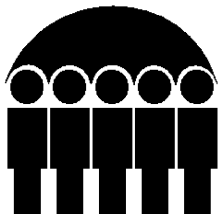


November 24, 1998

Employees' Manual
Title 5
Chapter D Appendix

QUALITY CONTROL

APPENDIX



Iowa
Department
of
Human Services

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Absent Parent Questionnaire, Form 470-0457

Purpose	Form 470-0457 is designed to obtain information from the absent parent regarding any income provided or any resources available to the client or the children which would have a bearing on the quality control case study.
Source	An electronic template for form 470-0457 is available on the QC share. Reviewers need to copy the form to each reviewer's computer.
Completion	The quality control reviewer prepares this form on each study containing an absent parent when contact with the absent parent is required for completion of the review. The reviewer completes portions of the form. The absent parent completes the answers to all applicable questions.
Distribution	Send the original to the absent parent with a postage-paid envelope. Print a control copy for the case study file. When the absent parent returns the form, destroy the control copy and file the completed copy in the case study file.
Data	<p>On the cover letter, enter:</p> <ul style="list-style-type: none">◆ The date prepared.◆ The absent parent's name and mailing address.◆ The reviewer's name, address and telephone number.◆ The client's name. (Enter the children's names if desired.)◆ The date the response is due.◆ Your signature. <p>On page 1, enter:</p> <ul style="list-style-type: none">◆ The client's name and the name of the absent parent's children; e.g., Jane Doe for Sara and Michael Smith.◆ The quality control review month and year.◆ The client's name.◆ The quality control review month and year. <p>All other entries on pages 1 and 2 are made by the absent parent and are self-explanatory.</p>

Address Information Request, Form 470-0176

Purpose	<p>The <i>Address Information Request</i> is used to request address information concerning the new mailing address of a specific postal customer.</p> <p>“Verification” means advising whether an address for a postal customer is one at which mail for that customer is currently being delivered; not that the address is the actual residence of the customer.</p>
Source	<p>A template for form 470-0176 is available on the QC share. Reviewers need to copy the form to their folder.</p>
Completion	<p>The Unit of Quality Control uses this form when requesting address information from the Postal Service. The quality control reviewer completes the top portion of the form and enters the return address at the bottom of the form. A postal service employee completes the rest of the form.</p>
Distribution	<p>Send the original to the post office of the last known address with a postage-paid return envelope. Keep a control copy in the case study file. When the original is returned, destroy the control copy and file the original in the case study file.</p>
Data	<p>The quality control reviewer enters:</p> <ul style="list-style-type: none">◆ The postmaster’s address at the post office of the last known address.◆ The name and the last known address, including ZIP code, of the person whose address is being requested.◆ The reviewer’s signature and title.◆ The reviewer’s return address.

Confidential Verification of Birth, Form 470-0474

Purpose	The Unit of Quality Control uses form 470-0474 to obtain verification of a client's birth.
Source	This form is located on each reviewer's share and is completed on-line.
Completion	The quality control reviewer completes this form whenever: <ul style="list-style-type: none">◆ The reviewer is unable to verify a client's birth, and◆ The event took place in the state of Iowa.
Distribution	Submit the original to the Unit of Quality Control. A designated quality control person then takes the request to the Department of Public Health, does a record search, and returns the completed form to the requesting quality control reviewer. Attach the verification information to the completed study.
Data	The form is self-explanatory. Enter: <ul style="list-style-type: none">◆ The facts about the event you want verified.◆ Your name.◆ The quality control review number.◆ The date the request was submitted.

Error Report Tracking Log, Form 470-0483

Purpose	Form 470-0483 is used as an internal tracking system to log and follow up to ensure county office implementation of corrective actions on all errors found by the Unit of Quality Control.
Source	Form 470-0483 is printed in central office.
Completion	Designated quality control personnel complete this form for all quality control error cases to document submittal and receipt of each <i>Report of Quality Control Review</i> , form 470-0451, containing errors.
Distribution	The log is retained in the Unit of Quality Control for internal control.
Data	Enter the following information on the log: <ul style="list-style-type: none">◆ QC#. Enter the quality control review number to identify the case.◆ Program. Enter the program type.◆ Date report sent. Enter the date the <i>Report of Quality Control Review</i> was sent to the county office.◆ Regional follow-up. The completed <i>Report of Quality Control Review</i> is due 30 calendar days from the date it was sent to the county office. If an answer is not received in this time frame enter the date the follow-up letter was sent to the county office.◆ OFS follow-up. If no answer is received by 60 days after the <i>Report of Quality Control Review</i> is sent, enter the date that a follow-up memo is sent to the Field Operations Support Unit.◆ Answer received. Enter the date the completed <i>Report of Quality Control Review</i> was received by the Unit of Quality Control.◆ Amount. Enter the dollar amount of the error.◆ Comments. Enter reason for error.

Face Sheet, Form 470-1636

Purpose	Form 470-1636 is designed to provide identifying information on each individual case study selected for a quality control review. It may be used for information only.
Source	This form is computer-issued.
Completion	The Division of Data Management generates the form when case studies are selected for review.
Distribution	File this form in the case study file. A gummed label is attached to each face sheet. Remove this label from the face sheet and attach it to the review schedule.
Data	<p>This form lists the following information from IABC files:</p> <ul style="list-style-type: none">◆ Case identifying information.◆ Members of the household.◆ Significant persons not in the household. <p>There are spaces for the reviewer to enter:</p> <ul style="list-style-type: none">◆ Review date.◆ Date assigned.◆ Date of case reading.◆ Date of home visit.◆ Date review was completed.◆ Signature.

Facility/Foster Parent Questionnaire, Form 470-2013

Purpose	The <i>Facility/Foster Parent Questionnaire</i> is designed to obtain information from the foster parent or foster care facility regarding the foster child's circumstances which have a bearing on the quality control case study.
Source	A template for form 470-2013 is available on the QC share. Reviewers need to copy the form to their folder.
Completion	The quality control reviewer prepares this form on each foster care study to obtain information from the foster care provider regarding the foster child's circumstances during the review period. The reviewer completes data portions of the form, and the foster care provider completes answers to all applicable questions.
Distribution	Send the original to the foster care provider with a postage-paid envelope. When it is returned, file it in the case study file.
Data	Complete the following information before mailing the form: <ul style="list-style-type: none">◆ The date prepared.◆ The foster parent's name and mailing address.◆ The reviewer's name, address, and telephone number.◆ The foster child's name.◆ The salutation.◆ The reviewer's signature.◆ The quality control review month.◆ The review or the budget month, whichever is applicable.

Facility Questionnaire, Form 470-0100

Purpose	The <i>Facility Questionnaire</i> is designed to obtain accurate information from an intermediate care facility or skilled nursing regarding the client's dates of residence at the facility and the amount of resources in the client's personal account handled by the facility during the time period specified for the quality control review.
Source	An electronic template of form 470-0100 is available to reviewers on the QC share, to be copied to each reviewer's computer.
Completion	The quality control reviewer prepares this form on all positive Medicaid case studies when the client was residing in an intermediate care facility, skilled nursing facility, or a foster group care facility as of the review month. The reviewer completes data portions of the form. The rest of the form is completed by an authorized person from the facility.
Distribution	Send the original to the facility for completion. Include a postage-paid envelope. Keep a control copy in the case study file. When the facility returns the original, destroy the control copy, and file the original in the case study file.
Data	The following information shall be completed by the quality control reviewer: <ul style="list-style-type: none">◆ The date.◆ The facility address.◆ The reviewer's return address, including the reviewer's telephone number.◆ The name of the recipient.◆ The month of quality control review.◆ The quality control review date (month, day, year).

Household Data Sheet, Form 470-1449

Purpose	Form 470-1449 is designed to provide identifying information on each individual Food Assistance active or negative (LOT 7 & 8) case study selected for quality control review. On active (LOT 7) studies, the amount of Food Assistance benefits issued in the review month is also designated.
Source	This form is computer-issued.
Completion	The Division of Data Management generates this form when the LOT 7 & 8 case studies are selected for review.
Distribution	File this form in the case study file. A gummed label is attached to each face sheet. Remove this label from the face sheet and attach it to the review schedule.
Data	This form contains the following data, used for information only: <ul style="list-style-type: none">◆ Head of household name and mailing address.◆ Household members' names, ages, relationships, and social security numbers.◆ Whether the household participated in the Food Assistance program during the sample month.◆ The household's adjusted net income and the value of Food Assistance benefits issued.◆ Identifying information about the case.

Medicaid Eligibility Face Sheet, Form 470-1635

Purpose	Form 470-1635 provides identifying case record information on the Medicaid case selected for review.
Source	This form is computer-issued.
Completion	The Division of Data Management generates this form when a negative Medicaid case study is selected for review.
Distribution	File this form in the case study file. A gummed label is attached to each face sheet. Remove this label from the face sheet and attach it to the <i>Quality Control Negative Case Action Worksheet/Review Schedule</i> , form HCFA 6401.
Data	The data on this form is used for information only. The form contains: <ul style="list-style-type: none">◆ Identifying information about the case.◆ Claim information.◆ Eligibility history.◆ Review process data.◆ Data on members of the recipient's household.◆ Data on significant persons not in the recipient's household.◆ Review findings.

Medicaid Notice to Cooperate, Form 470-2010

Purpose	The quality control reviewer uses the <i>Medicaid Notice to Cooperate</i> to warn the client of the consequences of failure to provide information requested by QC.
Source	A template for form 470-2010 is available on the QC share. Reviewers need to copy the form to their folder.
Completion	The quality control reviewer completes this form whenever the client or the client's representative has failed to complete and return the <i>Medicaid Questionnaire</i> , form 470-1633.
Distribution	Send the original to the client or the client's representative. File the copy in the case study file.
Data	<p>The top portion of the form is self-explanatory, except that the reviewer's telephone number must be included in the return address.</p> <ul style="list-style-type: none">◆ Enter the date that the <i>Medicaid Questionnaire</i>, form 470-1633, was sent to the client or the client's representative.◆ Enter the date by which you want the client or the client's representative to contact you. Normally this is five days from the date of this form.◆ Enter the signature of the reviewer.

Medicaid Quality Control Face Sheet, Form 470-3371

Purpose	Form 470-3371 provides identifying case record information on the Medicaid case selected for review.
Source	This form is computer-issued.
Completion	The Division of Data Management generates this form when the positive Medicaid case study is selected for review.
Distribution	File this form is filed in the case study file. A gummed label is attached to each face sheet. Remove this label from the face sheet and attach it to the <i>Medical/TANF Quality Control Review Schedule</i> , form HCFA-301.
Data	The data on this form may be used for information only. It includes: <ul style="list-style-type: none">◆ Identifying information about the case.◆ Information on the members of the household.◆ Information on significant persons not in the household.◆ Eligibility review findings.

Medicaid Questionnaire, Form 470-1633

Purpose	The Unit of Quality Control uses the <i>Medicaid Questionnaire</i> to obtain from the client (or the client's representative) information needed to assist Quality Control in determining the client's eligibility status as of the review date.
Source	A template for form 470-1633 is available on the QC share. Reviewers need to copy the form to their folder.
Completion	<p>The quality control reviewer completes this form on all positive Medicaid review studies, except for foster care studies.</p> <p>The reviewer completes those portions of the form that identify the specific information needed. The client or representative completes the rest of the form.</p>
Distribution	Mail the original to the client or the client's representative with a postage-paid envelope. When it is returned to the Unit of Quality Control, file it in the case study file.
Data	<p>On the cover letter only:</p> <ul style="list-style-type: none">◆ The date prepared.◆ The client's or representative's name and mailing address.◆ The reviewer's name, address, and telephone number.◆ The client's name.◆ The quality control review month.◆ The salutation.◆ The reviewer's signature.

On the questionnaire itself:

- ◆ Enter the client's name on the space following "RE."
- ◆ Enter a check mark to identify items on pages 1 through 5 which the client or representative is responsible to complete.
- ◆ Enter the date by which you require the client to contact you.
- ◆ Enter the names of the married couple for whom the information is being requested, if applicable.
- ◆ Enter the name of the deceased person for whom the information is being requested, if applicable.
- ◆ Enter the name of the informant to whom the release of information form is addressed.
- ◆ Enter the review date.
- ◆ Enter the name of the life insurance company from which information regarding the insurance policy is being requested.
- ◆ Enter the recipient's name and the name of spouse, if living.
- ◆ Enter the review month.
- ◆ Enter the employer's name and the budget and sample month.
- ◆ Enter the appropriate date needed for the review.
- ◆ Enter any other information required in order to complete the review process.

Medical Client Participation Worksheet, Form 470-0475

Purpose	The <i>Medical Client Participation Worksheet</i> is designed to accommodate both the local office's computation and the quality control reviewer's computation for Medicaid eligibility and client participation.
Source	This form is located on each reviewer's share and is completed on line.
Completion	The quality control reviewer completes this form on all Medicaid case studies involving the need to calculate eligibility and the amount the client is responsible to pay toward Medicaid needs.
Distribution	File the original in the case study file.
Data	This form is self-explanatory.

Medical/TANF Quality Control Review Schedule, Form HCFA-301

Purpose	Form HCFA-301 is used by the Unit of Quality Control as a worksheet in the completion of an active Medicaid review. Codes listed on the worksheet are compiled into data banks for use by both federal and state.
Source	This form is ordered from federal sources or is available on-line (along with forms HCFA-316/FNS-380, <i>Worksheet for Food Stamps</i> or <i>Medicaid Eligibility Quality Control Reviews</i>).
Completion	The QC reviewer completes this form.
Distribution	File one copy in the case study file.
Data	Entry instructions and codes are found in the Food Stamp Quality Control Review Handbook and the State Medicaid Manual.

No Error Memorandum, Form 470-0478

Purpose	The Unit of Quality Control uses the <i>No Error Memorandum</i> to notify the county office when a correct case is found.
Source	This form is located on each reviewer's share (along with forms HCFA-6401, <i>Quality Control Negative Case Action Worksheet/Review Schedule</i> , or FNS-245, <i>Food Stamp Negative Action Review Schedule</i> , or HCFA-316/FNS-380, <i>Worksheet for Food Stamps or Medicaid Eligibility Quality Control Reviews</i>). It is completed on-line.
Completion	The quality control reviewer sends this form when a case is found to be correct.
Distribution	Send the original to designated QC staff person for distribution. The original is sent to the county office for the case file and one copy filed in the Quality Control review file.
Data	Do not complete the date. The date is entered when form is sent to county office.
	Local agency worker: Enter the county office of IM worker whose actions are under study.
	County: Enter the county office from which the review was selected.
	From: Enter the reviewer's name, address, and telephone number.
	Case name: Self-explanatory.
	Case number: Enter the case number assigned to the case.
	Quality control review number: Enter the quality control assignment identification number.
	Case type: Enter the type of case studied.
	Active/negative: Check the type of action studied.
	Month of review: Self-explanatory.

Noncooperation Notice, Form 470-0479

Purpose	The Unit of Quality Control uses the <i>Noncooperation Notice</i> to notify the county office when a client has refused to cooperate and to instruct the county office on what action to take.
Source	An electronic template for form 470-0479 is available on the QC share. Reviewers need to copy the form to their computer.
Completion	The quality control reviewer completes this form whenever it is determined a client has refused to cooperate.
Distribution	Send the original to the county office. File the duplicate as a permanent record with the completed review.
Data	Compete the following portions of the form: <ul style="list-style-type: none">◆ Date: Enter the date the form is prepared.◆ Agency: List the county office from which the client is currently receiving program benefits, last received program benefits, or had an application rejected.◆ QC Reviewer: Enter the quality control reviewer's name.◆ Attention: List the county worker who is currently handling the case record or last handled the case record.◆ Phone No: Enter the quality control reviewer's telephone number.◆ Case Name: Enter the client's name.◆ Quality Control No: Enter the client's quality control review number.◆ Case No: Enter the client's case number.◆ Reference No: Enter the Employees' Manual reference (5-D, IF THE CLIENT FAILS TO COOPERATE).◆ Check the first box if the noncooperating client is in active status. Enter the assistance program for which Quality Control determined the client refused to cooperate.

- ◆ Check the second item only if the client is **not** currently receiving assistance under the program for which Quality Control determined the client refused to cooperate.
- ◆ For FIP or Medicaid, enter the first day of the seventh month following the Quality Control sample month.
- ◆ For Food Assistance, enter January 5 of the year following the end of the federal reporting period containing the sample month.

Notice of Interview, Form 470-1627

Purpose	The <i>Notice of Interview</i> is designed to notify the client their case record has been selected for a quality control review and to schedule an interview.
Source	This form is located on each reviewer's share (along with form HCFA-316/FNS-380, <i>Worksheet for Food Stamps or Medicaid Eligibility Quality Control Reviews</i>). It is completed on-line.
Completion	The quality control reviewer prepares this form whenever the quality control reviewer schedules the initial home visit.
Distribution	Send the original to the client. Keep a control copy in the case study file.
Data	The top portion of the first page and the back section of the form are self-explanatory. Also enter: <ul style="list-style-type: none">◆ The reviewer's telephone number must be included in the return address.◆ The type of assistance being reviewed.◆ The quality control review month.◆ The home visit date.◆ The home visit time.◆ The deadline for confirming the visit.◆ The reviewer's phone number.◆ The signature of the reviewer.

Parent Questionnaire for Foster Children, Form 470-2014

Purpose	Form 470-2014 is designed to obtain information from the foster child's parents regarding any income or resources of the child which have a bearing on the quality control case study.
Source	An electronic template for form 470-2014 is available on the QC share. Reviewers need to copy the form to each reviewer's computer.
Completion	<p>The quality control reviewer completes this form on each foster care case study when contact with the foster child's parents is required for the completion of the review. This form is not sent to a parent whose rights have been terminated.</p> <p>The reviewer completes the cover letter, and the foster child's parents complete the answers to all applicable questions.</p>
Distribution	Send the original to the foster child's parents with a postage-paid envelope. When the original copy is returned, file it in the case study file.
Data	<p>Complete the following information on the cover letter:</p> <ul style="list-style-type: none">◆ The date prepared.◆ The child's parents' name and mailing address.◆ The reviewer's name, address, and telephone number.◆ The child's name.◆ The salutation.◆ The reviewer's signature. <p>Do not make any entries on pages 1 and 2 of the form except to enter the child's name at the top of page 1 after "RE."</p>

Property Verification Request, Form 470-1641

Purpose	The Unit of Quality Control uses the <i>Property Verification Request</i> to verify whether any property is recorded in a client's name.
Source	This form is located on each reviewer's share and is completed on line.
Completion	<p>The quality control reviewer completes this form whenever information on ownership of property is needed.</p> <p>The reviewer completes the top portion of the form, and a person in either the treasurer's office (property division) or the assessor's office completes the rest of the form.</p> <p>Prepare an original and a control copy.</p>
Distribution	Send the original with a postage-paid envelope to the city or county treasurer's office (property division) or to the assessor's office. File the control copy in the case study file. When the original is returned, destroy the control copy and file the original in the case study file.
Data	<p>Complete the top portion of the form. Include the reviewer's telephone number in the return address.</p> <p>Enter the name and address of the person about whom the information is being requested.</p> <p>A person in the office to which the form is sent completes information about any property the client may own in that county.</p>

Quality Control – Food Stamp Negative Case Action Review Schedule, Form FNS-245

Purpose	Form FNS-245 is used by the Unit of Quality Control as a worksheet in the completion of a negative action review. Codes listed on the worksheet are compiled into data banks for use by both federal and state.
Source	This form is ordered from federal sources or is available on-line (along with forms 470-0478, <i>No Error Memorandum</i> , and 470-0451, <i>Report of Quality Control Review</i>).
Completion	The QC reviewer completes this form.
Distribution	File one copy in the case study file.
Data	Entry instructions and codes are found in the Food Stamp Quality Control Review Handbook and the State Medicaid Manual.

Quality Control Negative Case Action Worksheet/Review Schedule, Form HCFA-6401

Purpose	Form HCFA-6401 is used by the Unit of Quality Control as a worksheet in the completion of a Medicaid negative action review. Codes listed on the worksheet are compiled into data banks for use by both federal and state.
Source	This form is ordered from federal sources or is available on-line (along with forms 470-0478, <i>No Error Memorandum</i> , and 470-0451, <i>Report of Quality Control Review</i>).
Completion	The QC reviewer completes this form.
Distribution	File one copy in the case study file.
Data	Entry instructions and codes are found in the Food Stamp Quality Control Review Handbook and the State Medicaid Manual.

Quality Control Review Schedule, Form FNS-380-1

Purpose	The Unit of Quality Control uses form FNS-380-1 in the completion of an active Food Assistance review. Codes listed on the schedule are compiled into data banks for use by both federal and state.
Source	This form is ordered from federal sources or is available on line (along with form HCFA-316/FNS-380, <i>Worksheet for Food Stamps or Medicaid Eligibility Quality Control Reviews</i>).
Completion	The QC reviewer completes this form.
Distribution	File one copy in the case study file.
Data	Entry instructions and codes are found in the Food Stamp Quality Control Review Handbook and the State Medicaid Manual.

Quality Control Second Reviewer Offer, Form 470-3577

Purpose	Form 470-3577 is used to offer a second opportunity to cooperate with a Quality Control review when the client has failed to cooperate with the assigned reviewer.
Source	This form is on the reviewer coordinator's share.
Completion	A designated staff person, Unit of Quality Control, generates this form when requested by the quality control reviewer.
Distribution	The form is mailed to the client by certified mail.
Data	The letter gives the time frame for response to the request.

Quality Control Weekly Status Report, Form 470-0471

Purpose	The <i>Quality Control Weekly Status Report</i> is used to provide an internal tracking system for all cases selected and assigned for review.
Source	This form is located on each reviewer's share and is completed on-line.
Completion	<p>The quality control reviewer prepares the form for each reporting period. It is completed each time a quality control reviewer receives assignments and is updated upon completion of each step of each assigned review.</p> <p>This form should be updated weekly. This updated information shall be available to the reviewer's quality control supervisor no later than Monday of each week.</p>
Distribution	The form is maintained on the reviewer's QC share.
Data	<p>Make the following entries:</p> <ul style="list-style-type: none">◆ Case name: Enter the client's name.◆ QC#: Enter the assigned quality control review number.◆ CO#: Enter the applicable county number.◆ RM: Enter the month which is being reviewed.◆ Date rec'd: Enter the month and date the assignment was received.◆ Case log record: Enter the date (month and day) the case record was received, the date case record was read, and the date the case record was returned.◆ Date HV: Enter the date (month and day) the home visit was made.◆ Completions: Enter the month and day the review findings were submitted to the quality control supervisor. If the review was returned, enter the date and the date it was resubmitted.◆ Proc: Enter the month and day the review was processed. This is completed by the quality control supervisor.◆ Comments: Enter the applicable comments.

Report of Quality Control Review, Form 470-0451

Purpose	Quality Control uses the <i>Report of Quality Control Review</i> to notify the local office when an error or new information is found in a review or a possible Food Assistance intentional program violation (IPV) is recommended for investigation.
Source	This form is located on each reviewer's share (along with forms HCFA-6401, <i>Quality Control Negative Case Action Worksheet/Review Schedule</i> , or FNS-245, <i>Food Stamp Negative Case Action Review Schedule</i> , or HCFA-316/FNS-380, <i>Worksheet for Food Stamps or Medicaid Eligibility Quality Control Reviews</i>). The template is completed on line.
Completion	<p>The quality control reviewer completes Sections A and B of this form when the review findings are one or more of the following:</p> <ul style="list-style-type: none">◆ The case is ineligible.◆ There is no Medicaid coverage group eligibility.◆ There is an overissuance or underissuance error in Food Assistance or a potential IPV.◆ There is an overstatement or understatement of Medicaid client participation.◆ The reason for cancellation or rejection is in error.◆ A timely notice of adverse action has not been sent to the applicant or recipient as required in the Food Assistance and Medicaid programs.◆ There is new information to report that does not affect quality control findings. <p>The local office completes Section C of the final report to show what action is taken in response to a quality control finding of a reportable error or a Food Assistance potential IPV.</p>

Distribution

For the final report of error findings and for potential IPV recommendations and new information, Quality Control sends:

- ◆ Two copies to the local office.
- ◆ One copy to the area income maintenance administrator for a control copy until the copy is received from the local office.
- ◆ One copy to the Division of Financial, Health and Work Supports, depending on the program under review.
- ◆ Maintains one copy in the quality control review file.

Upon completion of Section C, the local office shall clear the response and send one copy to the area income maintenance administrator. Clear one copy and file it in the case record.

The area income maintenance administrator reviews the response, corrects it if necessary, signs and dates it, and sends it to the Division of Financial, Health and Work Supports.

The division makes note of the action taken by the local office and then returns one copy to Quality Control within 30 calendar days.

Data Complete the form as follows:

Section A.

Identification: Section A includes:

Name: Enter the name of the case **payee**, guardian, or conservator.

Case number: Self-explanatory.

Review number: Enter the five-digit identifying number for the quality control review.

IM worker: Enter the name of the IM worker who was responsible for the case as of the review date.

County: Enter the name of the local office with responsibility for the case on the review date. For Polk County and Lee County enter the branch office, e.g., Polk-Central, Lee-North.

Area: Enter the name of the service area in which the local office is located.

Program: Enter the type of case being studied, i.e., Food Assistance, Medicaid.

QC reviewer: Enter the name of the quality control reviewer who completed the study of the case.

Review date: Enter the date for which Quality Control determined the eligibility and payment status of this case. For Medicaid, it is the first day of the month studied. On Food Assistance, it is the first day of the month or the date of certification, whichever is later.

Report date: Enter the date the quality control report is mailed to the local office.

Section B. Findings: Section B includes:

Verbal report to county office (date): Quality Control makes a verbal report to the area income maintenance administrator when Quality Control has information that affects **current** or future eligibility or payment status. Enter the date any verbal report was made.

On a negative study, enter:

- ◆ **Incorrect reason for cancellation/rejection:** Check this box to show an incorrect reason for cancellation or rejection.
- ◆ **No timely notice sent:** Check this box if a notice was not sent in a timely manner.

On an active study, enter:

- ◆ **Case ineligible:** Check this box when the entire case (all members covered by assistance) is ineligible. Enter the dollar amount of excess assistance received.
- ◆ **Eligible with ineligible members:** Check this box on a Medicaid-only case study when you have one or more ineligible members with remaining eligible members in the household. Never check this box on a Food Assistance case study.
- ◆ **Overissuance/overpayment:** Check this box when too many Food Assistance benefits have been issued but the case remains eligible. Enter the amount of the overpayment or overissuance on the line.
- ◆ **Underissuance/underpayment:** Check this box when an insufficient amount of Food Assistance benefits were issued. Enter on the line the amount underpaid or underissued.
- ◆ **Client participation overstated:** Check this box when the recipient's client participation is overstated. Enter the amount of overstatement on the line.

- ◆ **Client participation understated:** Check this box when the recipient's client participation is understated. Enter the amount of understatement on the line.
- ◆ **Agency error:** Check this box if the findings are due to an agency error.
- ◆ **Client error:** Check this box if the findings are due to a client error. If there is only one error and the findings are due to both an agency and a client error, check only the "Agency Error" box.

If there is more than one error and part of the findings are due to client-caused error and part of the findings are due to agency-caused error, check both the "Agency Error" box and the "Client Error" box.

- ◆ **Food stamp potential IPV:** Check this box on a Food Assistance active case when there is reason to believe there was potential intentional program violation. Use this box for Food Assistance cases only.
- ◆ **New information:** Check this box when Quality Control found information unknown to the local office.
- ◆ **Comments:** For reviews with an error, list first the primary error or the error that contributed most to the overall case error. List additional errors in descending order. Explain each error and detail what information QC used to reach a final decision on the case.

When known, state why and how the error occurred and whether it was agency or client caused. For reviews with a potential Food Assistance IPV, explain QC's assessment of the potential IPV and attach QC's evidence of the potential IPV to the original and each copy of the QC report.

When the "New Information" box is checked, explain the information with all known details.

- ◆ **Employees' manual reference:** List in the comment section the manual references used in determining the error explained.

Section C. County

Office Response:

Section C includes:

- ◆ An indication whether the case has been corrected to QC findings or the case has not been corrected to Quality Control findings because the county office believes Quality Control made an error in its findings.
- ◆ An indication of the need for a claim or an adjustment to be made and the date the action is completed.
- ◆ An indication whether or not a potential IPV has been referred for a hearing, and if so the date of the referral.
- ◆ An explanation as to the action taken in response to the QC finding.
- ◆ Information about the error.
- ◆ The signature of the IM worker who responded to the report and corrected the errors.
- ◆ The date when the report has been cleared, errors corrected, and response sent to the area office or filed in the case record.
- ◆ The signature of the service area IM supervisor or designee who evaluates the report submitted by the county office and resolves inadequate or confusing explanations before submittal to central office.
- ◆ The date when the report has been cleared by the service area IM supervisor or designee and submitted to central office.

Request for Information, Form 470-2011

Purpose	The Unit of Quality Control uses the <i>Request for Information</i> as an introductory letter in conjunction with various release of information forms.
Source	This form is located on each reviewer's share and is completed on-line.
Completion	The quality control reviewer completes this form when a release of information form is sent to a third-party informant.
Distribution	Send the original to the informant along with the applicable release of information form. A copy can be retained as a control copy. When the original is returned, destroy the control copy. File the original in the case study file.
Data	The form is self-explanatory.

Request for Records From Financial Institution, Form 470-3101

Purpose	Form 470-3101 is designed to secure the client's permission for the Unit of Quality Control to investigate information that can be provided by a financial institution. The financial institution also uses the form to furnish the requested information.
Source	This form is located on each reviewer's share.
Completion	When it is necessary to verify interest income or resources, complete the items relating to the information requested and have the client and spouse (or the person authorized to obtain the information) sign the authorization section. The financial institution completes the remainder of the page.
Distribution	Send a copy to the financial institution with a cover letter and a self-addressed stamped return envelope. Keep a copy as a control copy. Also give a copy to the client. When the financial institution returns the form, destroy the control copy and file the completed copy in the case record.
Data	Enter: <ul style="list-style-type: none">◆ The name and address of the financial institution.◆ The name and social security number of the persons whose income or resources are being verified.◆ The period of time for which the information is being requested.

Return of Case Records, Form 470-2005

Purpose	Form 470-2005 is designed to notify the county office the case records requested for a quality control review are being returned to the county office and to request acknowledgment of receipt.
Source	Complete form 470-2005 on line using the template available in the public state-approved forms folder on Outlook (in the Administrative/Evaluations subfolder).
Completion	The quality control reviewer prepares this form whenever the reviewer returns case records to the county office.
Distribution	Send the original and one copy to the county office. Keep a control copy. Upon receipt of the case records, the county office signs and dates the form and returns one copy to the quality control reviewer.

Verification Request at Home Visit, Form 470-3126

Purpose	The Unit of Quality Control uses the <i>Verification Request at Home Visit</i> when verification or action of the client is requested.
Source	Form 470-3126 is printed with 25 two-part NCR forms on a pad. Order supplies from Iowa Prison Industries at Anamosa.
Completion	The quality control reviewer completes the form.
Distribution	Give the original to the client. Keep the copy as a part of the quality control review file.
Data	The form is self-explanatory.

**Worksheet for Food Stamps or Medicaid Eligibility Quality Control Reviews, Form
HCFA-316 and FNS-380**

Purpose	The Unit of Quality Control uses form as a worksheet in the review of a positive medical case or a positive Food Assistance case.
Source	This form is ordered from federal sources or is available on line along with forms: <ul style="list-style-type: none">◆ FNS-380-1, <i>Quality Control Review Schedule</i>.◆ HCFA-301, <i>Medicaid/TANF Quality Control Review Schedule</i>.◆ 470-1627, <i>Notice of Interview</i>.◆ 470-0478, <i>No Error Memorandum</i>.◆ 470-0451, <i>Report of Quality Control Review</i>.
Completion	The QC reviewer completes this form.
Distribution	File one copy in the case study file.
Data	Entry instructions are found in the <i>Quality Control Review Handbook</i> and the state Medicaid manual.



November 24, 1998

GENERAL LETTER NO. 5-D-AP-1

ISSUED BY: Office of Program Evaluation, Division of Support Services

SUBJECT: Employees' Manual, Title 5, Chapter D, *Quality Control Appendix*, Title page, new; Contents (pages 1 and 2), new; pages 1 through 40, new; and the following forms:

- 470-0176 *Address Information Request*, revised
- 470-0474 *Confidential Verification of Vital Statistics*, unchanged
- 470-0483 *Error Report Tracking Log*, revised
- 470-1636 *Face Sheet*, revised
- 470-2013 *Facility/Foster Parent Questionnaire*, revised
- 470-0100 *Facility Questionnaire*, unchanged
- 470-1449 *Household Data Sheet*, revised
- 470-1635 *Medicaid Eligibility Face Sheet*, revised
- 470-2010 *Medicaid Notice to Cooperate*, unchanged
- 470-3371 *Medicaid Quality Control Face Sheet*, revised
- 470-1633 *Medicaid Questionnaire*, unchanged
- 470-0475 *Medical Client Participation Worksheet*, unchanged
- HCFA-301 *Medical/TANF Quality Control Review Schedule*, new
- 470-0478 *No Error Memorandum*, unchanged
- 470-0479 *Noncooperation Notice*, unchanged
- 470-1627 *Notice of Interview*, revised
- 470-2014 *Parent Questionnaire for Foster Children*, unchanged
- 470-1641 *Property Verification Request*, unchanged
- FCS-245 *Food Stamp Negative Case Action Review Schedule*, new
- HCFA 6401 *Quality Control Negative Case Action Worksheet/Review Schedule*, new
- FCS-380-1 *Quality Control Review Schedule*, new
- 470-3577 *Quality Control Second Reviewer Offer*, new
- 470-0471 *Quality Control Weekly Status Report*, revised
- 470-0451 *Report of Quality Control Review*, revised
- 470-2011 *Request for Information*, unchanged
- 470-3101 *Request for Records From Financial Institution*, new
- 470-2005 *Return of Case Records*, unchanged
- 470-3126 *Verification Request at Home Visit*, new
- HCFA-316 *Worksheet for Food Stamps or Medicaid Eligibility Quality Control Reviews (FCS-380)*, new

Summary

This general letter transmits the new Chapter 5-D, *Quality Control Appendix*. This chapter contains forms that were previously in 6-Appendix and forms that were not previously in the manual. The appendix has been reorganized and revised to reflect Quality Control's current responsibilities and scope of review.

Effective Date

Upon receipt

Material Superseded

None

Additional Information

Revised on-line forms are available to reviewers on the QC share to be copied to each reviewer's computer.

Revised system-generated forms are already in production.

Revised forms 470-0176 and 470-2013 are available from Iowa State Industries at Anamosa. Use up existing supplies before reordering.

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



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

DEPARTMENT OF HUMAN SERVICES
JESSIE K. RASMUSSEN, DIRECTOR

June 1, 1999

GENERAL LETTER NO. 5-D-AP-2

ISSUED BY: Office of Program Evaluation, Division of Support Services

SUBJECT: Employees' Manual, Title 5, Chapter D, *Quality Control Appendix*, page 6, revised, and form 470-0100, *Facility Questionnaire*, revised.

Summary

This letter transmits a change to the *Facility Questionnaire*. It has been revised to incorporate the State of Iowa letterhead.

The revised form is available to reviewers on the QC share to be copied to each reviewer's computer. This form will no longer be available to order from Iowa State Industries at Anamosa.

Effective Date

Upon receipt.

Material Superseded

Remove from Employees' Manual, Title 5, Chapter D Appendix, and destroy page 6, dated November 24, 1998, and form 470-0100, dated 3/85.

Additional Information

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



August 7, 2001

GENERAL LETTER NO. 5-D-AP-3

ISSUED BY: Office of Program Evaluation, Division of Support Services

SUBJECT: Employees' Manual, Title 5, Chapter D, QUALITY CONTROL APPENDIX, Contents (page 1), revised; pages 1, 2, and 34, revised; page 2a, new; and the following forms:

- 470-0457 Absent Parent Questionnaire, revised
470-2005 Return of Case Records, revised

Summary

This chapter is revised to:

- Add form 470-0457, Absent Parent Questionnaire, and instructions. The form was removed from 6-Appendix and moved to 5-D-Appendix for consistency, since only Quality Control staff use it. (See General Letter 6-AP-43, July 31, 2001.) The form has been revised to:
- Add the phone number and FAX number to the form.
- Change the source instructions for the form from a printed form to an electronic template.
Update the instructions for form 470-0474 to reflect current practice.
Update the sample and instructions for form 470-2005 to reflect that it is now an Outlook template.

Effective Date

Upon receipt.

Material Superseded

Remove the following pages from Employees' Manual, Title 5, Chapter D, Appendix, and destroy them:

Table with 2 columns: Page, Date. Rows include Contents (p. 1), 1, 2,* 34, 470-2005 with corresponding dates: November 24, 1998, November 24, 1998, 11/90.

* Move the sample of form 470-0176 to follow revised page 2, and file the new page 2a after the sample of form 470-0474.

Additional Information

The template for form 470-0457 is located on the QC share. Reviewers can copy the template to their computers. The template for form 470-2005 is available on Outlook and is to be used there instead of being copied.

These forms are no longer available to be ordered from Iowa Prison Industries at Anamosa. Any remaining supplies may be used or destroyed.

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



July 15, 2003

GENERAL LETTER NO. 5-D-AP-4

ISSUED BY: Division of Results Based Accountability, Unit of Quality Control

SUBJECT: Employees' Manual, Title 5, Chapter D, **QUALITY CONTROL APPENDIX**, Contents (pages 1 and 2) revised; pages 1, 2, 2a, 3, 5, 6, 7, 9, 10, 11, 14, 15, 16, 18 through 33, 35, and 36, revised; and the following forms:

470-0176(M) *Address Information Request*, revised
470-0474 *Confidential Verification of Birth*, revised
470-2013 *Facility/Foster Parent Questionnaire*, revised
470-0100 *Facility Questionnaire*, revised
470-2010 *Medicaid Notice to Cooperate*, updated
470-1633 *Medicaid Questionnaire*, revised
470-0479 *Noncooperation Notice*, revised
470-1627 *Notice of Interview*, revised
470-2014 *Parent Questionnaire for Foster Children*, revised
FNS-245 *Quality Control – Food Stamp Negative Case Action Review Schedule*, revised
FNS-380-1 *Quality Control Review Schedule*, revised
470-3577 *Quality Control Second Reviewer Offer*, revised
470-0451 *Report of Quality Control Review*, revised
470-2005 *Return of Case Records*, revised
FNS-380 *Worksheet for Food Stamp Program Quality Control Reviews*, revised

Summary

This chapter is revised to:

- ◆ Change the instructions to reflect that printed supplies of the following forms are no longer available from Iowa Prison Industries:
 - 470-0457, *Absent Parent Questionnaire*
 - 470-0176(M), *Address Information Request*
 - 470-0474, *Confidential Verification of Birth*
 - 470-2010, *Medicaid Notice to Cooperate*
 - 470-1633, *Medicaid Questionnaire*
 - 470-1627, *Notice of Interview*

Each form is available as a template on the quality control share.

- ◆ Update the letterhead on the following forms to reflect the new Department director:
 - 470-0176(M), *Address Information Request*
 - 470-2013, *Facility/Foster Parent Questionnaire*
 - 470-0100, *Facility Questionnaire*
 - 470-3577, *Quality Control Second Reviewer Offer*
- ◆ Update the Department of Public Health form, *Confidential Verification of Birth*. The Department of Public Health has requested that all requests be made on the new version of the form.
- ◆ Update form 470-2013, *Facility/Foster Parent Questionnaire*, to add a place for the quality control reviewer to indicate their phone number and fax number.
- ◆ Update form 470-1633, *Medicaid Questionnaire*, and form 470-1627, *Notice of Interview*, to remove references to the Bureau of Program Evaluation and replace it with Quality Control.
- ◆ Update form 470-0479, *Noncooperation Notice*, to remove reference to ADC and replace it with FIP.
- ◆ Update form 470-2014, *Parent Questionnaire for Foster Children*, to include the Department's letterhead on the letter portion of the form. Previously, this form was not printed on the Department's letterhead.
- ◆ Update form FNS-245, *Quality Control – Food Stamp Negative Case Action Review Schedule*, and FNS-380, *Worksheet for Food Stamp Program Quality Control Reviews*, to reflect the current version available from the U.S. Department of Agriculture.
- ◆ Revise the instructions for form 470-0451, *Report of Quality Control Review*, to reflect the organizational changes in the Department and to remove references to the challenge process.
- ◆ Update form 470-2005, *Return of Case Records*, to remove references to the Bureau of Program Evaluation and replace it with Quality Control. Also, references to printed copies are removed. This form is only available as a template.

Effective Date

Upon receipt.

Material Superseded

Remove the following pages from Employees' Manual, Title 5, Chapter D, Appendix, and destroy them:

<u>Page</u>	<u>Date</u>
Contents (page 1)	August 7, 2001
Contents (page 2)	November 24, 1998
1, 2	August 7, 2001
470-0176(M)	4/98
470-0474	4/91

2a	August 7, 2001
3	November 24, 1998
470-2013	4/98
5	November 24, 1998
6	June 1, 1999
470-0100	4/99
7	November 24, 1998
470-2010	2/85
9, 10	November 24, 1998
470-1633	8/90
11, 14-16	November 24, 1998
470-0479	8/90
18	November 24, 1998
470-1627	11/98
470-2014	2/85
19, 20	November 24, 1998
FCS-245	5/97
21, 22	November 24, 1998
FCS-380-1	10/97
23, 24	November 24, 1998
470-3577	10/98
25, 26	November 24, 1998
470-0451	11/98
27-33	November 24, 1998
470-2005	1/00
35, 36	November 24, 1998
FNS-380	10/97

Additional Information

Destroy remaining supplies of the following forms.

- ◆ 470-0457, *Absent Parent Questionnaire*
- ◆ 470-0176(M), *Address Information Request*
- ◆ 470-0474, *Confidential Verification of Vital Statistics*
- ◆ 470-2010, *Medicaid Notice to Cooperate*
- ◆ 470-1633, *Medicaid Questionnaire*
- ◆ 470-1627, *Notice of Interview*

No further supplies of these forms will be printed.

Refer questions about this general letter to your area income maintenance supervisor 2.



STATE OF IOWA

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

DEPARTMENT OF HUMAN SERVICES
EUGENE I. GESSOW, DIRECTOR

January 2, 2009

GENERAL LETTER NO. 5-D-AP-5

ISSUED BY: Bureau of Policy Analysis and Appeals

SUBJECT: Employees' Manual, Title 5, Chapter D, *QUALITY CONTROL APPENDIX*, pages 7, 13, 17, 20, 23, 26 through 30, 33 and 36, revised; and the following forms:

470-0176(M) *Address Information Request*, revised
470-2013 *Facility/Foster Parent Questionnaire*, revised
470-0100 *Facility Questionnaire*, revised
470-2014 *Parent Questionnaire for Foster Children*, revised
470-3577 *Quality Control Second Reviewer Offer*, revised

Summary

This chapter is revised to:

- ◆ Update the following forms to reflect the name of the current Governor, Lieutenant Governor, and the director of the Department:
 - 470-0176(M), *Address Information Request*
 - 470-2013, *Facility/Foster Parent Questionnaire*
 - 470-0100, *Facility Questionnaire*
 - 470-2014, *Parent Questionnaire for Foster Children*
 - 470-3577, *Quality Control Second Reviewer Offer*
- ◆ Update the source information for the following forms to reflect that the form is no longer available to order from Iowa Prison Industries at Anamosa:
 - 470-0475, *Medical Client Participation Worksheet*
 - 470-1641, *Property Verification Request*
 - 470-3101, *Request for Records From Financial Institution*
- ◆ Update program and organizational terminology.

Effective Date

Upon receipt.

Material Superseded

Remove the following forms from Employees' Manual, Title 5, Chapter D, Appendix, and destroy them:

<u>Page</u>	<u>Date</u>
479-0176(M) (after p. 2)	6/03
470-2013 (before p. 5)	6/03
470-0100 (after p. 6)	6/03
7	July 15, 2003
13, 17	November 24, 1998
470-2014 (before p. 19)	6/03
20, 23	July 15, 2003
470-3577 (after p. 24)	5/03
26-30, 33, 36	July 15, 2003

Additional Information

Use up existing supplies of the following forms, as no further supplies will be printed at Iowa Prison Industries at Anamosa:

- ◆ 470-0475, *Medical Client Participation Worksheet*
- ◆ 470-1641, *Property Verification Request*
- ◆ 470-3101, *Request for Records From Financial Institution*

The forms can still be accessed from the reviewer's share.

Refer questions about this general letter to your area income maintenance administrator.