligible mothers. Medicaid shall be available without an application to newborn children of women who are determined eligible for Medicaid for the month of the child’s birth or for three-day emergency services for labor and delivery for the child’s birth. Eligibility begins with the month of the birth and continues through the month of the first birthday as long as the child ~~lives with the mother and the mother remains eligible for Medicaid or would be eligible if she were still pregnant or qualified for emergency services for childbirth~~ an Iowa resident.

a. and b. No change.

HUMAN SERVICES DEPARTMENT [441]

**Adopted and Filed Emergency**

Pursuant to the authority of Iowa Code section 249A.4, the Department of Human Services amends Chapter 75, “Conditions of Eligibility,” Iowa Administrative Code.

This amendment increases the Medicaid income limit for pregnant women and for infants less than one year of age to 300 percent of the federal poverty level, as mandated by 2009 Iowa Acts, Senate File 389. It also eliminates an income deduction equal to 15 percent of the poverty level for infants and pregnant women, which had been used to effectively increase the previous income limit from 185 percent to 200 percent of the federal poverty level. Under this amendment, pregnant women will move from the IowaCare program to regular Medicaid unless they are ineligible for Medicaid due to excess resources.

This amendment does not provide for waivers in specified situations. Requests for the waiver of any rule may be submitted under the Department’s general rule on exceptions at 441--1.8(17A,217), but the Department has no authority to waive statutory language.

The Council on Human Services adopted this amendment on June 10, 2009.

The Department finds that notice and public participation are unnecessary, since these changes are mandated by state legislation and the Department has no alternative to their implementation. Therefore, these amendments are filed pursuant to Iowa Code section 17A.4(3).

The Department also finds that this amendment confers a benefit on the persons affected by raising the income limits for Medicaid eligibility. Therefore, this amendment is filed pursuant

to Iowa Code section 17A.5(2)“b”(2), and the normal effective date of this amendment is waived.

This amendment is intended to implement Iowa Code section 249A.3(1)(l) as amended by 2009 Iowa Acts, Senate File 389, section 16.

This amendment becomes effective July 1, 2009.

The following amendment is adopted.

Amend subparagraph **75.1(28)“a”(1)** as follows:

(1) Family income shall not exceed ~~185~~ 300 percent of the federal poverty level for pregnant women ~~when establishing initial eligibility under these provisions~~ and for infants (under one year of age) ~~when establishing initial and ongoing eligibility~~. Family income shall not exceed 133 percent of the federal poverty level for children who have attained one year of age but who have not attained 19 years of age. Income to be considered in determining eligibility for pregnant women, infants, and children shall be determined according to family medical assistance program (FMAP) methodologies except that the three-step process for determining initial eligibility and the two-step process for determining ongoing eligibility, as described at rule 441—75.57(249A), shall not apply. “Family income” is the income remaining after disregards and deductions have been applied ~~in accordance with the provisions of as~~ provided in rule 441—75.57(249A).

~~In determining eligibility for pregnant women and infants, after the aforementioned disregards and deductions have been applied, an additional disregard equal to 15 percent of the applicable federal poverty level shall be applied to the family’s income.~~



HUMAN SERVICES DEPARTMENT [441]

**Adopted and Filed Emergency**

Pursuant to the authority of Iowa Code section 249A.4, the Department of Human Services amends Chapter 75, “Conditions of Participation,” Iowa Administrative Code.

This amendment reflects the action of the Iowa General Assembly directing the Department to provide Medicaid coverage to all eligible children for whom federal funding is available. The Children’s Health Insurance Program Reauthorization Act of 2009 allows states the option to extend coverage to all children who are lawful permanent residents of the United States.

Previously, children who entered the U.S. on or after August 22, 1996, were barred from participating in any federal means-tested program for five years from their date of entry. This amendment provides that children in lawful permanent resident status may receive Medicaid coverage if they are otherwise eligible, regardless of their date of entry to the U.S. This amendment does not extend coverage to children who do not have documentation of their legal entry to the U. S. The rule is also amended conform to current formatting standards and clarify the conditions of eligibility.

This amendment does not provide for waivers in specified situations since it benefits the children affected by expanding eligibility. Requests for the waiver of any rule may be submitted under the Department’s general rule on exceptions at 441--1.8(17A,217).

The Council on Human Services adopted these amendments on June 10, 2009.

The Department finds that notice and public participation are impracticable in that the legislative directive to add coverage is effective on July 1, 2009, and there is not sufficient time to allow for public participation before that date. Therefore, this amendment is filed pursuant to Iowa Code section 17A.4(3).

The Department finds that this amendment confers a benefit by extending health coverage to children who were previously ineligible. Therefore, this amendment is filed pursuant to Iowa Code section 17A.5(2)“b”(2), and the normal effective date of this amendment is waived.

This amendment is also published herein under Notice of Intended Action as **ARC 7934B** to allow for public comment.

This amendment is intended to implement Public Law 111-3 and Iowa Code Chapter 249A as amended by 2009 Iowa Acts, Senate File 389, section 13.

This amendment becomes effective on July 1, 2009.

The following amendment is adopted.

Amend paragraph **75.11(2)“a”** as follows:

a. To be eligible for Medicaid a person must be one of the following:

(1) A citizen or national of the United States.

(2) A qualified alien ~~as defined in subrule 75.11(1)~~ residing in the United States ~~prior to~~ before August 22, 1996.

(3) A ~~qualified~~ An alien child under the age of 19 who ~~entered the United States on or~~ after August 22, 1996, and who is lawfully admitted for permanent residence under the Immigration and Nationality Act.

● (4) A refugee who is admitted to the United States under Section 207 of the

Immigration and Nationality Act;

- ~~(5) An alien who has been~~ Granted granted asylum under Section 208 of the

Immigration and Nationality Act;

- ~~(6) An alien whose deportation is being withheld under Section 243(h) of the~~

Immigration and Nationality Act; ~~or~~

- ~~(7) A~~ qualified alien veteran ~~with a discharge characterized as~~ who has an honorable discharge ~~and that is not on account of~~ due to alienage; ~~an~~

~~(8) A~~ qualified alien who is on active duty in the Armed Forces of the United States other than active duty for training; ~~or~~

~~(9) A~~ qualified alien who is the ~~veteran's~~ spouse or unmarried dependent child of a qualified alien described in subparagraph (7) or (8), including a surviving spouse who has not remarried.

~~(4) (10) A~~ qualified alien who entered the United States on or after August 22, 1996, and ~~who~~ has resided in the United States for a period of at least five years.

HUMAN SERVICES DEPARTMENT [441]

**Adopted and Filed Emergency**

Pursuant to the authority of Iowa Code section 514I.5, the Department of Human Services amends Chapter 86, “Healthy and Well Kids in Iowa (HAWK-I) Program,” Iowa Administrative Code.

This amendment reflects the action of the Iowa General Assembly directing the Department to provide coverage under the Healthy and Well Kids in Iowa (HAWK-I) Program to all eligible children for whom federal funding is available. The Children’s Health Insurance Program Reauthorization Act of 2009 allows states the option to extend coverage funded through the federal Children’s Health Insurance Program (HAWK-I in Iowa) to all children who are lawful permanent residents of the United States.

Previously, children who entered the U.S. on or after August 22, 1996, were barred from participating in any federal means-tested program for five years from their date of entry. This amendment provides that children in lawful permanent resident status may receive HAWK-I coverage if they are otherwise eligible, regardless of their date of entry to the U.S. This amendment does not extend coverage to children who do not have documentation of their legal entry to the U. S.

This amendment does not provide for waivers in specified situations since it benefits the children affected by expanding eligibility. Requests for the waiver of any rule may be submitted under the Department’s general rule on exceptions at 441--1.8(17A,217).

The HAWK-I Board adopted this amendment on May 19, 2009.

The Department finds that notice and public participation are impracticable in that the legislative directive to add coverage is effective on July 1, 2009, and there is not sufficient time to allow for public participation before that date. Therefore, this amendment is filed pursuant to Iowa Code section 17A.4(3).

The Department finds that this amendment confers a benefit by extending health coverage to children who were previously ineligible. Therefore, this amendment is filed pursuant to Iowa Code section 17A.5(2)“b”(2), and the normal effective date of this amendment is waived.

This amendment is also published herein under Notice of Intended Action as **ARC 7882B** to allow for public comment.

This amendment is intended to implement Public Law 111-3 and Iowa Code Chapter 514I as amended by 2009 Iowa Acts, Senate File 389, section 14.

This amendment becomes effective on July 1, 2009.

The following amendment is adopted.

Amend subrule 86.2(7) as follows:

**86.2(7)** Citizenship and alien status. The child shall be a citizen or lawfully admitted alien. The criteria established under ~~8 U.S.C. Section 1612(a)(2)(A) and the Balanced Budget Act of 1997, subsection 5302, 441--~~subrule 75.11(2) shall be followed when determining whether a lawfully admitted alien child is eligible to participate in the HAWK-I program. The citizenship or alien status of the parents or other responsible person shall not be considered when determining the eligibility of the child to participate in the program.

HUMAN SERVICES DEPARTMENT [441]

**Adopted and Filed**

Pursuant to the authority of Iowa Code section 514I.5(8) and 2008 Iowa Acts, chapter 1188, section 14, the Department of Human Services amends Chapter 86, “Healthy and Well Kids in Iowa (HAWK-I) Program,” Iowa Administrative Code.

The amendments will:

- Increase the HAWK-I income limits from 200 percent of the federal poverty level to 300 percent of the federal poverty level (\$5,513 per month for a family of four) beginning July 1, 2009.
- Implement increased monthly cost sharing for children with countable family income at or more than 200 percent of the federal poverty level (\$20 per month per child up to a maximum of \$40 per family).

The eligibility change was enacted in 2008 Iowa Acts, chapter 1188, as the “HAWK-I Expansion Program.” This legislation also gives the HAWK-I Board the authority to set cost-sharing amounts for children with family income between 200 and 300 percent of the federal poverty level.

These amendments do not provide for waivers in specified situations because expanded coverage is a benefit to the families affected. Requests for the waiver of any rule may be submitted under the Department’s general rule on exceptions at 441—1.8(17A,217).

Notice of Intended Action on these amendments was published in the Iowa

Administrative Bulletin on March 11, 2009, as **ARC 7635B**. The Department received no comments on the Notice of Intended Action.

The Department has made the following changes to the rules as published in the Notice of Intended Action:

- Added new item 4 to make technical changes to reflect the current name of the Food Assistance Program and the program's change from issuing benefits by paper coupons to electronic benefits transfer.
- Revised subrules 86.8(1) and 86.8(2) to clarify that the countable income the Department considers when determining the premium amount is the family's gross countable income minus 20 percent of any earned income. (See items 5 and 6.)

The HAWK-I Board adopted these amendments on April 20, 2009.

These amendments are intended to implement Iowa Code chapter 514I.

These amendments shall become effective on July 1, 2009.

The following amendments are adopted.

ITEM 1. Adopt the following **new** definitions in rule **441—86.1(514I)**:

“Earned income” means the earned income of all parents, spouses, and children under the age of 19 who are not students who are living together in accordance with subrule 86.2(3). Income shall be countable earned income when a person produces it as a result of the performance of services. “Earned income” includes:

1. All income in the form of a salary, wages, tips, bonuses, and commissions earned as an employee, and
2. The net profit from self-employment determined by comparing gross income produced from self-employment with the allowable costs of producing the income. The

allowable costs of producing self-employment income shall be determined by the costs allowed for income tax purposes. Additionally, the cost of depreciation of capital assets identified for income tax purposes shall be allowed as a cost of doing business for self-employed persons. Losses from a self-employment enterprise may not be used to offset income from any other source.

“Gross countable income” means gross income minus exemptions permitted by paragraph 86.2(2)“b.”

“Gross income” means a combination of the following:

1. Earned income,
2. Unearned income, and
3. Recurring lump-sum income prorated over the time the income is intended to cover.

“Recurring lump-sum income” means earned and unearned lump-sum income that is received on a regular basis. These payments may include, but are not limited to:

1. Annual bonuses.
2. Lottery winnings that are paid out annually.

“Self-employed” means that a person satisfies any of the following conditions:

1. The person is not required to report to the office regularly except for specific purposes such as sales training meetings, administrative meetings, or evaluation sessions; or
2. The person establishes the person’s own working hours, territory, and methods of work; or
3. The person files quarterly reports of earnings, withholding payments, and FICA payments to the Internal Revenue Service.

“Unearned income” means cash income of all parents, spouses, and children under the

age of 19 who are living together in accordance with subrule 86.2(3) that is not gained by labor or service. The available unearned income shall be the amount remaining after the withholding of taxes (Federal Insurance Contribution Act, state and federal income taxes). Examples of unearned income include, but are not limited to:

1. Social security benefits, meaning the amount of the entitlement before withholding of a Medicare premium.
2. Child support and alimony payments received for a member of the family.
3. Unemployment compensation.
4. Veterans benefits.

ITEM 2. Amend subrule 86.2(2), introductory paragraph, as follows:

**86.2(2) Income.** ~~Countable income shall not exceed 200 percent of the federal poverty level for a family of the same size when determining initial and ongoing eligibility for the program.~~

ITEM 3. Rescind paragraph **86.2(2)“a”** and adopt the following **new** paragraph in lieu thereof:

a. Gross countable income. In determining initial and ongoing eligibility for the HAWK-I program, gross countable income shall not exceed 300 percent of the federal poverty level for a family of the same size.

ITEM 4. Amend subparagraph **86.2(2)“b”(3)** as follows:

(3) The value of ~~the coupon allotment~~ benefits issued in the Food ~~Stamp~~ Assistance Program.

ITEM 5. Rescind subrule 86.8(1) and adopt the following **new** subrule in lieu thereof:

**86.8(1)** Income considered. The countable income considered in determining the premium amount shall be the family's gross countable income minus 20 percent of the family's earned income.

ITEM 5. Amend subrule 86.8(2) as follows:

**86.8(2)** Premium amount. ~~The premium amount shall be \$10 per month per child up to a maximum of \$20 per month per family.~~ Premiums under the HAWK-I program shall be assessed as follows:

a. No premium is charged if:

(1) The eligible child is an American Indian or Alaskan Native; or

(2) The family's countable income is less than 150 percent of the federal poverty level for a family of the same size.

b. If the family's countable income is equal to or exceeds 150 percent of the federal poverty level for a family of the same size but does not exceed 200 percent of the federal poverty level for a family of that size, the premium is \$10 per child per month with a \$20 monthly maximum per family.

c. If the family's countable income is equal to or exceeds 200 percent of the federal poverty level for a family of the same size, the premium is \$20 per child per month with a \$40 monthly maximum per family.



# STATE OF IOWA

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

DEPARTMENT OF HUMAN SERVICES  
CHARLES J. KROGMEIER, DIRECTOR

## INFORMATIONAL LETTER NO. 811

June 24, 2009

**TO:** Iowa Medicaid Advanced Registered Nurse Practitioners, Ambulance, Audiologists, Behavioral Health, Birthing Centers, Chiropractors, Clinics, Dentists, Durable Medical Equipment and Supply Dealers, Family Planning, Independent Lab, Lead Investigation Agency, Occupational Therapists, Opticians, Optometrists, Orthopedic Shoe Dealers, Pharmacists, Physical Therapists, Physicians, Podiatrists, Psychologists, and Rehabilitation Agency Providers

**FROM:** Iowa Department of Human Services, Iowa Medicaid Enterprise

**RE:** Translation and Interpretation Services

Effective July 1, 2009 Iowa Medicaid will open two procedure codes for Translation and Interpretation Services. These codes are to be used by providers reimbursed by a fee schedule. The codes include:

- T1013 sign language or oral interpretive services
  - 15 minute unit
  - Fee schedule maximum of \$15.00 per unit
- W5023 Telephonic oral interpretive services
  - One minute unit
  - Fee schedule maximum of \$1.70 per unit

In order for translation/interpretation services to be covered by Iowa Medicaid, the services must meet the following criteria:

- Provided by interpreters who provide **only** interpretive services.
- Interpreters may be employed or contracted by the billing provider.
- The interpretive services must facilitate access to Medicaid covered services. Providers may only bill for these services if offered in conjunction with an otherwise Medicaid covered service. Medical staff that are bilingual are not reimbursed for the interpretation but only for their medical services.
- Reimbursable time may include the interpreter's travel and wait time.

### Documentation of the service

The billing provider must document in the patient's record the interpreter's name, company, date and time of the interpretation, service duration (time in & time out), and the cost of providing the service.

## **Qualifications**

It is the responsibility of the billing provider to determine the interpreter's competency. Sign language interpreters should be licensed pursuant to Iowa Administrative Code 645 Chapter 361. Oral interpreters should be guided by the standards developed by the National Council on Interpreting in Health Care ([www.ncihc.org](http://www.ncihc.org))

## **Billing of Interpretive Services**

- If Medicaid is primary or secondary to TPL, then the interpretive services code must be on the same claim form as a payable Medicaid service. If there is not a payable covered service, then the entire claim will deny, including the interpretive codes. The provider should then correct the claim, if applicable, and resubmit codes for all services provided.
- If Medicare is prime and has paid a service but denied the interpretive service, then the provider will follow the established protocol for billing a non-Medicare covered service. The 1500 claim form will be submitted for the interpretive code only and will be accompanied by the EOMB that shows the paid Medicare service and denied interpretive service code.

## **Providers reimbursed via cost reports.**

Providers such as hospitals, Federal Qualified Health Centers, Rural Health Clinics, Community Mental Health Centers, Remedial, Local Education Agencies, or Targeted Case Management whose reimbursement currently includes translation and interpretation services in the rates for their services will not use these new codes. Medicaid will continue to provide reimbursement by inclusion of these costs in the cost report methodology and not by billing the procedure codes listed above. Only providers reimbursed by fee schedule will bill these codes.

If you have any questions, please contact IME Provider Services, 1-800-338-7909, locally 515-725-1004 or by e-mail at [imeproviderservices@dhs.state.ia.us](mailto:imeproviderservices@dhs.state.ia.us)



# STATE OF IOWA

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

DEPARTMENT OF HUMAN SERVICES  
CHARLES J. KROGMEIER, DIRECTOR

## INFORMATIONAL LETTER NO. 812

June 24, 2009

**TO:** Iowa Medicaid Maternal Health Center and Screening Center Providers  
**FROM:** Iowa Department of Human Services, Iowa Medicaid Enterprise  
**RE:** Title V Translation and Interpretation Services

Effective July 1, 2009 Iowa Medicaid will be opening two procedure codes for Translation and Interpretation Services. These codes are to be used by providers reimbursed by a fee schedule. The codes include:

- T1013 sign language or oral interpretive services
  - 15 minute unit
  - Fee schedule maximum of \$15.00 per unit
- W5023 Telephonic oral interpretive services
  - One minute unit
  - Fee schedule maximum of \$1.70 per unit

In order for translation/interpretation services to be covered by Iowa Medicaid, the services must meet the following criteria:

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- Reimbursable time may include the interpreter's travel and wait time.

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If you have any questions, please contact IME Provider Services, 1-800-338-7909, locally 515-725-1004 or by e-mail at [imeproviderservices@dhs.state.ia.us](mailto:imeproviderservices@dhs.state.ia.us)

**hawk-i** is a program for uninsured children that provides no-cost or low-cost health care coverage to children in working families.

### Eligibility

Children and teens under 19 years of age who:

- ★ Meet income guidelines (see charts)
- ★ Are Iowa residents
- ★ Are U.S. citizens or permanent legal residents
- ★ Are not the dependent of a State of Iowa employee
- ★ Are not eligible for Medicaid benefits

### Health Plan Providers

Children enrolled in **hawk-i** will get an insurance card and services through one of the health plans that participate in the program.

### Covered Services

- ★ Doctor visits
- ★ Hospital care
- ★ Prescriptions
- ★ Well-child visits
- ★ Vaccines/shots
- ★ Emergencies
- ★ Surgery
- ★ Dental care
- ★ Vision exams
- ★ Hearing services
- ★ Mental health/Substance abuse
- ★ Speech therapy

### What does it cost?

Look up your family's income in the charts to see if your children may qualify for free or low-cost health care coverage. If your income is below the amounts listed in these charts, your children may qualify for Medicaid.

Family Size (parents, spouses, stepparents & children under 19 living together)	Medicaid If your family's yearly countable income is in this chart, your children may be able to get <b>FREE</b> coverage under Medicaid
1	Up to \$14,404
2	Up to \$19,379
3	Up to \$24,353
4	Up to \$29,327
5	Up to \$34,301
6	Up to \$39,275
7	Up to \$44,250
8	Up to \$49,224

Family Size (parents, spouses, stepparents & children under 19 living together)	<b>hawk-i</b> If your family's yearly countable income is in this chart, your children may be able to get <b>FREE</b> coverage under <b>hawk-i</b>
1	\$14,405 to \$16,244
2	\$19,380 to \$21,854
3	\$24,354 to \$27,464
4	\$29,328 to \$33,074
5	\$34,302 to \$38,684
6	\$39,276 to \$44,294
7	\$44,251 to \$49,904
8	\$49,225 to \$55,514

Family Size (parents, spouses, stepparents & children under 19 living together)	<b>hawk-i</b> If your family's yearly countable income is in this chart, your children may be able to get <b>hawk-i</b> for \$10-20 per month per child. No family pays more than \$40 per month.
1	\$16,245 to \$32,490
2	\$21,855 to \$43,710
3	\$27,465 to \$54,930
4	\$33,075 to \$66,150
5	\$38,685 to \$77,370
6	\$44,295 to \$88,590
7	\$49,905 to \$99,810
8	\$55,515 to \$111,030

# *hawk-i* Hoja de Información

***hawk-i*** es un programa para niños no asegurados que provee seguro médico gratuito o a bajo costo para los niños de familias de bajos recursos.

## Elegibilidad

Son elegibles los niños y adolescentes menores de 19 años quienes:

- ★ Están dentro de los límites de ingresos (vea las tablas abajo)
- ★ Son residentes de Iowa
- ★ Son ciudadanos de los Estados Unidos o residentes permanentes legales
- ★ No son los dependientes de un empleado del Estado de Iowa
- ★ No son elegibles para los beneficios de Medicaid

## Proveedores del Plan de Salud

Los niños matriculados en ***hawk-i*** recibirán una tarjeta de seguro médico y servicios a través de uno de los programas de salud que participan en el programa.

## Servicios Cubiertos

- ★ Visitas Médicas
- ★ Atención en Hospital
- ★ Recetas
- ★ Visitas del Programa de Niños Sanos
- ★ Vacunas e Inyecciones
- ★ Emergencias
- ★ Cirugías
- ★ Cuidado Dental
- ★ Exámenes de la Vista
- ★ Servicios de Audición
- ★ Salud Mental Y Atención de Abuso de Substancia
- ★ Terapia del Habla

## ¿Cuánto Cuesta?

Si el ingreso contable anual de su familia está abajo de las sumas escritas en las tablas, a sus hijos les puede ser posible obtener cobertura GRATIS bajo Medicaid.

Tamaño de la Familia (padres, cónyuges, padrastros, y niños menores de 19 viviendo juntos)	Medicaid Si el ingreso contable anual de su familia está en esta tabla, a sus hijos les puede ser posible obtener cobertura GRATIS bajo Medicaid
1	Up to \$14,404
2	Up to \$19,379
3	Up to \$24,353
4	Up to \$29,327
5	Up to \$34,301
6	Up to \$39,275
7	Up to \$44,250
8	Up to \$49,224

Tamaño de la Familia (padres, cónyuges, padrastros, y niños menores de 19 viviendo juntos)	<b><i>hawk-i</i></b> Si el ingreso contable anual de su familia está en esta tabla, a sus hijos les puede ser posible obtener cobertura GRATIS bajo <b><i>hawk-i</i></b>
1	\$14,405 to \$16,244
2	\$19,380 to \$21,854
3	\$24,354 to \$27,464
4	\$29,328 to \$33,074
5	\$34,302 to \$38,684
6	\$39,276 to \$44,294
7	\$44,251 to \$49,904
8	\$49,225 to \$55,514

Tamaño de la Familia (padres, cónyuges, padrastros, y niños menores de 19 viviendo juntos)	<b><i>hawk-i</i></b> Si el ingreso contable anual de su familia está en esta tabla, a sus hijos les puede ser posible obtener <b><i>hawk-i</i></b> por \$10 por niño mensual. Ninguna familia pagará más de \$20 mensual.
1	\$16,245 to \$32,490
2	\$21,855 to \$43,710
3	\$27,465 to \$54,930
4	\$33,075 to \$66,150
5	\$38,685 to \$77,370
6	\$44,295 to \$88,590
7	\$49,905 to \$99,810
8	\$55,515 to \$111,030