



Iowa Department of Human Services

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November 18, 2011

GENERAL LETTER NO. 16-J-29

ISSUED BY: Bureau of Child Welfare and Community Services
Division of Adult, Children and Family Services

SUBJECT: Employees' Manual, Title 16, Chapter J, ***IN-HOME HEALTH-RELATED CARE SERVICES***, Title page, revised; and pages 5, 22, 32, 33, and 34, revised.

Summary

Chapter 16-J is revised to:

- ◆ Reflect the change in the review period for the entire care plan from three months to six months in the chapter overview;
- ◆ Add to review section a reminder to document the review in the case file narrative; and
- ◆ Update the name of the Bureau of Purchasing, Payment, Receipts and Payroll.

Effective Date

Upon receipt.

Material Superseded

This material replaces the following pages from Employees' Manual, Title 16, Chapter J:

<u>Page</u>	<u>Date</u>
Title page	October 17, 2008
5, 22, 32	October 17, 2008
33, 34	April 15, 2011

Additional Information

Refer questions about this general letter to your area social work administrator.

Revised November 18, 2011

Employees' Manual
Title 16
Chapter J

IN-HOME HEALTH-RELATED CARE SERVICES



Bimonthly Review	The supervising nurse obtains an updated physician's plan of service, reviews the nursing plan, and provides an updated nursing plan for the provider.
Semiannual Review	Review entire care plan at least once every six months.
Annual Review	<ul style="list-style-type: none">◆ Review and reassess all eligibility factors.◆ Assist the client in completing form 470-3118 or 470-3118(S), <i>Medicaid Review</i>, if the client is unable to complete or get help from family or provider. The IM worker sends this form to the client when it is time for the review.◆ Remind the client to obtain the required annual physician's physical examination.◆ Have the client sign a current form 470-3951, <i>Authorization to Obtain or Release Health Care Information</i>, for the registered nurse.◆ Request a copy of updated health care plan and physician's report from the nurse.◆ Have the provider sign a current form 470-3951, <i>Authorization to Obtain or Release Health Care Information</i>.◆ Obtain a new <i>Provider Health Assessment</i>, form 470-0672, from provider.◆ Complete a new <i>Provider Agreement</i>, form 470-0636, if one has not been completed within the past year. Enter new effective date on the Purchase of Service System (POSS).◆ Send <i>Notice of Decision: Services</i>, form 470-0602 or 470-0602(S).

Assign the client for whom payment is due to the indicated county. Enter the provider agreement data on the odd-numbered lines. Enter the client payment data on the even-numbered lines.

The client is the sole payee for payments made under this program. The client is responsible for making payment to the provider, except when either of the following circumstances applies:

- ◆ The client has a person legally designated to handle finances, such as a:
 - Conservator
 - Representative payee
 - Power of attorney
- ◆ One payment may be made to the provider on behalf of a client who dies or becomes incapacitated while receiving services.

After entering the invoice information on the POSS Invoice screen, attach the *Statement of Services Rendered* to the *Purchase of Service Provider Invoice*.

NOTE: To be sure there are no problems in getting an invoice paid, submit all agreement information on line and complete the SRS entries at least two weeks before entering the invoice in on line.

The Department of Administrative Services writes checks after each weekly payment run. The DHS Bureau of Purchasing, Payments, Receipts and Payroll usually mails checks for invoices received by Monday of each week by the following Friday.

Maintain the original invoices in the local office for the current fiscal year plus the next fiscal year. Invoices may then be sent to record storage for an additional nine years using reference # BUD 2-10-1, Accounts Payable Records. (*RECORDS MANAGEMENT MANUAL*, Records Retention and Disposition Schedule BUD.)

The following sections provide additional information on:

- ◆ [Accessing the POSS system](#)
- ◆ [Entering agreements on the POSP screen of POSS](#)
- ◆ [Entering invoices on the POSI screen of the POSS system](#)
- ◆ [Corrections](#)
- ◆ [Department-authorized reductions in payments](#)
- ◆ [Payments directly deposited into client's bank account](#)
- ◆ [Warrant returns](#)
- ◆ [Clients who are dead or incapacitated when the payment is issued](#)

Department-Authorized Reduction

When the Department authorizes a payment reduction, have the provider and client complete the *Amendment to Provider Agreement*, form 470-1999, found in [16-J-Appendix](#). This will verify that they have been made aware that the payment will be reduced.

Direct Deposit of Payments into Client's Bank Account

A client who wishes to have the in-home health-related care payment deposited directly into a bank account must complete a form and submit it to the Iowa Department of Administrative Services. A copy of the form is available on the DHS network at:

Hoovr3s2: Payments: Payment Instructions & Forms: EFT Authorization.doc

You may print off this form and provide it to clients who wish to have their in-home health-related care payment directly deposited into a bank account. The form contains instructions on where to mail or fax the completed form.

Warrant Returns

Any warrants returned to the Department's central office from the client will be kept in the Bureau of Purchasing, Payments, Receipts and Payroll until you can verify the address. When the address is verified, the Bureau will mail the warrant again.

If the warrant could not be delivered due to incorrect information on the *Provider Agreement*, correct the information with an amendment to the agreement. (Examples: new address, deceased client, or incorrect SRS number.) Then enter the corrected information on line on the provider screen before entering the next invoice.

Client Dead or Incapacitated

Legal reference: 441 IAC 177.4(9)

When a client dies or becomes incapacitated:

1. Complete an amended *Provider Agreement* reflecting the client's changed condition and listing the provider as the payee.
2. On the POSP screen in the POSS System, change the client's name and address to the provider's name and address. Leave the provider's information. Change the social security number to the provider's social security number.
3. After the vendor type has been populated in the POSS System with the new number, complete an amended invoice reflecting the client's changed condition and listing the provider as the payee.
4. If a warrant was issued to the client, return the check to central office at the following address:

Department of Human Services
Bureau of Purchasing, Payments, Receipts and Payroll
1305 E. Walnut St.
Des Moines, Iowa 50319-0114

NOTE: This is a one-time only procedure. If an incapacitated client will remain in the program, assist the client's family to have a person legally designated to handle the client's finances and become payee on behalf of the client.

Monitoring and Changing Services

Legal reference: 441 IAC 177.6(3) and 441 50.4(2)

Review the continuing need for in-home health-related care service periodically:

◆ **At least every 60 days:**

- The physician shall review and recertify the appropriateness of the health care plan.
- The nurse shall review the nursing plan.
- The nurse shall provide an updated copy of the physician's health care plan and the nursing plan of care to the provider.

- ◆ **At six months:** Review the total care plan at least every six months. This can be done by a phone contact to someone involved with the care plan, such as the provider or nurse. NOTE: You, the physician, or the nurse may require more frequent reviews.
- | NOTE: Be sure to document this review in the narrative section of the case file.
- ◆ **Annually:** Review and write a new case plan annually. At that time:
 - Assist the client in completing and signing form 470-3118 or 470-3118(S) *Medicaid Review*. This form is automatically sent to the client. This form serves the same function as the *Application for All Social Services*, form 470-0615 or 470-0615(S).
 - Send the completed *Medicaid Review* to the IM worker. The *Medicaid Review* will be maintained in the IM case file. You do not need a copy.
 - Have the provider complete a new *Provider Health Assessment*, form 470-0672.
 - Request an updated *Physician's Report*, form 470-0673, and nursing plan of care for your records.

Amending Agreement

To change anything on the *Provider Agreement*, form 470-0636, (other than client and provider name) fill out a new form, but check "amendment." Duties do not need to be repeated. The agreement number remains the same.

NOTE: You cannot change clients or providers with an amendment. There must be a new *Provider Agreement* for a new client or a new provider with a different provider agreement number.

If a provider has more than one client, the provider must have a different *Provider Agreement* for every client. Therefore, a client and a provider could each have more than one valid *Provider Agreement*, each with different numbers.

You may use form 470-0636 to change any item on an established agreement except for a new client name, or new provider name, or a new service code. When one of these exceptions changes, a new *Agreement* must be completed, with a new agreement number.

When a client dies or becomes incapacitated while receiving service and the client is the payee, you may file an amendment listing the provider as payee. See [Client Dead or Incapacitated](#).

The instructions are the same for each line item as those for the agreement.