

641—76.7(135) Client application procedures for MCH services.

76.7(1) A person or the parent or guardian of a minor desiring direct health services other than those provided to children and youth with special health care needs may apply to a contract agency using a Health Services Application, Form 470-2927 or 470-2927(S). Individuals requesting presumptive eligibility must complete the Application for Health Coverage and Help Paying Costs, Form 470-5192, or the alternate form authorized by the HAWK-I board.

76.7(2) The contract agency shall verify the following information to receive services under the Title V MCH program:

- a. The information requested on the application form under “Household Information.”
- b. Income information for all family members or proof of eligibility for Title XIX (Medicaid), Title XXI (HAWK-I), or WIC.
- c. Information about health insurance coverage.
- d. The signature of the individual or responsible adult, dated and witnessed.

76.7(3) If an individual has completed a Health Services Application, Form 470-2927, within the last year and the form accurately documents the current financial and family status, the MCH contract agency shall accept a copy of that application and determine eligibility without requiring completion of any other application form.

76.7(4) If an individual indicates on the Health Services Application, Form 470-2927, that the individual also wishes to apply for WIC or Medicaid or HAWK-I, the contract agency shall forward the appropriate copy to the indicated agency within two working days.

76.7(5) The contract agency shall determine the eligibility of the family and the percent of the cost of care that is the family’s responsibility. The individual shall be informed in writing of eligibility status prior to incurring costs for care.

76.7(6) Once an individual has been determined to be eligible, the individual shall report any changes in income, family composition, or residency to the contract agency within 30 days from the date the change occurred.

76.7(7) A family seeking direct health care or care/service coordination services, or family support for a child or youth with special health care needs shall follow CHSC policies and procedures. Insurance status and eligibility for the sliding fee scale are determined during the client registration process.

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