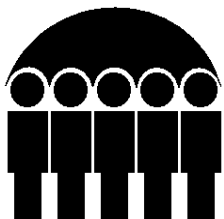


Revised November 19, 2010

Employees' Manual  
Title 5  
Chapter A Appendix

# **INTERIM ASSISTANCE REIMBURSEMENT**

## **APPENDIX**



Iowa  
Department  
of  
Human Services

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	<u>Page</u>
Assignment of Medicaid Claim, Form 470-IAR1 .....	1
Authorization for Reimbursement of Interim Assistance Initial Claim or Posteligibility Case, Form 470-1950 .....	2
Certificate of Authority: Interim Assistance Reimbursement (IAR), Form 470-1947....	3
Interim Assistance Reimbursement Agreement, Form 470-1948.....	5
Interim Assistance Reimbursement Summary, 470-IAR2.....	6
Notice of Interim Assistance Payment, Form 470-1949 .....	7

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**Assignment of Medicaid Claim, Form 470-IAR1**

Purpose	<p>The <i>Assignment of Medicaid Claim</i> is an example of a written agreement for a provider of Medicaid services to assign the provider's Medicaid payment for a particular service to a county agency. The agreement allows the county agency to submit a claim for service directly to the Iowa Medicaid Enterprise for reimbursement.</p>
Source	<p>County agencies may reproduce this form as is or create their own agreements. The sample is designed to allow copying onto county letterhead.</p>
Completion	<p>An agreement is required whenever a county agency that has received a Medicaid provider number from the Iowa Medicaid Enterprise wants to submit Medicaid claims for services provided to:</p> <ul style="list-style-type: none"><li>◆ Interim Assistance Reimbursement participants or</li><li>◆ Other people who attained Medicaid eligibility retroactively through the appeal process.</li></ul> <p>The medical provider completes the assignment and a Medicaid claim form and returns the completed forms to the issuing county agency.</p>
Distribution	<p>The county agency must follow instructions from the Iowa Medicaid Enterprise for submitting the claims and keep the assignment on file for auditing purposes.</p>
Data	<p>All assignments must contain at least the following information:</p> <ul style="list-style-type: none"><li>◆ The provider's name</li><li>◆ The county agency's name</li><li>◆ The dates of the services for which payment rights are assigned</li><li>◆ The names of these services</li><li>◆ The name of the patient</li><li>◆ The amount of payment requested</li><li>◆ Signature by the provider of the service</li><li>◆ A dated signature by an authorized county official</li></ul>

**Authorization for Reimbursement of Interim Assistance Initial Claim or Posteligibility Case, Form 470-1950**

Purpose	<p>The county agency uses form 470-1950 to secure written authorization from a person who has applied, will apply, or request reinstatement for SSI.</p> <p>The authorization allows the Social Security Administration to forward funds from the person's SSI benefit check (including any retroactive amounts) to the county agency. The date the county agency receives this form is protected as the filing date for SSI, providing a claim is filed timely.</p>
Source	<p>County agencies may print or photocopy supplies of this form from the sample in the manual.</p>
Completion	<p>Authorized county agency staff prepare two copies of this form when a person who has applied for SSI or will apply for SSI requests assistance from a county agency to meet basic needs.</p>
Distribution	<p>Send the original to the district office of the Social Security Administration serving the county where the county agency is located. File the duplicate in the applicant's county agency case record.</p> <p>NOTE: To protect the SSI filing date for a person who hasn't filed previously, authorizations must be forwarded to the SSA office <b>within 30 calendar days</b>.</p>
Data	<p>Complete the form as follows:</p> <ul style="list-style-type: none"><li>◆ Enter the applicant's first and last name, address, telephone number, and social security number. Take special care to enter the social security number correctly.</li><li>◆ Enter the name of the county agency and check whether this is an initial claim or a posteligibility case.</li><li>◆ The applicant signs the form and enters the date signed.</li><li>◆ Enter the signature of the authorized county agency staff, the date the form is received, the grant reimbursement (GR) code, and the telephone number and address of the county agency.</li></ul>

**Certificate of Authority: Interim Assistance Reimbursement (IAR), Form 470-1947**

Purpose	<p>The county agency uses form 470-1947 to report to the Social Security Administration and to the Department the agency officials who are authorized to sign form 470-1950, <i>Authorization for Reimbursement of Interim Assistance</i>.</p> <p>The Social Security Administration will not accept form 470-1950 with the signature of an unauthorized person. Forms with an unauthorized signature will be returned to the issuing county agency.</p>
Source	<p>Participating county agencies shall reproduce form 470-1947 from the sample in the manual.</p>
Completion	<p>The county agency prepares three copies of the form:</p> <ul style="list-style-type: none"><li>◆ When the county agency enters the program; and</li><li>◆ Whenever a previously authorized person changes responsibilities.</li></ul>
Distribution	<p>The county agency:</p> <ul style="list-style-type: none"><li>◆ Submits original to the Social Security Administration at: Social Security Administration IAR Coordinator 601 E. 12th Street, Room 1073 Kansas City, MO 64106</li><li>◆ Submits a copy to the Department; and</li><li>◆ Keeps the third copy in the agency's files.</li></ul>
Data	<p>The county agency enters:</p> <ul style="list-style-type: none"><li>◆ The name of the county and the name of the agency.</li><li>◆ The name and title of the certifying official.</li><li>◆ The grant reimbursement (GR) code assigned by the SSA.</li><li>◆ The mailing address of the county agency.</li><li>◆ The name, job title, e-mail address, and telephone number of each person who is authorized to sign form 470-1950.</li></ul>

- ◆ The direct deposit routing number.
- ◆ Direct deposit account number.
- ◆ Direct deposit account type.

| The certifying county agency official signs and dates the form.

**Interim Assistance Reimbursement Agreement, Form 470-1948**

Purpose	Form 470-1948 is an agreement between the Department and the county board of supervisors or the Commission of Veterans Affairs covering the principal provisions and respective responsibilities of the agencies under the interim assistance reimbursement program.
Source	The Department's Division of Adult, Children and Family Services, Bureau of Financial, Health and Work Supports photocopies form 470-1948 and distributes it.
Completion	The agreement is required if the county general relief agency, central point of coordination, or Veterans Affairs wishes to participate in the program. Representatives of participating county agencies complete the form when a county agency or Veterans Affairs elects to participate in the program.
Distribution	Following signature by the chairperson of the county board of supervisors or Veterans Affairs commissioner, the copy is returned to the Division of Adult, Children and Family Services.  The administrator of the Division of Adult, Children and Family Services signs the agreements. One copy is returned to the county agency or county Veterans Affairs office. One copy is on file in Bureau of Financial, Health and Work Supports.
Data	The county agency completes page 1 of the agreement by entering: <ul style="list-style-type: none"><li>◆ The name of the county.</li><li>◆ The name and address of the:<ul style="list-style-type: none"><li>• County general relief agency, or</li><li>• County central point of coordination, or</li><li>• County Veterans Affairs.</li></ul></li></ul> The chairperson of the county board of supervisors or the commissioner of Veterans Affairs signs form 470-1948.  The administrator of the Division of Adult, Children and Family Services signs form 470-1948 as the Department's designee.

**Interim Assistance Reimbursement Summary, 470-IAR2**

Purpose	The county agency is required to maintain a log or running record of interim assistance reimbursement transactions. The <i>Interim Reimbursement Summary</i> is a sample form for documenting these transactions.
Source	County agencies may reproduce this form or create their own logs.
Completion	The county agency worker shall maintain the log to record receipt and disbursement of the initial or posteligibility SSI benefit check for a recipient of interim assistance. Use of this form is not required, but this or a similar running record must be maintained.
Distribution	The county agency maintains the log in the agency office.
Data	<p>Suggested items to record are:</p> <ul style="list-style-type: none"><li>◆ The interim assistance participant's name.</li><li>◆ The interim assistance participant's address.</li><li>◆ The date the initial or initial posteligibility SSI or State Supplementary Assistance check is received.</li><li>◆ The date the Social Security Administration's <i>Notice of Interim Assistance Reimbursement</i> is received.</li><li>◆ The amount of the SSI or State Supplementary Assistance payment.</li><li>◆ The amount of county assistance to the recipient during the interim period.</li><li>◆ The amount remaining for disbursement to the recipient after the county agency's payments are deducted.</li><li>◆ The date the <i>Notice of Apportionment</i> and the payment (if any) are sent to the recipient.</li></ul>

**Notice of Interim Assistance Payment, Form 470-1949**

Purpose	Form 470-1949 is used to notify the SSI recipient that: <ul style="list-style-type: none"><li>◆ The Social Security Administration (SSA) has paid interim assistance by using SSI funds.</li><li>◆ The expenses may be appealed.</li></ul>
Source	County agencies shall reproduce form 470-1949 from the form provided by the Department. The form is designed to allow copying onto county letterhead.
Completion	The county agency worker shall prepare two copies of form 470-1949 after the receipt of the initial or posteligibility SSI benefit funds for a recipient of interim assistance. The form must be issued within ten days to the recipient each time a payment is received from the Social Security Administration.
Distribution	The county agency forwards the original to the recipient and files the duplicate in the recipient's county agency case record.
Data	Complete the form as follows: <ul style="list-style-type: none"><li>◆ Name.</li><li>◆ Social security number.</li><li>◆ Address.</li><li>◆ Case number.</li><li>◆ SSI eligibility date.</li><li>◆ Enter the amount and date of receipt of the initial or posteligibility SSI benefit payment.</li><li>◆ Enter the amount of assistance furnished to or on behalf of the SSI recipient during the interim period. Itemize the interim assistance to show:<ul style="list-style-type: none"><li>• The date furnished.</li><li>• What the payment was for.</li><li>• The amount of each payment being reimbursed by SSA.</li><li>• The total reimbursed by SSA.</li></ul></li><li>◆ Date issued.</li><li>◆ Signature of county agency authorized staff.</li></ul>