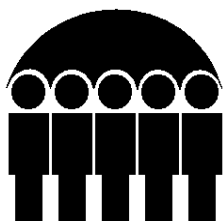


November 13, 2009

Employees' Manual  
Title 3  
Chapter G Appendix

# GENERAL FACILITY POLICIES APPENDIX



Iowa  
Department  
of  
Human Services

Page

**Briefing Sheet, Form 470-4857 ..... 1**

### **[Briefing Sheet, Form 470-4857](#)**

Purpose	Form 470-4857 is used to document training provided to staff on the Department's false Medicaid claims policy.
Source	Supplies of the form may be printed or photocopied from the sample in the manual as needed.
Completion	All employees, contractors, and volunteers are required to sign this form upon completion of training to signify that they have received the training.
Distribution	One copy of the signed form shall be provided to the employee, contractor, or volunteer. One copy of the signed form shall be retained in the facility's personnel files.
Data	The form documents that the required training has been provided.



# STATE OF IOWA

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

DEPARTMENT OF HUMAN SERVICES  
CHARLES J. KROGMEIER, DIRECTOR

November 13, 2009

## GENERAL LETTER NO. 3-G-AP-1

ISSUED BY: Office of the Deputy Director for Field Operations

SUBJECT: Employees' Manual, Title 3, Chapter G, Appendix, **GENERAL FACILITY POLICIES APPENDIX**, Title page, new; Contents (page 1), new; page 1, new; and the following form:

470-4857 *Briefing Sheet*, new

### Summary

This chapter contains the instruction and form that is used to document training provided to employees, contractors, and volunteers on Medicaid false claim policies.

### Effective Date

Upon receipt.

### Material Superseded

None.

### Additional Information

Refer questions about this general letter to the deputy director for field operations.