



# STATE OF IOWA

THOMAS J. VILSACK, GOVERNOR  
SALLY J. PEDERSON, LT. GOVERNOR

DEPARTMENT OF HUMAN SERVICES  
JESSIE K. RASMUSSEN, DIRECTOR

Tiffany Eggers  
Centers for Medicare and Medicaid Services  
7500 Security Blvd  
Baltimore, MD 21244

Dear Ms. Eggers:

On behalf of the State of Iowa, I am pleased to submit the revised Iowa State Children's Health Insurance Program (SCHIP) plan.

This revision includes the updated information and changes based on the final SCHIP federal regulations. The crosswalk detailing the updates and the amendments is also included. Per your instructions, a redlined hard copy, a clean hard copy as well as an electronic copy are being sent. Please note that some of the attachments are not available electronically, an extra copy of these attachments is being sent.

Iowa looks forward to working with CMS to gain approval of this revised state plan. The Department of Human Services is prepared to provide whatever clarification may be needed to expedite the approval of the plan.

Questions about the plan may be directed to Anna Ruggle of the Division of Financial, Health and Work Supports at 515-281-5487 or by e-mail [aruggle@dhs.state.ia.us](mailto:aruggle@dhs.state.ia.us).

Sincerely,

Jessie K. Rasmussen  
Director, Iowa Department of Human Services

#### Attachments

CC: Tom Lenz  
CMS Kansas City Regional Office  
Richard Bolling Federal Building  
601 East 12<sup>th</sup> Street, Room 235  
Kansas City, Missouri 64106-2808

1305 E WALNUT STREET - DES MOINES, IA 50319-0114

OMB # 0938-0707  
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**MODEL APPLICATION TEMPLATE FOR  
STATE CHILD HEALTH PLAN UNDER TITLE XXI OF THE SOCIAL SECURITY ACT  
STATE CHILDREN'S HEALTH INSURANCE PROGRAM**

**Preamble**

Section 4901 of the Balanced Budget Act of 1997 (BBA) amended the Social Security Act (the Act) by adding a new title XXI, the State Children's Health Insurance Program (SCHIP). Title XXI provides funds to states to enable them to initiate and expand the provision of child health assistance to uninsured, low-income children in an effective and efficient manner. To be eligible for funds under this program, states must submit a state plan, which must be approved by the Secretary. A state may choose to amend its approved state plan in whole or in part at any time through the submittal of a plan amendment.

This model application template outlines the information that must be included in the state child health plan, and any subsequent amendments. It has been designed to reflect the requirements as they exist in current regulations, found at 42 CFR part 457. These requirements are necessary for state plans and amendments under Title XXI.

The Department of Health and Human Services will continue to work collaboratively with states and other interested parties to provide specific guidance in key areas like applicant and enrollee protections, collection of baseline data, and methods for preventing substitution of Federal funds for existing state and private funds. As such guidance becomes available, we will work to distribute it in a timely fashion to provide assistance as states submit their state plans and amendments.

**Form CMS-R-211**

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**MODEL APPLICATION TEMPLATE FOR  
STATE CHILD HEALTH PLAN UNDER TITLE XXI OF THE SOCIAL SECURITY ACT  
STATE CHILDREN'S HEALTH INSURANCE PROGRAM**

(Required under 4901 of the Balanced Budget Act of 1997 (New section 2101(b)))

State/Territory: Iowa  
(Name of State/Territory)

As a condition for receipt of Federal funds under Title XXI of the Social Security Act, (42 CFR, 457.40(b))

\_\_\_\_\_  
(Signature of Governor, or designee, of State/Territory, Date Signed)

submits the following State Child Health Plan for the State Children's Health Insurance Program and hereby agrees to administer the program in accordance with the provisions of the approved State Child Health Plan, the requirements of Title XXI and XIX of the Act (as appropriate) and all applicable Federal regulations and other official issuances of the Department.

The following state officials are responsible for program administration and financial oversight (42 CFR 457.40(c)):

Name: Jessie K. Rasmussen	Position/Title: Director, Iowa Department of Human Services
Name: Deb Bingaman	Position/Title: Division Administrator, Division of Financial Health and Work Supports
Name: Anita Smith	Position/Title: Bureau Chief, Bureau of Health Insurance

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0707. The time required to complete this information collection is estimated to average 160 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, N2-14-26, Baltimore, Maryland 21244.

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care issues faced by children with special needs and make recommendations on how to address those needs. The Quality Assessment and Improvement Advisory Committee is made up of members of the Clinical Advisory Committee who advise the *hawk-i* Board on clinical issues, quality improvement and utilization management.

Health Plans: The Department of Human Services contracts with health plans licensed by the Division of Insurance within the Department of Commerce to provide health care coverage to eligible children under the *hawk-i* program.

The University of Iowa Public Policy Center: The Department of Human Services contracts with the University of Iowa Public Policy Center to conduct analysis of the functional health assessment and analysis of the encounter data.

- 1.2 X Please provide an assurance that expenditures for child health assistance will not be claimed prior to the time that the State has legislative authority to operate the State plan or plan amendment as approved by CMS. (42 CFR 457.40(d))
- 1.3 X Please provide an assurance that the state complies with all applicable civil rights requirements, including Title VI of the Civil Rights Act of 1964, title II of the Americans with Disabilities Act of 1990, section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, 45 CFR part 80, **part** 84, and part 91, and 28 CFR part 35. (42CFR 457.130)
- 1.4 Please provide the effective (date costs begin to be incurred) and implementation (date services begin to be provided) dates for this plan or plan amendment (42 CFR 457.65):

Effective date: Medicaid Expansion 5-1-1998  
*hawk-i* 7-1-1998

Implementation date: Medicaid Expansion 7-1-1998  
*hawk-i* 1-1-1999

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**Section 2. General Background and Description of State Approach to Child Health Coverage and Coordination** (Section 2102 (a)(1)-(3)) and (Section 2105)(c)(7)(A)-(B))

- 2.1. Describe the extent to which, and manner in which, children in the state including targeted low-income children and other classes of children, by income level and other relevant factors, such as race and ethnicity and geographic location, currently have creditable health coverage (as defined in 42 CFR 457.10). To the extent feasible, make a distinction between creditable coverage under public health insurance programs and public-private partnerships (See Section 10 for annual report requirements). (42 CFR 457.80(a))

Historically, Iowa is a rural, agricultural state. However, recently there has been a shift in population from rural areas to urban centers. New estimates from the U.S. Census Bureau show that population growth in Iowa during the 1990's is confined to two areas: in and around Des Moines, and in the Cedar Rapids/Iowa City corridor. At the same time, 45 of Iowa's 99 counties are losing population. Data from 1994 suggests that 44 percent of Iowans live inside a metropolitan area.

According to the 2000 U.S. Census, Iowa has a population of 2,926,324 with 23.8% (827,983) being children ages 19 and younger. The Census reports show 11.5% of Iowa's population or 336,527 people living below poverty. In general, the highest levels of poverty are in the southern counties along the Missouri border.

While approximately 2,747,818 (93.9%) of Iowa's population are white and 61,423 (2.3%) are black, Iowa is experiencing an ever emerging diverse population. For Iowa's children ages 19 years and younger, the percentages of different races varies from the total population. The children are 90.9% white, 3% black or African American, 0.4% American Indian or Alaska Native, 2% are of other race and 2.2% are two or more races. There are 36,263 Hispanic children (can be of any race) in Iowa.

Additionally, Iowa is becoming home to more and more refugees from all areas of the world. Most recently, Iowa has had significant numbers of Sudanese and Bosnians settle in some of the larger urban centers of the State.

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did not qualify for Medicaid. With the expansion of Medicaid and implementation of the *hawk-i* program, the Caring Program ceased their program operations on July 1, 1999.

2.2. Describe the current state efforts to provide or obtain creditable health coverage for uncovered children by addressing: (Section 2102)(a)(2) (42CFR 457.80(b))

2.2.1. The steps the state is currently taking to identify and enroll all uncovered children who are eligible to participate in public health insurance programs (i.e. Medicaid and state-only child health insurance):

**Medicaid**

The Medicaid program is the only public health insurance program for children in Iowa. Medicaid is administered through the Department of Human Services (DHS) Central Office in Des Moines and through 104 DHS offices (including the Refugee Services Center) located in all 99 counties. Additionally, outstationed eligibility workers are currently located-at Broadlawns Hospital in Des Moines. The University of Iowa in Iowa City has 6 intake positions.

There are five Federally Qualified Health Centers (FQHC) in Iowa. Currently there is one outstationed eligibility worker position at each of these sites.

Medicaid applications are readily available to anyone who requests one. Additionally, there is a toll-free number for anyone to call and ask questions about Medicaid eligibility and to find how to apply. The number is 1-800-869-6334.

In April 2000, Iowa had 129,192 children with health care coverage through the Medicaid program. Eligibility for Medicaid continues to remain available for the following federal categories of children. Those who qualify because they would have been eligible for cash assistance prior to July 16, 1996, and related categorical programs; those who are in foster care and subsidized adoption; those who qualify for the Mothers and Children program (SOBRA); those who meet disability criteria; those who are medically needy, and those who qualify under the following home and community based waivers:

	<u>Enrollment Cap</u>
◆ Ill and Handicapped Waiver	1660
◆ Mental Retardation Waiver	2348(for children) + 100ICF/MR beds
◆ Brain Injury Waiver	<b>372</b>
◆ AIDS Waiver	50
◆ Physical Disability Waiver	144
◆ Elderly Waiver	Dependent on number of clients enrolled and amount of reimbursement for clients

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**Health Insurance Premium Payment Program (HIPP)**

Iowa was one of the first states to implement the provisions of section 1906 of the Social Security Act which mandated states to purchase employer-related health insurance coverage for Medicaid-eligible persons when it was determined cost-effective to do so. Iowa implemented the Health Insurance Premium Payment (HIPP) program on July 1, 1991. Although section 1906 of the Social Security Act has now become optional, Iowa continues to maintain a strong HIPP program. Although this program is primarily designed to reduce Medicaid expenditures by providing a third party resource for Medicaid-eligible persons, oftentimes it is cost-effective to purchase family coverage which results in providing coverage for the non-Medicaid eligible household members as well. By initiating coverage while on Medicaid, families have coverage in place when they leave the Medicaid roles.

**Direct Health Services (Title V, Title X, WIC, etc.)**

The Iowa Department of Public Health (IDPH) is the largest single provider of direct as well as support patient care for uninsured and Medicaid enrolled children and adolescents. Direct services for this population include: preventive child health services (EPSDT) and well-child check-ups, prenatal services, Women, Infants and Children Supplemental Nutrition (WIC) program services, preventive health education, immunizations, and family planning services. Support services include case coordination services, the provision of information and referral via toll-free telephone lines, and laboratory services. These services are funded through federal Title V Maternal and Child Health Block Grant funds, federal Title X Family programming funds, federal WIC Program funds, Medicaid program reimbursements, federal immunization funds, state legislative appropriations, some local government appropriations, and a small amount of patient fee revenue collected on a sliding fee scale by Title V agencies. A variety of the above direct and support services are provided within each of the 99 Iowa counties. Twenty-six Maternal Health Centers and twenty Child Health Centers provide statewide services. Adolescent services are provided in 25 locations in the state.

Additionally, there are approximately 486 full-time school health nurses working under the auspices of the Iowa Department of Education and local education agencies in the state who provide a variety of health screening services, care coordination and emergency services.

Income assessments are performed on patients enrolled in IDPH clinics. The income assessments are reviewed for possible Medicaid eligibility. New applications, as well as annual reviews of established patients, are assessed by

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IDPH intake staff and/or care coordinators for possible referral for medical assistance through Medicaid and/or SSI.

In order to provide additional outreach, The IDPH operates two toll-free telephone lines for use by the general public. The toll-free telephone lines are known as Healthy Families and Teen Line. These are information and referral services for health issues. The Healthy Families line addresses a wide variety of health issues with emphasis on prenatal care. The Teen Line also addresses a variety of issues specifically related to the health of teenagers. Topics covered include drugs, sexual relationships, eating disorders, relationships with parents, and violence. Two integral parts of the information provided to callers, via these telephone lines, are information on Medicaid eligibility and referrals to community based care coordinators who can assist clients with locating local health providers who accept Medicaid-eligible children and Medicaid-eligible pregnant women. The toll-free number for Health Families is 1-800-369-2229. The Teen Line number is 1-800-443-8336. Both lines are operational 24 hours a day, seven (7) days a week.

**Child Health Specialty Clinics**

Each year, approximately 5,500 Iowa children receive services at the Child Health Specialty Clinics (CHSC). The Department of Human Services has an interagency cooperation agreement with the CHSC which serve as a link between major medical centers and the community by assisting families to obtain needed resources. The CHSC serves children from birth to 22 years with or at risk of a chronic health condition or disability, which includes psychosocial, physical, health-related educational, and behavioral needs. The specific health concerns may be simple or complex, short-term or long-term.

**Small Group Insurance Reform**

Iowa enacted small group reforms in 1992. These reforms provided more affordable coverage for the small group market, thus allowing employees and their dependents to obtain coverage at more affordable rates. The reforms included limitations on rate increases as well as limitations on pre-existing condition clauses.

In 1996, Iowa implemented individual market reforms which provide for portability for employees and their dependents from a group to the individual market, as well as rating restrictions on individual products.

**State High Risk Insurance Pool**

Iowa law established a state administered high-risk health insurance program for those individuals and their dependents who cannot obtain coverage in the

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**Model Application Template for the State Children's Health Insurance Program**

equivalency. Plans may not deny coverage due to the existence of a pre-existing medical condition.

The State conducts periodic evaluations of each health plan for the purpose of reviewing the policies and procedures for utilization management, appeals and grievances, contract compliance, health education programs and materials, and the quality improvement program

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only or vision only policy. Access to coverage is not considered if the child is not actually covered.

- 4.1.8. X Duration of eligibility: Eligibility for *hawk-i* is granted in 12-month enrollment periods. At the end of the 12 months, a review is completed to establish eligibility for the next 12-month enrollment period.
- 4.1.9. X Other standards (identify and describe): Pregnancy. During the 12-month enrollment cycle, if a child enrolled in the *hawk-i* program becomes pregnant, Medicaid eligibility will be determined. If eligible, the pregnant child will be transferred to the Medicaid program. If Medicaid eligibility does not exist, eligibility will continue under *hawk-i*.
- 4.2. The state assures that it has made the following findings with respect to the eligibility standards in its plan: (Section 2102)(b)(1)(B)) (42CFR 457.320(b))
  - 4.2.1. X These standards do not discriminate on the basis of diagnosis.
  - 4.2.2. X Within a defined group of covered targeted low-income children, these standards do not cover children of higher income families without covering children with a lower family income.
  - 4.2.3. X These standards do not deny eligibility based on a child having a pre-existing medical condition.
- 4.3. Describe the methods of establishing eligibility and continuing enrollment. (Section 2102)(b)(2)) (42CFR 457.350)

Initial Enrollment

Applications for the *hawk-i* program are received via mail by the third party administrator at a central location in Des Moines, Iowa.

Applications are screened for completeness of information, the presence of other health insurance, verification of income, the presence of State of Iowa employment, and Medicaid eligibility. If it appears that child is Medicaid eligible, the original application is referred to a Medicaid eligibility worker co-located at the third party administrator's office for a Medicaid eligibility determination. (See Attachment 2)

Upon receipt of a completed application, the third party administrator must determine *hawk-i* eligibility within 10 working days. If it is determined the child is uninsured, that countable income is below the *hawk-i* limit, and that the child otherwise qualifies, a notice of approval is sent to the family. Included with the approval notice is information about the health plans available to the family and a Plan Selection form on which the family must make their selection. If countable income exceeds 150% of

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Recertification

All eligibility factors are reviewed annually as follows:

- a. Sixty (**60**) days prior to the end of the 12-month enrollment period, the third party administrator mail a *hawk-i* renewal application form to the family. The renewal application form is preprinted with the information known about the household. The family is asked to verify the correctness of the information and return the corrected form with current income verification. A postage-paid return envelope is provided.
- b. If the family fails to return the information or required income verification, the child shall not be recertified for the next 12-month enrollment period.
- c. Upon a determination that the child continues to meet all eligibility factors, the family shall be allowed to select another plan for the next 12-month enrollment period if another plan is available. If the family does not select another plan, the child shall be re-enrolled with the current plan for the next 12-month enrollment period.

4.3.1 Describe the state's policies governing enrollment caps and waiting lists (if any).  
(Section 2106(b)(7)) (42CFR 457.305(b))

- Check here if this section does not apply to your state.

When the Department has established that all of the funds appropriated for this program are obligated, the third-party administrator shall deny all subsequent applications for *hawk-i* coverage unless Medicaid eligibility exists.

- a. The third-party administrator shall mail a notice of decision. The notice shall state that:
  - (1) The applicant meets the eligibility requirements but that no funds are available and that the applicant will be placed on a waiting list, or
  - (2) The person does not meet eligibility requirements. In which case, the applicant shall not be put on a waiting list.
- b. Prior to an applicant's being denied or placed on the waiting list, the third-party administrator shall refer the application to the Medicaid program for an eligibility determination. If Medicaid eligibility exists, the department shall approve the child for Medicaid coverage in accordance with 441—86.4(5 141).
- c. The third-party administrator shall enter applicants on the waiting list on the basis of the date a completed Form 470-3564 is date-stamped by the third-party administrator. In the event that more than one application is received on the same day, the third-party administrator shall enter applicants on the waiting list on the basis of the day of the month of the oldest child's birthday, the lowest number being first on the list. The third-party administrator shall decide any subsequent ties by the month of birth of the oldest child, January being month one and the lowest number.

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A child who is currently enrolled in an individual or group health plan is not eligible to participate in the *hawk-i* program.

**Exception:** A child who is enrolled in a single service plan that provides coverage only for a specific disease or service (e.g. dental only or vision only) is considered uninsured for the purpose of establishing *hawk-i* eligibility.

The State imposes a 6-month waiting period of uninsured children who have been insured through an employer group health plan in the six months prior to the month of application unless good cause for the current uninsured status exists. Good cause exists when:

- a. Employment was lost for a reason other than voluntary termination; or
- b. Coverage was lost due to the death of a parent; or
- c. There was a change in employment to an employer who does not provide an option for dependent coverage; or
- d. The child moved to an area of the state where the existing plan does not have a provider network established; or
- e. The employer discontinued health benefits to all employees; or
- f. The coverage period allowed by COBRA expired; or
- g. The parent became self-employed; or
- h. Health benefits were terminated because of a long-term disability; or
- i. Dependent coverage was terminated due to an extreme economic hardship on the part of either the employee or the employer. Extreme economic hardship for employees shall mean that the employee's share of the premium for providing employer-sponsored dependent coverage exceeds 5 percent of the family's gross annual income; or
- j. There was a substantial reduction in either lifetime medical benefits or a benefit category available to an employee and dependents under a employer's health care plan; or
- k. SCHIP coverage in another state was terminated due to the family's move to Iowa.

- 4.4.4.2.  Coverage provided to children in families over 200% and up to 250% FPL: describe how substitution is monitored and identify specific strategies to limit substitution if levels become unacceptable.

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4.4.4.3.  Coverage provided to children in families above 250% FPL: describe how substitution is monitored and identify specific strategies in place to prevent substitution.

4.4.4.4.  If the state provides coverage under a premium assistance program, describe:

The minimum period without coverage under a group health plan, including any allowable exceptions to the waiting period.

The minimum employer contribution.

The cost-effectiveness determination.

4.4.5 Child health assistance is provided to targeted low-income children in the state who are American Indian and Alaska Native. (Section 2102)(b)(3)(D)) (42 CFR 457.125(a))

American Indian and Alaska Native Children are eligible for the *hawk-i* program on the same basis as any other children in the State, regardless of whether or not they may be eligible for or served by Indian Health Services-funded care. No premiums or other cost sharing apply to American Indian or Alaska Native children.

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Other Media

Ads have been placed in the Qwest Dex directory, in the yellow pages as well as the internet listing *hawk-i*'s toll free number. Ads have also occurred in various local and state newsletters, magazines, and other publications.

Partnering with Schools

The Department of Human Services and the Department of Education collaborated to develop an interagency agreement that allowed schools and child care providers who participate in the Free and Reduced Meals Program to make referrals to the *hawk-i* Program for outreach purposes. Under this initiative, the names of applicants for the Free and Reduced Meals Program are referred to the *hawk-i* Program unless the family specifically asks not to be referred. Participating schools submitted a list of names to the *hawk-i* customer service center and then the customer service center mailed an application and information to the families. During the first year of this effort, applications were mailed to approximately 6,000 families. The Departments are working together to ensure this will be an ongoing effort.

Literacy Project

Iowa was one of seven states selected to participate in a literacy project being conducted by the Centers for Medicare and Medicaid Services. The purpose of the project was to evaluate applications, brochures and other state-produced materials to assess how they could be modified to ensure comprehension by persons with very low literacy levels. Additionally, materials written in non-English languages were evaluated to see if they would meet the needs of the populations for which they were intended. These findings are being utilized in the study to redesign the *hawk-i* application and brochure in order to remove as many barriers to enrollment as possible.

Multi-Language Poster

The Department of Human Services introduced a new multi-language *hawk-i* poster in October 2001 in order to ensure that the needs of persons with limited English proficiency were being met. The poster provides information about the program in five languages: English, Spanish, Bosnian, Vietnamese, and Laotian. It also informs that translator services are available to assist them applications. The need for translation of information into these specific languages was identified through input of local outreach workers, the Bureau of Refugee Services, and use of AT&T translator lines by the *hawk-i* customer service center.

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Corporate Involvement

Nationally, there has been a growing interest by large corporations to assist states in promoting their SCHIP Program. Iowa actively takes advantage of these efforts to further promote the program. Some of these efforts in Iowa included:

- Wal-Mart/Pampers
- H&R Block
- The Marmaxx

In addition to the outreach activities aimed at enrolling eligible children, the state agencies' existing efforts to promote the use of health care services and continuity of care will also be expanded to include the new Title XXI enrollees. These activities include use of the media, case management, and patient follow-up systems, (especially within the Title V, Title X and Title XX Block Grant Programs, and related programs for children within the Iowa Department of Human Services).

Case management consists of a variety of activities designed to identify an individual patient's psychosocial needs and barriers to obtaining health services (such as enrolling in Medicaid), and assist the patient in meeting those needs and accessing services. Patient follow-up includes a variety of activities designed to ensure that patients comply with the recommendations of their health care provider(s) and continue in the health system.

One example of Iowa's continuing effort to improve the health status of school-aged children, the Project Success Program, coordinates social and health services with parental involvement in 13 designated school sites in the Des Moines school district. Project Success sites, which include seven elementary schools, two middle schools, two high schools, and two alternative high schools, refer potentially eligible Medicaid children for eligibility determination. Additionally, sixteen schools based/linked clinics provide services to school-aged children, their siblings and preschool aged children in the district. The clinics are required to assess income levels and refer those children who appear to be Medicaid eligible for eligibility determination while at the same time providing needed medical services.

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**Section 6. Coverage Requirements for Children's Health Insurance (Section 2103)**

**Check here if the state elects to use funds provided under Title XXI only to provide expanded eligibility under the state Medicaid plan, and continue on to Section 7.**

6.1 The state elects to provide the following forms of coverage to children:  
(Check all that apply.) (42CFR 457.410(a))

- 6.1.1.  Benchmark coverage; (Section 2103(a)(1) and 42 CFR 457.420)
  - 6.1.1.1.  FEHBP-equivalent coverage; (Section 2103(b)(1))  
(If checked, attach copy of the plan.)
  - 6.1.1.2.  State employee coverage; (Section 2103(b)(2)) (If checked, identify the plan and attach a copy of the benefits description.)
  - 6.1.1.3.  HMO with largest insured commercial enrollment (Section 2103(b)(3)) (If checked, identify the plan and attach a copy of the benefits description.)

6.1.2.  Benchmark-equivalent coverage; (Section 2103(a)(2) and 42 CFR 457.430)  
Specify the coverage, including the amount, scope and duration of each service, as well as any exclusions or limitations. Please attach a signed actuarial report that meets the requirements specified in 42 CFR 457.431. **See instructions.**

See Attachment 3 for the benchmark plan.  
Effective July 1, 2001, these are the health plans currently participating in the *hawk-i* program.

John Deere Health Plan (See Attachment 4)  
Iowa Health Solutions (See Attachment 5)  
Wellmark Blue Cross Blue Shield of Iowa (See Attachment 6)

6.1.3.  Existing Comprehensive State-Based Coverage; (Section 2103(a)(3) and 42 CFR 457.440) [Only applicable to New York; Florida; Pennsylvania]  
Please attach a description of the benefits package, administration, date of enactment. If Aexisting comprehensive state-based coverage is modified, please provide an actuarial opinion documenting that the actuarial value of the modification is greater than the value as of 8/5/97 or one of the benchmark plans. Describe the fiscal year 1996 state expenditures for a existing comprehensive state-based coverage.

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- 6.4.2.1. Purchase of family coverage is cost-effective relative to the amounts that the state would have paid to obtain comparable coverage only of the targeted low-income children involved; and **(Describe the associated costs for purchasing the family coverage relative to the coverage for the low income children.)** (Section 2105(c)(3)(A)) (42CFR 457.1010(a))
- 6.4.2.2. The state assures that the family coverage would not otherwise substitute for health insurance coverage that would be provided to such children but for the purchase of family coverage. (Section 2105(c)(3)(B)) (42CFR 457.1010(b))
- 6.4.2.3. The state assures that the coverage for the family otherwise meets title XXI requirements. (42CFR 457.1010(c))

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Disease Control Prevention Guidelines; nationally accepted practice standards; and/or managed care organization commercial contract requirements.

7.1.2. X Performance measurement  
Refer to Section 9.1

The *hawk-i* Functional Health Assessment Survey  
The report presents the results of an ongoing evaluation of the impact of the Healthy and Well Kids in Iowa (*hawk-i*) Program on the access to and health status of enrolled children. The first evaluation, parents' responses to a survey given at the time they joined the program (the baseline survey) are compared with their responses to a survey given after their child has been enrolled for about a year (the follow-up survey) to determine if there are differences in the perceived ability to receive health services or in their child's health status. Also included in the follow-up survey and presented in the **report** are questions specific to *hawk-i*, such as ratings of the private health plans that contract with *hawk-i* and the impact of having health insurance.

7.1.3. X Information strategies

All health plans participating in the *hawk-i* program are required to provide encounter data in accordance with the provisions outlined in their contract.

Additionally, all health plans are required to provide written information to enrollees which, at a minimum, includes the following:

- the phone number(s) that can be used for assistance to obtain information about emergency care, prior authorization, scheduling appointments, and standard benefit/services information;
- current provider directory;
- hours of service of the plan;
- appeal procedures;-
- policies on the use of emergency services
- information on the use of non-participating providers;
- access of after hours care;
- enrollee rights and responsibilities;
- procedures for notifying enrollees of changes in the benefits or delivery of services; and
- procedures for recommending changes in polices and procedures.

7.1.4. X Quality improvement strategies

All health plans participating in the *hawk-i* program are required to have quality improvement plans in place, including mechanisms that

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allow enrollees to provide input as to how the delivery of services and other aspects of the plan could be improved.

The Department and the *hawk-i* Board created a Quality Assessment and Improvement Committee. The Committee meets quarterly to review data, reports and medical audit results. The committee makes recommendations to the *hawk-i* Board on program quality standards and improvement strategies. The nine-member committee is comprised of community medical professionals representing pediatricians, family practice, dental, mental health, nutrition and pharmacy.

Refer to 7.1.1 for explanation of EQRO component.

7.2. Describe the methods used, including monitoring, to assure: (2102(a)(7)(B)) (42CFR 457.495)

7.2.1 Access to well-baby care, well-child care, well-adolescent care and childhood and adolescent immunizations. (Section 2102(a)(7)) (42CFR 457.495(a))

All health plans are contractually required to provide well-baby care, well-child care, well adolescent care and childhood and adolescent immunization services.

All participating health plans send reminder notices to families that their child(ren) is due for immunizations or well child visits. Additionally, newsletters are sent to families educating them about the importance of preventative services.

The *hawk-i* Program collects encounter claims data from participating health plans monthly. HEDIS performance measurements for well-child and adolescent care and immunizations have been selected for results based analysis (see 9.1).

In conjunction with the performance based claims analysis, *hawk-i* examines quality, appropriateness, and access to care through IFMC EQRO (see 7.1.1). As part of the review, well-baby care reports, encounter data, and immunizations rates are analyzed following the American Academy of Pediatrics guidelines to assure adequate delivery of health care to enrolled children. In conjunction with the EQRO annual on-site visit, a medical record review that retrospectively compares claims to medical records are randomly selected for well-child and immunization services is done.

*hawk-i* 's Functional Health Assessment Survey is an excellent tool to evaluate health status of children enrolled in the *hawk-i* program.

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7.2.2 Access to covered services, including emergency services as defined in 42 CFR §457.10. (Section 2102(a)(7)) 42CFR 457.495(b))

DHS examines access to care through the IFMC EQRO contract (see 71.1). Additionally, DHS uses Geographic Information Systems (GIS) maps to examine the distribution of primary care, dental, and mental health providers for each participating health plan at the county level of geography. The map tracks the geographical distribution of providers in comparison to the number of beneficiaries served in a particular coverage area as well as the distance and time to get to the provider. Access standards utilized for the GIS are 30 minutes/30 miles for primary care provider and dental services, 60 minutes/60 miles for specialty services including mental health and substance abuse.

As noted above, health plans are contractually required to include written procedures in the member handbook on accessing emergency services.

Contracted health plans are required to submit complaint/grievance reports to the Department on a quarterly basis. Additionally, assessment surveys ask specific questions about the member's satisfaction with emergency services.

7.2.3 Appropriate and timely procedures to monitor and treat enrollees with chronic, complex, or serious medical conditions, including access to an adequate number of visits to specialists experienced in treating the specific medical condition and access to out-of-network providers when the network is not adequate for the enrollee's medical condition. (Section 2102(a)(7)) (42CFR 457.495(c))

Contractually, health plans are required to ensure patient care that is coordinated and continuous, including at a minimum:

- ◆ systems to assure timely and appropriate referrals for Medically Necessary, specialty, secondary and tertiary care including subspecialization for pediatric care as well as health education services for members; and
- ◆ systems to assure provision of care in situations requiring treatment for an emergency medical condition, including an education process to help assure that members know where and how to obtain medically necessary care in an emergency.
- ◆ systems to assure that the plan shall not limit providers from disclosing all information about services available to the member related to their medical condition irrespective of the plans coverage or provider network.

Iowa House File (HF2517), the bill that created the *hawk-i* program, mandated that a Special Needs Committee be established to make recommendations to the board and to the general assembly concerning the provision of health

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**Section 8. Cost Sharing and Payment** (Section 2103(e))

**Check here if the state elects to use funds provided under Title XXI only to provide expanded eligibility under the state Medicaid plan, and continue on to Section 9.**

8.1. Is cost-sharing imposed on any of the children covered under the plan? (42CFR 457.505)

8.1.1.  **YES**

8.1.2.  **NO, skip to question 8.8.**

8.2. Describe the amount of cost-sharing, any sliding scale based on income, the group or groups of enrollees that may be subject to the charge and the service for which the charge is imposed or time period for the charge, as appropriate.  
(Section 2103(e)(1)(A)) (42CFR 457.505(a), 457.510(b) &(c), 457.515(a)&(c))

8.2.1. Premiums: \$10 per child per month, with a maximum of \$20 per family for families whose countable income is equal to or greater than 150% of the FPL. Premiums are not imposed on Native American, Alaskan Native children regardless of family income. If a family reports a decrease in income anytime during the 12-month eligibility period and the new income is less than 150% of the FPL, the family does not pay a premium for the remainder of the eligibility period.

8.2.2. Deductibles: None

8.2.3. Coinsurance or copayments: Families whose countable income is equal to or greater than 150% of the FPL shall be assessed a \$25 copayment for each emergency room visit if the child's medical condition does not meet the definition of emergency medical condition. Copayments are not assessed for Native American, Alaskan Native children, regardless of income. An emergency medical condition means a medical condition manifesting itself by acute symptoms of sufficient severity, including severe pain, such that a prudent lay person, who possess an average knowledge of health and medicine, could reasonably expect the absence of immediate medical attention to result in one of the following:

1. Placing the health of the person or, with respect to a pregnant woman, the health of the

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cost sharing does not exceed **5%** of the family income. At the point the ER copayment results in cost sharing exceeding **5%**, enrollees will be reimbursed for the cost.

It is expected that the health plans will intervene to educate enrollees about the appropriate use of ER services prior to any family utilizing the ER inappropriately in as many instances indicated in the chart.

HH Size	Annual Income at 150% FPL	5%	Premium Maximum		No. of Annual Inappropriate ER Visits
1	\$13,290	\$ 664.50	\$120	(\$544.50/\$25)	22
2	\$17,910	\$ 895.50	\$240	(\$655.50/\$25)	26
3	\$22,530	\$1,126.50	\$240	(\$886.50/\$25)	35
4	\$27,150	\$1,357.50	\$240	(\$1117.50/\$25)	45
5	\$31,770	\$1,588.50	\$240	(\$1348.50/\$25)	54
6	\$36,390	\$1,819.50	\$240	(\$1579.50/\$25)	63
7	\$41,010	\$2,050.50	\$240	(\$1810.50/\$25)	72
8	\$45,630	\$2,281.50	\$240	(2041.50/\$25)	82

- 8.6 Describe the procedures the state will use to ensure American Indian (as defined by the Indian Health Care Improvement Act of **1976**) and Alaska Native children will be excluded from cost sharing. (Section 2103(b)(3)(D)) (42CFR 457.535)

Applications to the *hawk-i* program ask for the race of the children applying. When race is indicated as Native American or Alaska Native, no cost sharing is assessed to American Indian or Alaska Native children, regardless of income.

- 8.7 Please provide a description of the consequences for an enrollee or applicant who does not pay a charge. (42CFR 457.570 and 457.505(c))

- 8.7.1 Please provide an assurance that the following disenrollment protections are being applied:

- X State has established a process that gives enrollees reasonable notice of and an opportunity to pay past due premiums, copayments, coinsurance, deductibles or similar fees prior to disenrollment. (42CFR 457.570(a))
- X The disenrollment process affords the enrollee an opportunity to show that the enrolleeo family income has declined prior to disenrollment for non payment of cost-sharing charges. (42CFR 457.570(b))
- X In the instance mentioned above, that the state will facilitate enrolling the child in Medicaid or adjust the child's cost-sharing category as appropriate. (42CFR 457.570(b))
- X The state provides the enrollee with an opportunity for an impartial review to address disenrollment from the program. (42CFR 457.570(c))

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Healthy and Well Kids in Iowa (*hawk-i*):

- ◆ Enroll an estimated 39,500 children into health plans participating in the *hawk-i* program.
  1. Enrollment goal for June 30, 2003 is 21,403.
  2. By January 1, 2003, the following health status and health care system measures will have established benchmarks for the following;
    - a) Children who ~~turn~~ two enrolled in the measurement year, who are continuously enrolled for 12 months immediately preceding their second birthday, will be appropriately immunized with one MMR, by the member's second birthday.
    - b) Children 2 and 3 years old who were continuously enrolled during the measurement year. will have at least one annual dental visit during the measurement year.
    - c) Children ages 3- 6 and adolescents who were continuously enrolled during the measurement year, will have received one or more well-child visit(s) or well-adolescent visit(s) with a primary care practitioner during the measurement year.
    - d) The number and percentage of members receiving mental health services during the measurement year in the following categories: Any mental health services-(inpatient, day/night, ambulatory), Inpatient mental health services, Day/Night mental health services and ambulatory mental health services. This information is reported by age and sex. This measure is intended to give an overview of the extent to which the health plan uses the different levels of mental health care.
    - e) Send each family a health assessment questionnaire to complete for one child in the household. (Refer to Attachment 8).

Objective Two: Increase the number of children who have access to health care.

- Continue increased growth through strengthening grass roots outreach efforts, training and collaboration with other agencies/groups as the budget allows. The focus is to develop an infrastructure to support and communicate with ever-changing personnel at three levels: the third party administrator, the grass roots outreach network, and the

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Model Application Template for the State Children's Health Insurance Program

- Number of 3 to 6 and adolescents who received one or more well child/adolescent visit with a primary care practitioner during the reporting year. (HEDIS) (*hawk-i* program)
- Number of children who had at least one preventive dental visit during the reporting year.-(HEDIS) (Medicaid Expansion and *hawk-i* program)
- Number of children under age two who are appropriately immunized. (Medicaid Expansion)
- Number of children who turn two will be immunized with one MMR (HEDIS) (*hawk-i* program)
- Number of members receiving mental health services during the reporting year. (HEDIS) (*hawk-i* program)

Objective Two: Increase the number of children who have access to health care.

*Measurement of Performance:*

- Outreach identification of Medicaid-eligible children - At least 15,000 children will be assessed for eligibility in Iowa's expanded Medicaid program.
- Insurance Coverage/Expansion of coverage Provision of Medicaid coverage to previously uncovered children - At least 10,000 previously uninsured, low-income children will be enrolled in Iowa- expanded Medicaid program by June of 2003.
- Healthy And Well Kids in Iowa (*hawk-i*) Program. As of June 30, 2003, 21,403 previously uncovered children will be enrolled in *hawk-i*.

Objective Three: Reduce the number of hospitalizations for medical conditions that can be treated with good quality primary care (e.g. asthma).

*Measurement of Performance*

- Percent of children treated in an emergency room setting for conditions other than those recognized as emergent under Medicaid State Plan.

Objective Five: All children participating in the program will have a medical home. (Note: this objective does not apply to those children enrolled in the non-Medicaid program in counties in which only an indemnity plan is available under *hawk-i*)

*Measurement of Performance*

- One primary medical provider (or provider site) for each enrollee. Documentation of assignment of a primary

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under the PCCM waiver and intends to use the same investigator and contract for his Medicaid expansion as used for the PCCM. The investigator (the Public Policy Center at the University of Iowa) will have access to Medicaid data and can develop measures such as number of office visits, continuity of care, and hospitalizations that would compare the newly enrolled group to the currently existing Medicaid population.

- 9.6. X The state assures it will provide the Secretary with access to any records or information relating to the plan for purposes of review of audit. (Section 2107(b)(3)) (42CFR 457.720)
- 9.7. X The state assures that, in developing performance measures, it will modify those measures to meet national requirements when such requirements are developed. (42CFR 457.710(e))
- 9.8. X The state assures, to the extent they apply, that the following provisions of the Social Security Act will apply under Title XXI, to the same extent they apply to a state under Title XIX: (Section 2107(e)) (42CFR 457.135)
  - 9.8.1. X Section 1902(a)(4)(C) (relating to conflict of interest standards)
  - 9.8.2. X Paragraphs (2), (16) and (17) of Section 1903(i) (relating to limitations on payment)
  - 9.8.3. X Section 1903(w) (relating to limitations on provider donations and taxes)
  - 9.8.4. X Section 1132 (relating to periods within which claims must be filed)
- 9.9. Describe the process used by the state to accomplish involvement of the public in the design and implementation of the plan and the method for insuring ongoing public involvement. (Section 2107(c)) (42CFR 457.120(a) and (b))

The initial implementation of *hawk-i* included public involvement through an appointed task force, public forums and the creation of the *hawk-i* Board (see 1.3). Rural and urban focus groups were also held to obtain input into the application and outreach materials.

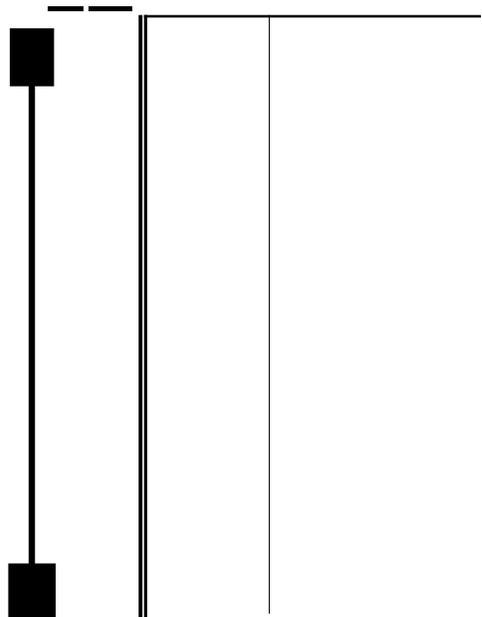
There are two venues by which the public can provide input into any changes made in the *hawk-i* program:

- 1) The *hawk-i* Board meetings are held monthly and are open to the public. The agenda for the Board meeting is posted on the *hawk-i* website prior to the meeting. During each meeting time is allowed for public comment on any changes being proposed or any aspect of the program; or
- 2) Through the administrative rules process. The Administrative Procedures Act, Iowa Code Chapter 17A, requires all state agencies to promulgate rules for the operation of their programs. The rule-making process increases agencies'

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accountability to the public, allows public participation in the formulation of rules, and provides legislative oversight for program operations.

Before the Department's rules are adopted, they are published in the Iowa Administrative Bulletin as a "notice of intended action." Any interested people may submit comments on the proposed rules within time frames set forth in the notice. All notices must allow at least 20 days for persons to submit comments or to request an oral presentation.

The Department may not adopt the rules until 35 days after the date the notice of intended action is published. Following notice and adoption, the final rules are again published in the Iowa Administrative Bulletin. They become effective at a date specified with the final rule. Normally the Department must allow at least 35 days from the date of publication for people to prepare to implement the rules.

The *hawk-i* Board first approves any proposed changes to the *hawk-i* administrative rules during public meetings. The rules then go through the Department's administrative rules process. The *hawk-i* Board must then approve the rules for a second time during a public meeting before they are adopted.

9.9.1 Describe the process used by the state to ensure interaction with Indian Tribes and organizations in the state on the development and implementation of the procedures required in 42 CFR §457.125. (Section 2107(e)) (42CFR 457.120(c))

The state will send a copy of any proposed rule for the *hawk-i* program to the Native American Tribes for review and comment.

9.9.2 For an amendment relating to eligibility or benefits (including cost sharing and enrollment procedures), please describe how and when prior public notice was provided as required in §457.65(b) through (d).

See the response for 9.9.

9.10. Provide a one year projected budget. A suggested financial form for the budget is attached. The budget must describe: (Section 2107(d)) (42CFR 457.140)

Planned use of funds, including --

- Projected amount to be spent on health services;
- Projected amount to be spent on administrative costs, such as outreach, child health initiatives, and evaluation; and
- Assumptions on which the budget is based, including cost per child and expected enrollment.

Projected sources of non-Federal plan expenditures, including any requirements for cost-sharing by enrollees.

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**Section 10. Annual Reports and Evaluations (Section 2108)**

- 10.1. Annual Reports. The state assures that it will assess the operation of the state plan under this Title in each fiscal year, including: (Section 2108(a)(1),(2)) (42CFR 457.750)
  - 10.1.1.  The progress made in reducing the number of uncovered low-income children and report to the Secretary by January 1 following the end of the fiscal year on the result of the assessment, and
  
- 10.2.  The state assures it will comply with future reporting requirements as they are developed. (42CFR 457.710(e))
  
- 10.3.  The state assures that it will comply with all applicable Federal laws and regulations, including but not limited to Federal grant requirements and Federal reporting requirements.

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**Section 11. Program Integrity (Section 2101(a))**

**Check here if the state elects to use funds provided under Title XXI only to provide expanded eligibility under the state's Medicaid plan, and continue to Section 12.**

11.1 X The state assures that services are provided in an effective and efficient manner through free and open competition or through basing rates on other public and private rates that are actuarially sound. (Section 2101(a)) (42CFR 457.940(b))

11.2. The state assures, to the extent they apply, that the following provisions of the Social Security Act will apply under Title XXI, to the same extent they apply to a state under Title XIX: (Section 2107(e)) (42CFR 457.935(b)) *The items below were moved from section 9.8. (Previously items 9.8.6. - 9.8.9)*

11.2.1. X 42 CFR Part 455 Subpart B (relating to disclosure of information by providers and fiscal agents)

11.2.2. X Section 1124 (relating to disclosure of ownership and related information)

11.2.3. X Section 1126 (relating to disclosure of information about certain convicted individuals)

11.2.4. X Section 1128A (relating to civil monetary penalties)

11.2.5. X Section 1128B (relating to criminal penalties for certain additional charges)

11.2.6. X Section 1128E (relating to the National health care fraud and abuse data collection program)

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Attachment 1

***hawk-i*** -regional map

**Effective Date:**

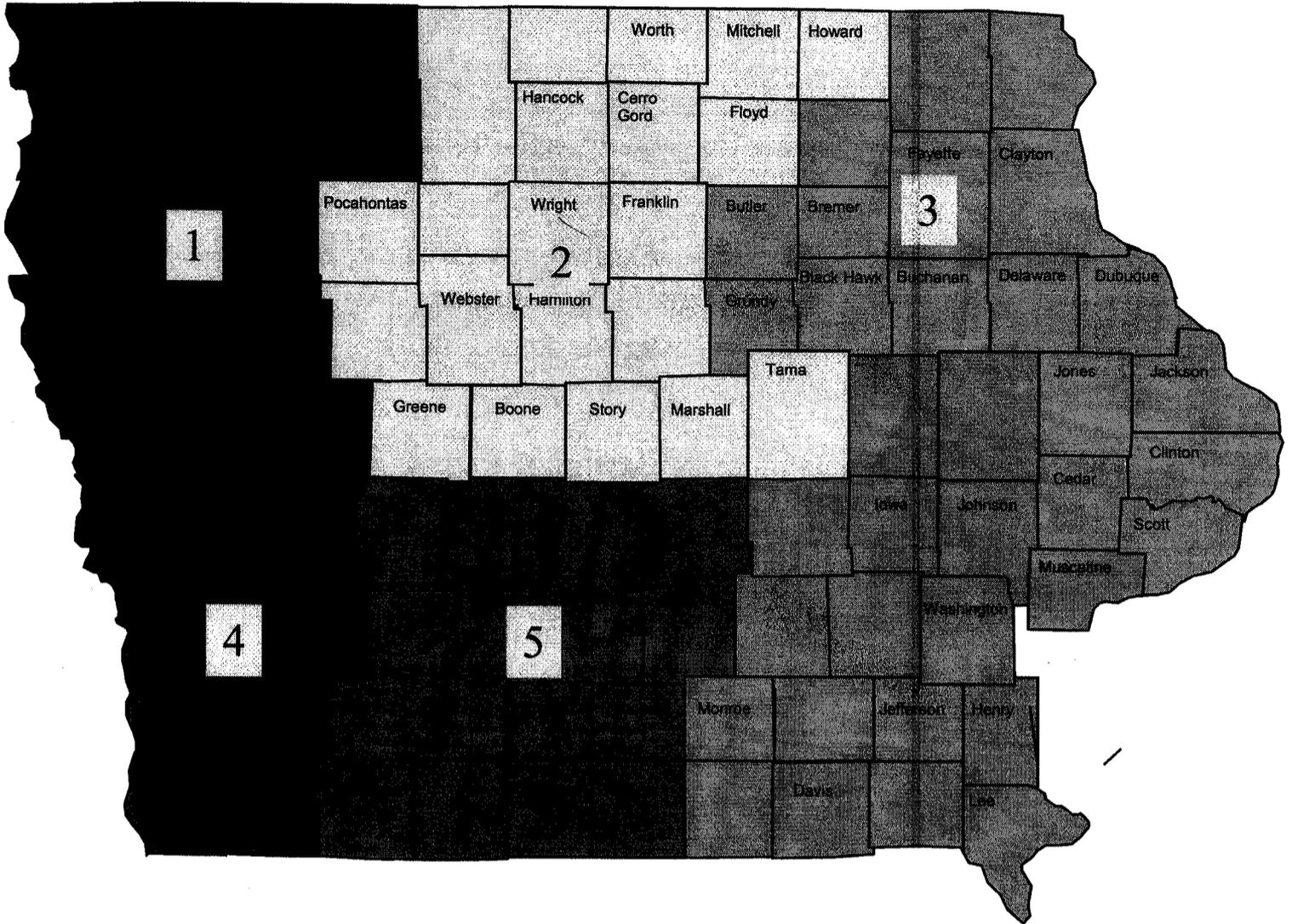
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# Regions for the Healthy and Well Kids in Iowa (*hawk-i*) Program



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Attachment 2  
Referral Process

Effective Date:

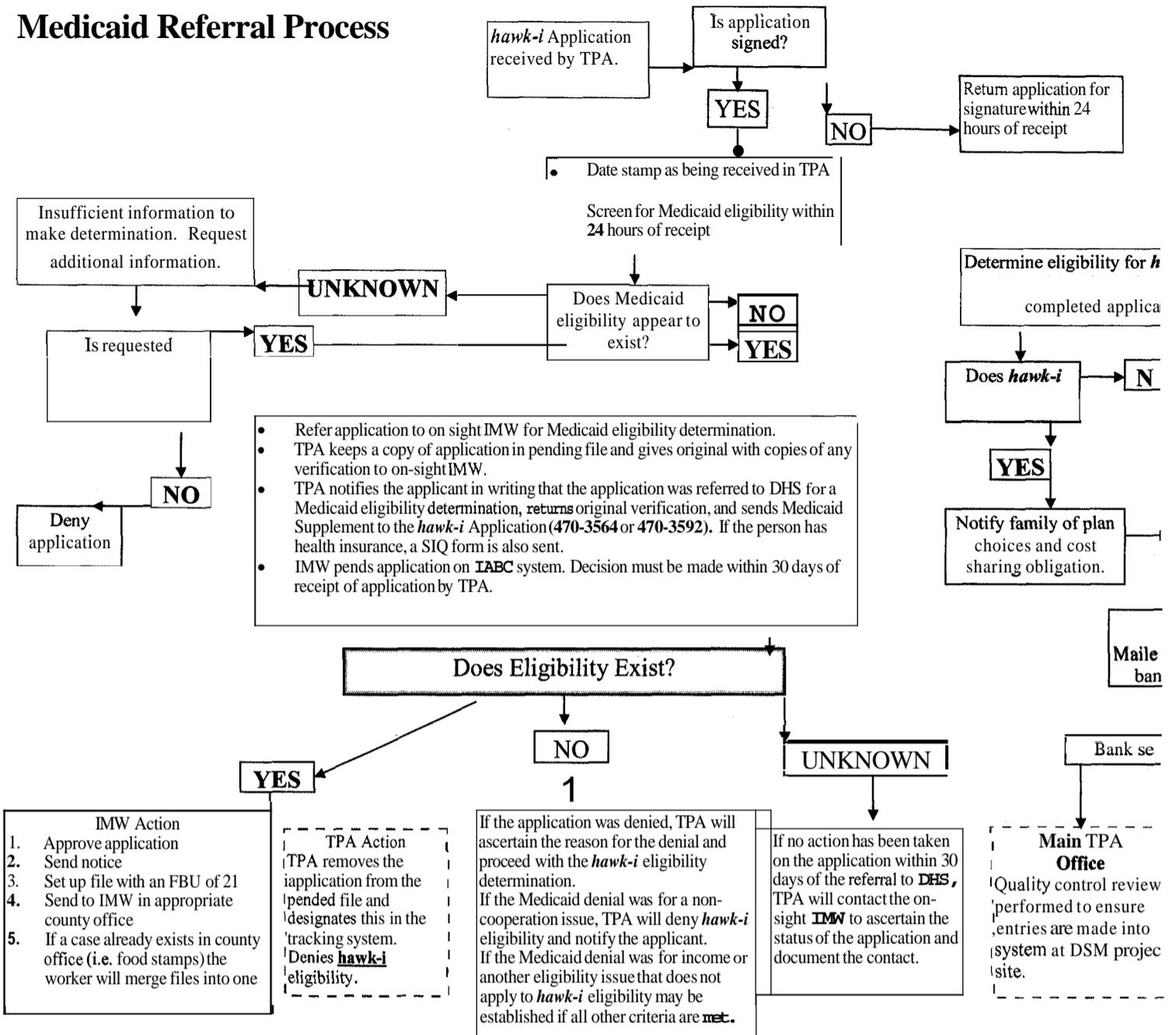
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# Medicaid Referral Process

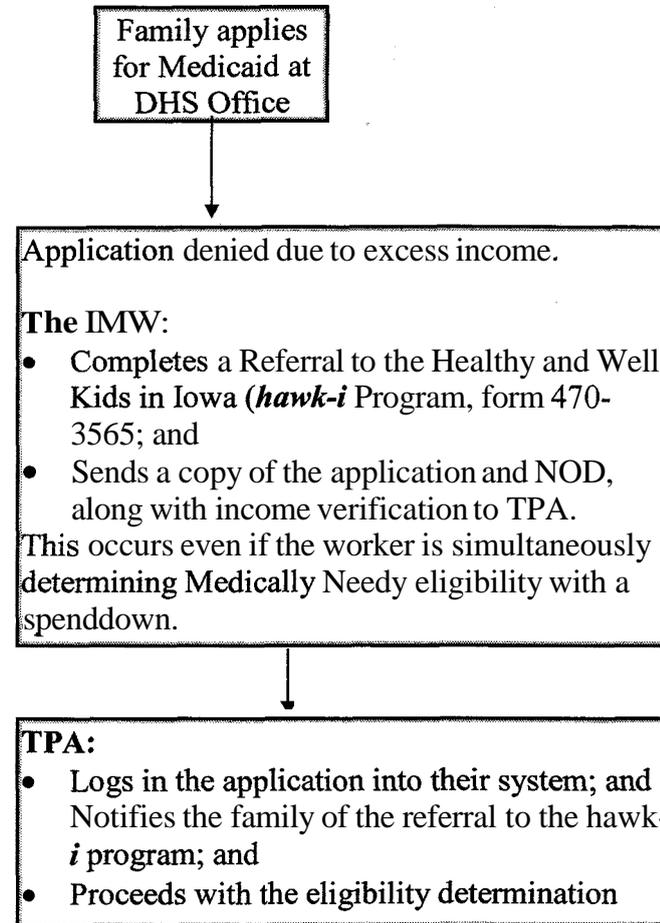


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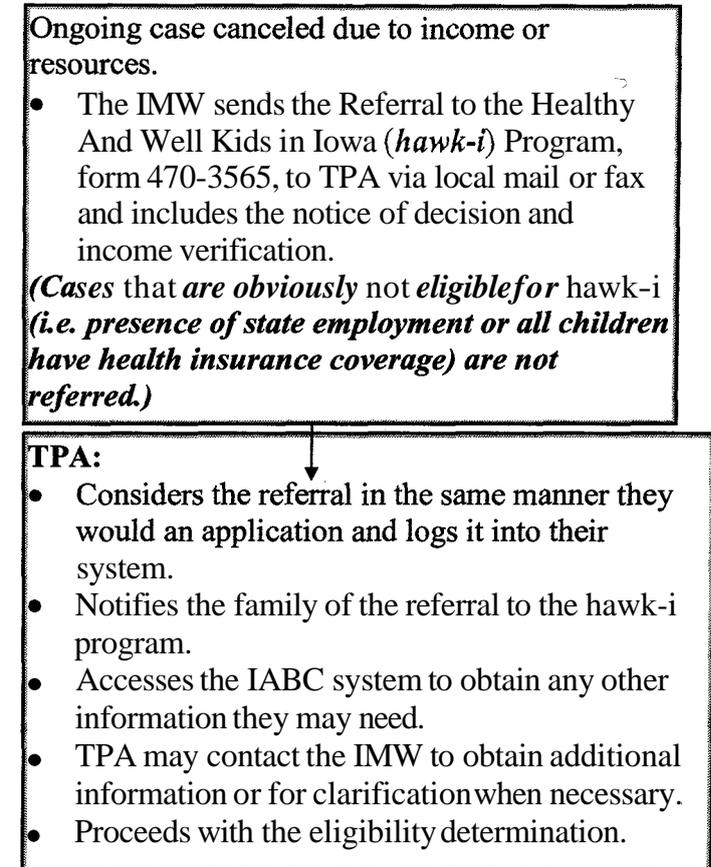
If the application was denied, ESI will ascertain the reason for the denial and proceed with the HAWK-I eligibility determination. If the Medicaid denial was for a non-cooperation issue, ESI will deny HAWK-I eligibility and notify the applicant. If the Medicaid denial was for income or another eligibility issue that does not apply to HAWK-I, HAWK-I eligibility may be established if all other criteria are met.

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DHS Referral Process to *hawk-i*  
When Medicaid Application Denied



DHS Referral Process to *hawk-i*  
When Medicaid Case Canceled



Iowa Department of Human Services

**REFERRAL TO THE HEALTHY AND WELL KIDS IN IOWA (*hawk-i*) PROGRAM**

Date:				Case Name:			
Worker Name/Number:				Case Number:			
County:		Phone:		Phone:			
People in Household	Social Security Number	Birth Date	Sex	How Related to Case Name (spouse, parent, child, etc.)	Medicaid End Date	Language Preference	If child, does this child have health insurance coverage?
1.			<input type="checkbox"/> Male <input type="checkbox"/> Female			<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other:	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.			<input type="checkbox"/> Male <input type="checkbox"/> Female			<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other:	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.			<input type="checkbox"/> Male <input type="checkbox"/> Female			<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other:	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.			<input type="checkbox"/> Male <input type="checkbox"/> Female			<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other:	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.			<input type="checkbox"/> Male <input type="checkbox"/> Female			<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other:	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.			<input type="checkbox"/> Male <input type="checkbox"/> Female			<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other:	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.			<input type="checkbox"/> Male <input type="checkbox"/> Female			<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other:	<input type="checkbox"/> Yes <input type="checkbox"/> No

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<p>This case is being referred to <i>hawk-i</i> because:</p> <p><input type="checkbox"/> The family must meet a spenddown under the Medically Needy program.</p> <p><input type="checkbox"/> Check here if the family has declined Medically Needy.</p> <p><input type="checkbox"/> Other reason for Medicaid ineligibility, specify:</p>	<p><input type="checkbox"/> The following children have been voluntarily excluded from the Medicaid eligible group because the <u>child's</u> income creates Medicaid ineligibility for the remaining household members. (Note: Children voluntarily excluded for nonfinancial reasons are not eligible for <i>hawk-i</i>.)</p> <p>1.</p> <p>2.</p> <p>3.</p>
<p>Attachments: <input type="checkbox"/> Income verification <input type="checkbox"/> Copy of application <input type="checkbox"/> Copy of notice of decision</p>	
<p>Comments:</p>	
<p style="text-align: center;"><b>REMINDER - Do Not Refer Children to the <i>hawk-i</i> Program When:</b></p> <div style="background-color: #cccccc; width: 100%; height: 40px;"></div>	

**Send via local mail to:**

**OR**

**Fax: 515-457-7701**

Department of Human Services  
 Attn: MAXIMUS/*hawk-i* Program  
 Division of Financial, Health and Work Supports 5th Floor  
 1305 E Walnut  
 Des Moines IA 50319-0114

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**hawk-i Referral Process**  
**A Oesk Guide for Income Maintenance Workers**

Policy: Refer children under age 19 to the hawk-i program when any child for whom a family is applying is over income for Medicaid or is conditionally eligible for MN. (Employees' Manual Chapters 8-B & 8-G)

**Making a Referral:**

<u>Referring a benied Application</u>	<u>Referring a Cancelled Case</u>
<p>To refer an application that has been denied or an application that has been approved only for MN with a spenddown:</p> <ul style="list-style-type: none"> <li>□ Fill out the referral form* and send it to hawk-i with copies of:               <ol style="list-style-type: none"> <li>1. the Medicaid application</li> <li>2. the income verification</li> <li>3. the notice of decision</li> </ol> </li> <li>□ Make the referral within one working day from the time that you know that the child is not eligible for Medicaid or that they must meet a spenddown under Medically Needy.</li> <li>□ The Medicaid application date will become the hawk-i filing date.</li> </ul>	<p>To refer a case that has been cancelled or must now meet a spenddown under MN:</p> <ul style="list-style-type: none"> <li>□ Fill out the referral form* and send it to hawk-i with copies of:               <ol style="list-style-type: none"> <li>1. the income verification</li> <li>2. the notice of decision</li> </ol> </li> <li>□ Make the referral within one working day from the time that you know that the child is not eligible for Medicaid or that they must meet a spenddown under Medically Needy.</li> <li>□ ■-eligible, there will be no break in coverage for children moving from Medicaid to hawk-i.</li> </ul>

The family does not have to fill out a separate

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