

PURCHASE OF SERVICE APPENDIX

PURCHASE OF SERVICE

CONTENTS

	<u>Page</u>
IOWA PURCHASE OF SOCIAL SERVICES AGENCY CONTRACT FACE SHEET, FORM 470-0663	1
IOWA PURCHASE OF SOCIAL SERVICES AGENCY CONTRACT, FORM 470-0628	2
AMENDMENT OR RENEWAL OF IOWA PURCHASE OF SOCIAL SERVICES AGENCY CONTRACT, FORM 470-0630	3
IOWA PURCHASE OF SERVICES AGENCY CONTRACT: SHELTER CARE ADDENDUM, 470-2572	5
SHELTER CARE CONTRACT, 470-0638	7
FINANCIAL AND STATISTICAL REPORT FOR PURCHASE OF SERVICE CONTRACTS, 470-0664	9

MONITORING AND REVIEW

CONTRACT REVIEW, 470-2498	12
REPORT OF ON-SITE VISIT, FORM 470-0670	14
MONITORING AND EVALUATION REVIEW GUIDE, 470-2571	15

PAYMENT

PURCHASE OF SERVICE PROVIDER INVOICE, FORM 470-0020	16
PURCHASE OF SOCIAL SERVICES REJECTED CLAIMS REPORT, S472T385	20

HANDBOOK

PURCHASE OF SERVICE PROVIDER HANDBOOK, Comm. 61	23
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PURCHASE OF SERVICEIOWA PURCHASE OF SOCIAL SERVICES AGENCY CONTRACT FACE SHEET, FORM 470-0663

Form 470-0663 (SS-1702-0) describes the agency operation and service provision under contract. (See the *Purchase of Service Provider Handbook* for a sample.)

When Prepared

This form is prepared at the same time as:

- ◆ Form 470-0628, *Iowa Purchase of Social Services Agency Contract*.
- ◆ Form 470-0630, *Amendment or Renewal of Iowa Purchase of Social Services Agency Contract*.
- ◆ Form 470-0638, *Shelter Care Contract*.

By Whom Prepared

The provider prepares the form with the assistance of the project manager.

Number of Copies

Four copies of the form are prepared. An Additional copy of the form may be required at the discretion of the project manager.

Specific Instructions

Instructions for the provider are included on the form.

Disposition

The project manager submits all copies to central office at least 30 days before the intended effective date along with 470-0628, 470-0630, or 470-0638.

After the chief of the Bureau of Purchased Services signs the attached contract, amendment, or renewal, the copies are returned to the regional office for distribution as follows:

- ◆ One copy for the project manager
- ◆ One copy for the provider
- ◆ One copy for the regional office

The original is kept in the Bureau of Purchased Services.

PURCHASE OF SERVICEIOWA PURCHASE OF SOCIAL SERVICES AGENCY CONTRACT, FORM 470-0628

Form 470-0628 (SS-1501-0) is the standard purchase of services contract between agency service providers and the Department. This form must be accompanied by *Iowa Purchase of Social Services Agency Contract Face Sheet*, form 470-0663. (See the ***Purchase of Service Provider Handbook*** for a sample of this form.)

When Prepared

This form is prepared when a provider desires to make services available to the Department. After a contract is already in effect, the form is prepared as the Department may require, but at least every three years. The Department may require a new contract be developed whenever there are significant agency personnel or program changes.

By Whom Prepared

The provider completes the form with the assistance of the project manager.

Number of Copies

Four copies of the form are prepared. An additional copy of the form may be required at the discretion of the project manager.

Specific Instructions

New agencies should leave the contract number blank. It is completed by the central office Bureau of Purchased Services. Existing agencies enter the contract number assigned previously.

The effective date on the first and last page of the contract and the date of termination are left blank. These are completed by the central office Bureau of Purchased Services after signature by the Bureau Chief.

Disposition

The project manager submits all copies to central office at least 30 days prior to the intended effective date. After final signature, the copies are returned to the regional office for distribution as follows:

- ◆ One copy for the project manager
- ◆ One copy for the provider
- ◆ One copy for the regional office

The original is kept in the Bureau of Purchased Services.

PURCHASE OF SERVICEAMENDMENT OR RENEWAL OF IOWA PURCHASE OF SOCIAL SERVICES AGENCY CONTRACT, FORM 470-0630

Form 470-0630 (SS-1503-0) is used:

- ◆ To amend form 470-0628, *Iowa Purchase of Social Services Agency Contract*, or form 470-0638, *Shelter Care Contract*, before termination.
- ◆ To renew *Iowa Purchase of Social Service Agency Contract*, upon its termination. (The *Shelter Care Contract* cannot be renewed with this form.)

See the *Purchase of Service Provider Handbook* for a sample of this form.

When Prepared

An amendment to the contract is needed when there are significant changes in an agency service. This form is submitted with the proposed amendment. When this form is submitted for renewal of 470-0628, it must reach central office at least 30 days before the expiration of the contract.

By Whom Prepared

The project manager completes this form using the template in the public state-approved forms folder on Outlook and submits it for signatures.

Note: This form is not available from Iowa State Industries.

Number of Copies

Four copies of the form are prepared. An additional copy may be required at the discretion of the project manager.

Specific Instructions

Contract Number and Contract Effective Date. Enter the contract number of the *Iowa Purchase of Social Services Agency Contract* or *Shelter Care Contract* currently in effect. The Bureau of Purchased Services enters the effective date of the contract.

Authorization and Renewal or Amendment. Check the boxes and complete the spaces as directed.

PURCHASE OF SERVICEAMENDMENT OR RENEWAL OF IOWA PURCHASE OF SOCIAL SERVICES AGENCY CONTRACT, FORM 470-0630 (Cont.)Specific Instructions (Cont.)

Amendment. An amendment to the contract is needed when a service provider changes, adds to, or deletes a service which is included in the contract. For amendments, add the following attachments:

- ◆ *Iowa Purchase of Social Services Agency Contract Face Sheet, 470-0663.*
- ◆ If this is a new service, an explanation of the service, where it will be added, and how it will affect other services in the agency.
- ◆ If this is a deletion, an explanation of why the service was deleted, and how this affects other services in the agency.
- ◆ If this is a change in service, an explanation of the new set-up, how it will be implemented, the reasons for the change, and how it will affect other services of the provider.
- ◆ *Financial and Statistical Report for Purchase of Service Contracts, 470-0664.* Submit all parts of form 470-0664 with an explanation of how the amendment affects the cost of provision of services, if a new service is being added.

Disposition

After signature by the regional administrator, all copies are submitted to central office. After the chief of the Bureau of Purchased Services signs the form, the copies are returned to the regional office for distribution as follows:

- ◆ One copy for the project manager
- ◆ One copy for the provider
- ◆ One copy for the regional office

The original is kept in the Bureau of Purchased Services.

PURCHASE OF SERVICEIOWA PURCHASE OF SERVICES AGENCY CONTRACT: SHELTER CARE ADDENDUM, 470-2572

Form 470-2572 is completed when a shelter care provider that completes 470-0628 accepts a uniform payment based on average monthly utilization in lieu of payment only for units purchased. (See the *Purchase of Service Provider Handbook* for a sample of this form.)

When Prepared

The addendum is prepared when a provider of shelter care desires to accept the alternative payment option and the provider has or completes *Iowa Purchase of Social Services Agency Contract, 470-0628*.

By Whom Prepared

The project manager completes the form with the assistance of the provider.

Note: Complete the form using the template in the public state-approved forms folder on Outlook. This form is not available through state printing at Anamosa.

Number of Copies

Make five copies of the signed form. The project manager must attach one copy of the signed form 470-2572, to the July 1 *Purchase Order/Payment Voucher* and send them to the Bureau of Payments and Receipts in central office.

Specific Instructions

Providers who qualify and choose to complete this form must:

1. Enter the contract number previously assigned. If this is a new contract, leave this field blank. The Bureau of Purchased Services assigns the number.
2. Enter the months when six-month summaries are due and the months to be included in the summary. Enter the number of units of service determined by the Department, to be included in each six-month period.
3. Sign and date the addendum.

PURCHASE OF SERVICE

IOWA PURCHASE OF SERVICES AGENCY CONTRACT: SHELTER CARE ADDENDUM, 470-2572

(Cont.)

Specific Instructions (Cont.)

4. Include a copy of the service description with form 470-0663, *Iowa Purchase of Social Services Agency Contract Face Sheet*.
5. Complete form 470-0664, *Financial and Statistical Report for Purchase of Service Contracts*.

Disposition

The provider gives all copies of forms 470-2572, 470-0663, 470-0628, or 470-0630 to the project manager for final action.

The project manager must send the completed forms to the Bureau of Purchased Services at least 30 days before the intended effective date.

After approval, the copies are returned to the regional office for distribution as follows:

- ◆ One copy for the project manager.
- ◆ One copy for the provider.
- ◆ One copy for the regional office.

The original is kept in the Bureau of Purchased Services.

BILLING INFORMATION: Send *Purchase Order/Payment Voucher*, form 07-350, with regional approval to the Bureau of Payments and Receipts in central office.

PURCHASE OF SERVICESHELTER CARE CONTRACT, 470-0638

Form 470-0638 is used when a shelter care provider accepts a uniform payment based on average monthly utilization in lieu of payment only for units purchased, and the provider does not complete form 470-0628, *Iowa Purchase of Social Services Agency Contract*. (See the **Purchase of Service Provider Handbook** for a sample of this form.)

When Prepared

The shelter care contract is prepared when a provider of shelter care desires to accept the alternative payment option and does not have an *Iowa Purchase of Social Services Agency Contract*. The contract year is July 1 through June 30.

By Whom Prepared

The project manager completes the form for the provider's signature, using the template in the public state-approved forms folder on Outlook.

Number of Copies

Make four copies of the signed form. The project manager must attach one copy of the signed form 470-2572, to the July 1, *Purchase Order/Payment Voucher* and send to the Bureau of Payments and Receipts in central office.

Specific Instructions

Providers who qualify and choose to complete this form must:

1. Enter the contract number previously assigned. If this is a new contract, leave blank and a number will be assigned by the Purchase of Service section.
2. Enter the number of units of service, determined by the Department, to be included in each six-month period.
3. Sign and date the contract.
4. Include a copy of the service description with form 470-0628 *Iowa Purchase of Social Services Agency Contract Face Sheet*.
5. Complete form 470-0664, *Financial and Statistical Report for Purchase of Service Contracts*.

PURCHASE OF SERVICE

SHELTER CARE CONTRACT, 470-0638 (Cont.)

Disposition

The provider gives all copies to the project manager for final action. The project manager shall send the completed form to the Bureau of Purchased Services at least 30 days before the intended effective date, along with form 470-0663.

After approval, the copies are returned to the regional office for distribution as follows:

- ◆ One copy for the project manager.
- ◆ One copy for the provider.
- ◆ One copy for the regional office.

The original is kept in the Bureau of Purchased Services.

BILLING INFORMATION: Send *Purchase Order/Payment Voucher*, form 07-350, with regional approval to the Bureau of Payments and Receipts in central office.

PURCHASE OF SERVICEFINANCIAL AND STATISTICAL REPORT FOR PURCHASE OF SERVICE CONTRACTS, 470-0664

Provider agencies use form 470-0664 (SS-1703-0) to report their expenses to the Department for purposes of determining a reimbursement rate for services delivered. (See the *Purchase of Service Provider Handbook* for a sample of this form.)

When Prepared

This form is completed:

- ◆ Upon the submission of a new contract proposal.
- ◆ No later than three months after the close of the provider's established fiscal year.

The project manager makes two sets of the form available to the provider approximately one month before the close of the provider's fiscal year.

By Whom Prepared

The provider completes the form.

Number of Copies

Four copies are prepared along with other required documents of the report. An additional copy may be requested at the discretion of the project manager.

Specific Instructions

The provider may use one set for draft and one set for final copy. The provider may request additional copies of the form. **NOTE:** Most providers may not need pages 5a and 6a of Schedule D, and may not need Schedule G.

Instructions for the provider are included in the *Provider Handbook*.

Disposition

The provider keeps one copy and sends the remaining copies to the project manager. The project manager reviews the reports, signs each certification page, keeps one copy, and sends three copies to the Bureau of Purchased Services.

The Bureau of Purchased Services keeps one copy and sends two copies to the fiscal consultant for review.

PURCHASE OF SERVICE

RESERVED FOR FUTURE USE.

PURCHASE OF SERVICE

RESERVED FOR FUTURE USE.

PURCHASE OF SERVICE

CONTRACT REVIEW, 470-2498

The central office Bureau of Purchased Services uses form 470-2498 to record the program manager's approval of *Iowa Purchase of Social Services Agency Contract* or contract amendments or renewals before the chief of the Bureau of Purchased Services signs the contract.

When Prepared

This form is completed when the Bureau of Purchased Services receives agency contracts or contract amendments or renewals.

By Whom Prepared

The form is prepared by the professional staff of the Bureau of Purchased Services and the designated program manager of the Division of Child and Family Services.

Number of Copies

One copy

Specific Instructions

Part I: The Bureau of Purchased Services staff completes Part I and maintains the form.

To: Enter the name of the designated program manager.

Date: Enter the current date.

From: Enter the name of the professional staff person, Bureau of Purchased Services.

Date for Return to Sender: Enter the date seven calendar days from the current date.

Contract Number: Enter the number that appears on page 1 on the contract or contract amendment or renewal.

Provider Name: Enter the provider's name.

Referred for Comment to: Check the box for program manager or enter in the space provided the name of another person who is reviewing the contract.

PURCHASE OF SERVICE

CONTACT REVIEW, 470-2498 (Cont.)

Specific Instructions (Cont.)

Part II: The designated program manager complete Parts II and III.

The program manager marks the space for each item to indicate whether the contract is acceptable and is approved. If the program manager disapproves the contract as prepared, the reasons for the disapproval shall be entered in the comment section.

The program manager signs and dates the form and returns it to the Bureau of Purchased Services.

Part III: If the program manger approves the contract, Part III is not completed.

Part III is completed only if the program manager disapproves the contract in Part II. Bureau staff work with the program manager and project manager to reconcile the differences. When the differences are reconciled, the program manager indicates approval in the space provided. The program manager enters the reason for accepting the contract in the comment section, then signs and dates the form.

Disposition

The professional staff attaches this form to the contract and presents the contract to the chief of the Bureau of Purchased Services. The Bureau chief signs the contract.

The Bureau of Purchased Services maintains the form until contract renewal.

PURCHASE OF SERVICE

| REPORT OF ON-SITE VISIT, FORM 470-0670

| Form 470-0670 is used to report the project manager's visit to the provider.

When Prepared

This form is prepared when the project manager visits a provider.

| It is generally prepared at the discretion of the regional office, but it must be completed when program deficiencies and service delivery or fiscal problems which threaten the status of the contract exist.

By Whom Prepared

The project manager prepares the form.

Number of Copies

Three copies.

Specific Instructions

| The project manager addresses the form to the provider. The date of visit and type of service are entered in the space provided.

The form is used to report:

- ◆ Satisfaction, or
- ◆ Problems identified, recommendations made, steps taken to alleviated problems, circumstances which inhibit problem resolution, technical assistance required, contract items monitored, and enumeration of exceptions.

Disposition

| Submit the original to the provider. The project manager keeps one copy and submits one copy to the project manager supervisor. When program deficiencies and service delivery or fiscal problems which threaten the status of the contract exist, submit a copy of the report and the provider response to the Bureau of Purchased Services.

PURCHASE OF SERVICE

MONITORING AND EVALUATION REVIEW GUIDE, 470-2571

Form 470-2571 is used to report contract compliance and service population needs before contract renewal or renegotiation.

When Prepared

The form is completed before the renewal or renegotiation of the agency contract.

The form must show that provider performance was acceptable. If not, necessary changes addressed on the form must be completed, or a written plan to come into compliance must be developed, before the renewal or renegotiation of the contract.

By Whom Prepared

The project manager completes the form.

Number of Copies

An original and two copies of the form are prepared.

Specific Instructions

The project manager enters a response for each item on the review guide. The provider must meet the requirements of the services covered by the contract as well as all other contract requirements.

The changes the agency could make to address service population needs are based on Department perceptions of services needed in the region.

Enter on the form the legal basis for any change required of the agency.

Disposition

The project manager:

- ◆ Submits the original to the Bureau of Purchased Services, with form 470-0628, 470-0630, or 470-0638,
- ◆ Gives one copy to the provider, and
- ◆ Keeps one copy.

PURCHASE OF SERVICEPURCHASE OF SERVICE PROVIDER INVOICE, FORM 470-0020

Purchase of service providers use form 470-0020 to bill for the services they have provided to clients referred to them.

Fixed-rate shelter care providers submit the form for documentation of service provided, which is used to create a client payment history. This history enables the Department to ensure that children are served and to collect and offset the child's income against the cost of care.

When Prepared

This form is prepared monthly. Normally the billing period is from the first day of the month through the last day of the month. In special cases, following written approval from the Bureau of Payments and Receipts, providers may bill for a different period.

The time limit for submission of original invoices is three months from the first date of service.

By Whom Prepared

The provider prepares this form.

Number of Copies

This form may be completed in a four-part NCR carbon set. Providers who use a computer-generated version of the form also need an original and three copies of the completed form.

Specific Instructions

All information on the claim must agree with information entered into the Service Reporting System and the provider file (which is based on the purchase of service contract).

Information entered on the invoice must match exactly any identifying information already in the automated payment system: otherwise an error will occur and no payment will be made.

There must be no overlap in billing periods. Services for any calendar month shall not exceed the applicable limit.

All dates must be entered in six digits as month, day, and year (example: 12-20-99 or 12/20/99). Dollar amounts must always include the decimal point followed by two digits (example: \$12.50, \$5.00.)

PURCHASE OF SERVICEPURCHASE OF SERVICE PROVIDER INVOICE, FORM 470-0020 (Cont.)Specific Instructions (Cont.)

When the invoice is submitted for documentation of fixed-rate shelter care service provided, the provider should complete all items on the form but enter zero for each line and total entries for unit cost, total cost, fees, credits, and net cost.

Invoice Number Leave blank.

Billing Period The first day of the month.

State/Local The code to designate the funding source. See the instructions for form 470-0622, *Referral of Client for Purchase of Social Services*, for a list of valid codes.

County Number and Name Leave blank.

Contract Number The seven-digit code identifies each provider contract. (Example: 30-77-001)

Provider Name The name as it appears on the *Iowa Purchase of Social Services Agency Contract*. The system accepts up to 24 characters.

Provider Address The provider's mailing address.

Case Number The number assigned to the client in the Service Reporting System, hyphenated after the sixth, eighth, and tenth digits. (Example: 123456-00-01-0).

Client Name The client's last name, first name, and middle name or initial, as entered on the SRS system. The system accepts up to 16 characters for the surname and 10 characters for each of the first and middle names.

Service Beginning Date The first time an invoice is completed for clients, the service initiation date. For continuing service, leave blank after the initial billing.

Service Ending Date For clients who are terminating service, on the last billing only.

Service Code The service code in the Iowa purchase of social services agency contract. (Examples: 25-01, 26-01, etc.)

PURCHASE OF SERVICE

PURCHASE OF SERVICE PROVIDER INVOICE, FORM 470-0020 (Cont.)

Specific Instructions (Cont.)

Unit Cost The cost for one unit of service which has been approved by the Department for the billing period. (Example: \$4.50, \$15.00) The unit cost entered must not exceed the rate shown for the service in the Iowa purchase of service contract.

Number of Units The number of whole units provided to each client during the billing month. In computing the number of units (days provided) for shelter care, count the day the client enters a facility but not the day the client leaves the facility.

Total Cost The product of the unit cost and the number of units.

Fee The amount of all fees collected during the month. (All fees received should be recorded in this column, irrespective of when they were assessed or when the service was provided.)

Credits The total of any credits or other payment toward this service. The credit shown cannot be greater than the net cost.

Net Cost The total cost less the fees and credits.

Totals Totals are required on the last page for units, fees, credits, and net amount for all pages.

Claimant The signature of the claimant and the date of signature are needed on the last page only.

Approval The signature of the Department personnel authorizing the claim and the date of signature are needed on the last page only.

On subsequent pages, only the contract number and page are needed in the heading. The remaining data need not be repeated.

PURCHASE OF SERVICE

PURCHASE OF SERVICE PROVIDER INVOICE, FORM 470-0220 (Cont.)

Disposition

The provider keeps the gold copy and forwards the remaining copies to the county office purchasing the service. If the provider uses a computer-generated form, the provider submits the original and two copies to the county office and retains a fourth copy for the provider's records.

County office staff shall:

- ◆ Review to ensure that all necessary data are entered.
- ◆ Enter each invoice on line on the POSS data system.
- ◆ Keep the original invoice for five fiscal years.

For more information about on-line invoices, see 14-L, PURCHASE OF SERVICE DATA SYSTEM.

Invoices for fixed-rate shelter care are submitted to the project manager, who forwards them to the Bureau of Payments and Receipts after approval.

PURCHASE OF SERVICEPURCHASE OF SOCIAL SERVICES REJECTED CLAIMS REPORT, S472T385

Report S472T385-A02 is a computer-generated report issued to Department staff which lists the errors that caused claims to be rejected from the automated payment system.

When Prepared

The rejected claims report is generally delivered to the Division of Fiscal Management on each Thursday.

By Whom Prepared

Regional and county office staff review the report and initiate corrective action.

Number of Copies

Two copies of the report are generated.

Specific Instructions

In order to receive payment, claims that were rejected must be corrected and resubmitted. The office that originally submitted the claim generally makes the correction and resubmits the claim. (The county office may ask the provider to prepare the resubmittal.)

First, check to determine whether the item that caused the exception was entered correctly on the invoice. If it was entered correctly, then the unit responsible for maintaining the item within the SRS or payment system must make the necessary revisions before the resubmittal of that claim.

Corrections must be submitted on a new, original invoice. Write "Resubmittal" and the "invoice number" (first entry on form S472T385 for the claim) in the space under "totals." A "resubmittal" without the original invoice number will not be processed.

Department staff must sign the resubmittal in the "Approval" space. The claimant's signature is not needed on a resubmittal, unless the provider prepares the resubmittal.

All resubmittals that remain unpaid 60 days from June 30 shall be returned to the provider. The provider may file the unpaid claim against the state by using form P007-350 PO/PV. The form is available from the county DHS office.

PURCHASE OF SERVICEPURCHASE OF SOCIAL SERVICES REJECTED CLAIMS REPORT, S472T385 (Cont.)Exception/Error Codes

Below is the list of exception conditions for cases that were rejected by the automated payment system.

- 01 Last name on invoice does not match the last name on the POSE (eligibility) screen for the listed case number.
- 02 Incorrect case number on invoice or keyed incorrectly into the system. The matching case for the indicated number is not in the SRS system. If the case number is correct, enter the case into the SRS system; otherwise, correct the case number. The claim must then be resubmitted on a new invoice.
- 03 Incorrect service code.
- 04 Eligibility. The billing date (billing period of service beginning date) for the case either precedes the SRS effective date or exceeds the SRS termination date; or the provider number does not match the SRS provider number. If the date and provider number on the invoice are correct, make the correction in SRS. The claim must be resubmitted on a new invoice.
- 05 Eligibility. The invoice is coded as a state case (county number 000) but the eligibility basis from the SRS does not indicate a state case. Correct the eligibility on the SRS system or the county number on the invoice. The claim must be resubmitted on a new invoice.
- 08 Incorrect math.
- 10 State/local codes. Incorrect state/local code on-lined for services requested. When the state/local code on the invoice is P, the SRS objective code must be L. Correct the SRS system and resubmit the billing on a new invoice.
- 11 Vendor not on the Revenue and Finance vendor file prior to the payment run or the tax ID number on the POSP screen is incorrect.
- 15 Incorrect name for the vendor on-lined. Providers must be sure their name is entered on the invoice as it appears on the rate list. If incorrect, resubmit on a new invoice.

PURCHASE OF SERVICE

PURCHASE OF SERVICES REJECTED CLAIMS REPORT, S472T385 (Cont.)

Exception/Error Codes (Cont.)

- 18 Unit cost exceeds rate established on the POSP screen.
- 19 Invoice. The invoice contains a billing date that is not for the current fiscal year.
- 20-25 Allocation errors. Contact your regional office.

Disposition

The original is routed to respective regional offices.

A copy is maintained in the county DHS office.

PURCHASE OF SERVICEPURCHASE OF SERVICE PROVIDER HANDBOOK, COMM. 61

The *Purchase of Service Provider Handbook* sets forth the necessary information and instructions for a provider of social services to participate in the purchase of service system.

When Prepared

The *Handbook* will be revised whenever the policies or procedures affecting providers change.

By Whom Prepared

The *Purchased of Service Provider Handbook* is prepared by the Bureau of Purchased Services.

Number of Copies

Each provider shall receive one copy of the *Handbook*.

Specific Instructions

Each Department office and each provider that obtains a copy of the *Handbook* is responsible for updating it as revisions are issued.

Distribution

The *Handbook* is distributed to Department employees as part of the Employees' Manual. Copies printed for providers are available through the Bureau of Purchased Services or DHS policy (online) manual.

The project manager shall give the provider agency one copy of the *Handbook* at the beginning of the process of developing a purchase of service contract, and have the provider sign and date a statement or form of receipt of the *Handbook*.



THOMAS J. VILSACK, GOVERNOR
SALLY J. PEDERSON, LT. GOVERNOR

DEPARTMENT OF HUMAN SERVICES
JESSIE K. RASMUSSEN, DIRECTOR

June 15, 1999

GENERAL LETTER NO. 15-A-AP-22

ISSUED BY: Bureau of Purchased Services

SUBJECT: Employees' Manual, Title 15, Chapter A, *Purchase of Services Appendix*, Comm. 61, *Purchase of Service Provider Handbook*, Contents (pages 1, 2, and 3), revised; pages 2, 9, 10, 13, 14, 20, 39 through 46, 49, 52 through 58, 60, 62 through 65, 113, 114, revised; page 20a new; and form 470-3642, *Iowa Purchase of Social Services Agency Contract: Local Purchase Services Addendum*, new.

Summary

This letter transmits the following changes;

- ◆ The addendum used for local purchase service contracts is added to the Handbook.
- ◆ The annual updates for the fiscal year change to 1999 are included. The maximum reimbursement rate for shelter care providers increased from \$78.14 to \$79.70.
- ◆ References to the '98 legislative rate increases for adult residential, sheltered work, work activity, adoption and independent living services were deleted.
- ◆ Outdated form numbers are changed to the newer (470-XXXX) for numbers.

Effective Date

July 1, 1999

Material Superseded

Remove the following pages from the Employee Manual XV-A-Appendix, *Purchase of Services Provider Handbook*, and destroy them:

<u>Page</u>	<u>Date</u>
Comm. 61:	
Contents (page 1)	July 1996
Contents (page 2)	April 1999
Contents (page 3)	September 1999
2	July 1992

9, 10, 13, 14
20
39
40, 41
42-45
46, 49, 52
53, 54
55-58
60, 62, 63
64, 65
113, 114

September 1989
April 1993
July 1996
November 1998
July 1996
September 1989
April 1993
September 1989
November 1998
September 1989
April 1990

Additional Information

Refer questions about this general letter to your regional office.



THOMAS J. VILSACK, GOVERNOR
SALLY J. PEDERSON, LT. GOVERNOR

DEPARTMENT OF HUMAN SERVICES
JESSIE K. RASMUSSEN, DIRECTOR

August 31, 1999

GENERAL LETTER NO. 15-A-AP-23

ISSUED BY: Bureau of Purchased Services, Division of Fiscal Management

SUBJECT: Employees' Manual, Title 15, Chapter A, *Purchase of Services Appendix*, Comm. 61, *Purchase of Service Provider Handbook*, Contents (pages 2 and 3), revised; pages 33, 34, 41, 42, 44, 49 through 54, 59, 61, 90, and 95 through 104, revised; and the following forms:

- 470-0630 *Amendment or Renewal of Iowa Purchase of Social Services Agency Contract*, revised
- 470-0664 *Financial and Statistical Report for Purchase of Service Contracts (SS-1703-0)*, revised
- 470-2194 *Equal Opportunity Review Status Report*, revised
- 470-2215 *Desk Audit for Title VI and Section 504 Compliance*, revised
- 470-0719 *Placement Agreement: Child Placing or Child Caring Agency (Provider)*, revised

Summary

This letter transmits the following changes:

- ◆ Correction of a typing error on page 41 (revised July 1999). The sentence regarding a legislative 3% increase in the rate for adult residential, sheltered work, and work activity providers for the fiscal year July 1, 1998, was to have been deleted. The Legislature **did not** give these providers an increase for the fiscal year beginning July 1, 1999.
- ◆ Removal of the requirement for submitting invoices not paid after the fiscal year end to the State Appeal Board. Arrangements to pay these invoices are now handled by the Department's Bureau of Payments and Receipts.
- ◆ Revisions to the *Purchase of Service Provider Invoice* instructions. County office staff will now be entering invoices into the automated data processing system instead of forwarding paper invoices to the Department's central office.
- ◆ Updates to form numbers and form samples. The revision to the *Financial and Statistical Report* corrects an error on Schedule G, which affects only providers of shelter care.

Effective Date

Upon receipt

Material Superseded

Remove the following pages from Comm. 61 (Employees, Manual XV-A-Appendix), and destroy them:

<u>Page</u>	<u>Date</u>
Contents (pages 2 and 3)	July 1999
Contents (page 4) *	September 1989
33, 34	September 1989
41, 42, 44, 49	July 1999
50, 51	April 1999
52-54	July 1999
SS-1503-0	6/89
59, 61	April 1999
SS-1703-0	12/98
90	July 1992
470-2194	12/87
470-2215	8/87
95	September 1989
96	July 1992
97-99	September 1989
SS-2611 (<i>Placement Agreement</i>)	Undated
SS-1107-0	5/77
100, 101	April 1990
102	July 1992
103, 104	July 1990

* This page was inadvertently omitted from the list of pages superseded by General Letter 15-A-AP-22.

Additional Information

Discard any remaining supplies of form SS-1107-0, *Request for Reserve Bed Payment*. This form is no longer in use.

Agencies that do not offer shelter care may use up supplies of form 470-0664 (SS-1703-0) dated 12/98.

Refer any questions about this general letter to your regional office.



THOMAS J. VILSACK, GOVERNOR
SALLY J. PEDERSON, LT. GOVERNOR

DEPARTMENT OF HUMAN SERVICES
JESSIE K. RASMUSSEN, DIRECTOR

August 31, 1999

GENERAL LETTER NO. 15-A-AP-24

ISSUED BY: Bureau of Purchased Services,
Division of Policy Coordination

SUBJECT: Employees' Manual, Title 15, Chapter A, *Purchase of Services Appendix*,
Contents (page 1), revised; and pages 1 through 20, 25, and 31, revised.

Summary

This letter transmits the following changes:

- ◆ Updates form numbers.
- ◆ Obsoletes form SS-1620, *Log for Documents to be Processed* and the instructions for it.
- ◆ Deletes the obsolete sample to eliminate duplication.
- ◆ Form 470-0630, Amendment or Renewal of Iowa Purchase of Social Service Agency Contract.
- ◆ A template for completing the revised 470-0650 is available on Outlook. Discard remaining supplies of the previous version of this form. No supplies of the revised form will be printed at Anamosa. See the *Purchase of Service Provider Handbook* for a sample of the current form.

Effective Date

Upon receipt

Material Superseded

Remove the following pages from Employees' Manual, Title 15, Chapter A, Appendix and destroy them:

<u>Page</u>	<u>Date</u>
Contents	October 26, 1993
1-4	June 13, 1989
SS-1503-0	6/89
5-8	November 10, 1998
9, 10	October 26, 1993

17, 18	June 23, 1992
21, 22	October 26, 1993
23	October 22, 1991
24	July 24, 1990
25	October 26, 1993
31	May 5, 1987
32, 33	September 27, 1988
34, 35	June 13, 1989

Additional Information

Because the pages have been renumbered, refile the form samples as follows:

- ◆ Move form 470-2498 to follow page 12 instead of page 32.
- ◆ Move forms 470-0670 and 470-2571 to follow page 14 instead of page 34.
- ◆ Move form 470-0020 to follow page 16 instead of page 22.

Refer questions about this general letter to your regional benefit administrator.



THOMAS J. VILSACK, GOVERNOR
SALLY J. PEDERSON, LT. GOVERNOR

DEPARTMENT OF HUMAN SERVICES
JESSIE K. RASMUSSEN, DIRECTOR

June 20, 2000

GENERAL LETTER NO. 15-A-AP-25

ISSUED BY: Bureau of Purchased Services, Division of Fiscal Management

SUBJECT: Employees' Manual, Title 15, Chapter A, **PURCHASE OF SERVICES APPENDIX**, Comm 61, *Purchase of Service Provider Handbook*, pages 40 and 41, revised.

Summary

This letter transmits changes to:

- ◆ Implement rules adopted to implement House File 2555 increasing the maximum reimbursement rate for shelter care providers from \$79.70 to \$83.69.
- ◆ Implement rules adopted to implement House File 2555 raising the reimbursement rate for adoption and independent living services.
- ◆ Update references to dates.

Effective Date

July 1, 2000

Material Superseded

Remove the following pages from the *Purchase of Service Provider Handbook*, and destroy them:

<u>Page</u>	<u>Date</u>
Comm. 61:	
40	July 1999
41	August 1999

Additional Information

Refer questions about this general letter to your regional office.



STATE OF IOWA

THOMAS J. VILSACK, GOVERNOR
SALLY J. PEDERSON, LT. GOVERNOR

DEPARTMENT OF HUMAN SERVICES
JESSIE K. RASMUSSEN, DIRECTOR

June 5, 2001

GENERAL LETTER NO. 15-A-AP-26

ISSUED BY: Bureau of Purchased Services, Division of Fiscal Management

SUBJECT: Employees' Manual, Title 15, Chapter A, **PURCHASE OF SERVICE APPENDIX**, Contents (page 1), revised, and pages 15 through 23, revised.

Summary

The appendix is revised to:

- ◆ Remove references to control of funds for local purchase of social services for adults with mental illness, mental retardation, or developmental disabilities. Responsibility for contracting for these services has been transferred from the Department to the counties.
- ◆ Update form numbers and references.

Effective Date

July 1, 2001

Material Superseded

Remove the following pages from Employees' Manual, Title XV, Chapter A, Appendix, and destroy them:

<u>Page</u>	<u>Date</u>
Contents (p. 1)	August 31, 1999
15-20, 25	August 31, 1999
26 *	October 26, 1993
27, 28	April 24, 1990
29	June 23, 1992
30	October 26, 1993
31	August 31, 1999
SS-1620-0	3/87 (inadvertently omitted from General Letter 15-A-AP-24)

* File the *Rejected Claims Report* after page 20 instead of page 25.

Additional Information

Refer questions about this general letter to your regional service administrator.



STATE OF IOWA

THOMAS J. VILSACK, GOVERNOR
SALLY J. PEDERSON, LT. GOVERNOR

DEPARTMENT OF HUMAN SERVICES
JESSIE K. RASMUSSEN, DIRECTOR

June 19, 2001

GENERAL LETTER NO. 15-A-AP-27

ISSUED BY: Bureau of Purchased Services, Division of Fiscal Management

SUBJECT: Employees' Manual, Title 15, Chapter A, **PURCHASE OF SERVICE APPENDIX**, Comm. 61, *Purchase of Service Provider Handbook*, Contents (pages 1, 2, and 3), revised; pages 3, 11, 12, 15 through 22, 25, 26, 29 through 41, 63, 66, 67, 68, 73, 74, 75, 79, 80, 89, 90, 95, 102, 103, and 107 through 110, revised; pages 90a through 90m, new; and form 470-2215, *Desk Audit for Civil Rights Contract Compliance*, revised.

Summary

The appendix is revised to:

- ◆ Remove references to control of funds for local purchase of social services for adults with mental illness, mental retardation, or developmental disabilities. Responsibility for contracting for these services has been transferred from the Department to the counties.
- ◆ Incorporate instructions for shelter care agencies to complete Schedule G of the *Financial and Statistical Report for Purchase of Service Contracts*, form 470-0664.
- ◆ Remove form 470-3642, *Iowa Purchase of Social Service Agency Contract: Local Purchase Services Addendum*.
- ◆ Update the list of exception conditions for purchase of service billing to remove conditions that are addressed by data entry edits at the county office level.
- ◆ Remove the outdated text of the Department's rules on confidentiality and records, 441 Iowa Administrative Code Chapter 9. The current text of these rules is available on the Internet at: http://www.dhs.state.ia.us/policyanalysis/PolicyManualPages/Manual_Documents/Rules/441-9.pdf
- ◆ Update form numbers and references.

Effective Date

July 1, 2001

Material Superseded

Remove the following pages from Comm. 61, *Purchase of Service Provider Handbook* (in Employees' Manual, Title XV, Chapter A, Appendix) and destroy them:

<u>Page</u>	<u>Date</u>
Manual Letter XV-A-AP-2	January 7, 1992
Contents (p. 1)	July 1999
Contents (pp. 2, 3)	August 1999
3	July 1992
11, 12, 15-18	September 1989
19	April 1993
20, 20a	July 1999
21, 22, 25, 26, 29-32	September 1989
33, 34	August 1999
35-38	September 1989
39	July 1999
40, 41	July 2000
470-3642 (after p. 62)	7/98
63	July 1999
66, 67	September 1989
68	July 1992
73-75	September 1989
79	July 1992
80, 89	September 1989
90, 95, 102, 103	August 1999
470-2215	7/92
107	April 1999
108, 109 *	September 1989
110 *	July 1992
111, 112 *	June 1991
113, 114	July 1999
441 IAC Chapter 9 (pp. 1-17)	5/18/88, 7/26/89

- * File the *Purchase of Services Direct Payment Register* after page 106 instead of page 108.
- File the *Report of On-Site Visit* after page 108 instead of page 112.
- File the *Monitoring and Evaluation Review Guide* after page 110 instead of page 114.

Additional Information

Use up remaining supplies of the previous version of form 470-2215. Obtain supplies of the new version from your project manager. Refer questions about this material to your project manager.



STATE OF IOWA

CHESTER J. CULVER, GOVERNOR
PATTY JUDGE, LT. GOVERNOR

DEPARTMENT OF HUMAN SERVICES
CHARLES J. KROGMEIER, DIRECTOR

May 8, 2009

GENERAL LETTER NO. 15-A-AP-28

ISSUED BY: Bureau of Purchased Services, Division of Fiscal Management

SUBJECT: Employees' Manual, Title XV, Chapter A, Appendix, **PURCHASE OF SERVICE APPENDIX**, Contents (page 1), revised, and pages 10, 11, and 12, revised.

Summary

Administrative rules related to Iowa Donation of Funds Contracts were revised effective February 1, 2009, and published in the Iowa Administrative Bulletin on December 3, 2008, as **ARC 7397B**. The Department now negotiates Iowa donation of funds contracts directly with the donors under the Accountable Government Act, Iowa Code Chapter 8E.

All requirements and restrictions are outlined in the individual contracts, so form 470-0629 (SS-1502-0), *Iowa Donation of Funds Contract*, is obsolete.

Effective Date

February 1, 2009

Material Superseded

Remove the following pages from Employees' Manual, Title XV, Chapter A, Appendix, and destroy them:

<u>Page</u>	<u>Date</u>
Contents (p.1)	June 5, 2001
10-12	August 31, 1999
SS-1502-0 (470-0629)	5/88

Additional Information

Refer questions about this general letter to your service area manager.