

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

8.4(1) Enrollment. After a woman is determined eligible for services:

a. The woman 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 provider and 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).

c. 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 in the participant's area.

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 she wishes to reenroll in the program.

c. If a participant wishes to reenroll, she 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.