

641—8.4(135) Participant application procedures for IA CFY program services.

8.4(1) Enrollment. After an individual is determined eligible for services:

- a. The individual must complete, sign, and return a consent and release form to the IA CFY program. The date on the signed form shall be the participant's enrollment date.
- b. Upon enrollment, the participant must select an IA CFY program health care facility.
- c. The individual is eligible for services for 12 months from the enrollment date, subject to restrictions in program coverage as provided in rule 641—8.5(135).
- d. If a participant is unable to access a particular health care provider due to unavailability of appointments or if a participant requests to change to another health care provider, designated agency staff shall assist the participant in choosing another IA CFY program health care provider who is available.

8.4(2) Reenrollment.

- a. A participant's continued eligibility for program coverage shall be determined annually.
- b. No more than 45 days prior to the end of the 12-month coverage period, the IA CFY program shall contact the participant to see if the participant wishes to reenroll in the program.
- c. If a participant wishes to reenroll, the participant must complete, sign and return a consent and release form before receiving any further services.

8.4(3) Termination of enrollment. The IA CFY program shall terminate a participant's enrollment if the participant:

- a. Requests termination from the program;
- b. No longer meets the criteria set forth in rule 641—8.3(135);
- c. Does not return a signed IA CFY program consent and release form; or
- d. Refuses to receive screening and diagnostic services through an IA CFY program health care provider.

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