

641—75.5(255A) Application procedures.

75.5(1) A person desiring obstetrical and newborn care under this program, or the parent or guardian of a minor desiring such care, may apply to the director of the maternal health center serving the person's county of residence at any time between confirmation of the pregnancy and not later than 60 days after delivery. If there is no maternal health center covering that county, the department will designate an agency.

75.5(2) The applicant will provide the following information to be considered for eligibility under this program:

a. Income and resource information on an application form.

b. Written verification obtained from the department of human services certifying that the applicant is not eligible for Title XIX or the medically needy program without a spenddown. The applicant will submit this copy within 60 days of applying with the director. To meet this 60-day deadline, the applicant will need to apply with the department of human services before or immediately after contacting the director.

75.5(3) Assignment of quotas shall be on a first-come, first-served basis based upon application date.

75.5(4) The director will provide written notification to the applicant regarding determination of eligibility or noneligibility and applicant's right to appeal a denial.

75.5(5) After an applicant has been determined to be eligible, the patient or provider will report any changes in eligibility or status of pregnancy to the director within 10 days from the date the change occurred.

75.5(6) Standardized application, determination of eligibility, and certification forms will be furnished by the department of public health to the directors.

75.5(7) Copies of appropriate certification forms will be mailed by the director to the department of public health as follows:

a. In counties covered by the department of public health's maternal and child health program, certification forms will be sent at 26 weeks or more gestation.

b. In counties not covered by maternal and child health programs, certification forms will be sent upon determination of eligibility for patients whose antepartum care will also be paid through the program.

75.5(8) Receipt of a certification form for a quota patient by the department of public health shall be considered the point in time when the quota has been used.

75.5(9) A woman who resides in a county which exceeds the patient quota allocated for the county, and who meets eligibility under rule 75.4(255A) shall be served at the University of Iowa Hospitals and Clinics pursuant to Iowa Code section 255.16. A woman who resides in a county with available quota and who meets eligibility under rule 75.4(255A) may be served at the University of Iowa Hospitals and Clinics pursuant to Iowa Code section 255.16.

75.5(10) Maternal health center directors shall negotiate 28E agreements with general relief directors for the purpose of coordinating application and eligibility services for obstetric patients under Iowa Code chapter 255.