



Employees' Manual

Title 5, Chapter D Appendix

Revised January 29, 2021

# Quality Control Appendix

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## **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"><li>◆ The postmaster’s address at the post office of the last known address.</li><li>◆ The name and the last known address, including ZIP code, of the person whose address is being requested.</li><li>◆ The reviewer’s signature and title.</li><li>◆ The reviewer’s return address.</li></ul>

## **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	This form lists the following information from IABC files: <ul style="list-style-type: none"><li>◆ Case identifying information.</li><li>◆ Members of the household.</li><li>◆ Significant persons not in the household.</li></ul>

There are spaces for the reviewer to enter:

- ◆ Review date.
- ◆ Date assigned.
- ◆ Date of case reading.
- ◆ Date of home visit.
- ◆ Date review was completed.
- ◆ Signature.

### **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	<p>This form contains the following data, used for information only:</p> <ul style="list-style-type: none"><li>◆ Head of household name and mailing address.</li><li>◆ Household members' names, ages, relationships, and social security numbers.</li><li>◆ Whether the household participated in the Food Assistance program during the sample month.</li><li>◆ The household's adjusted net income and the value of Food Assistance benefits issued.</li><li>◆ Identifying information about the case.</li></ul>

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### **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.

### **Noncooperation Notice, Form 470-0479**

Purpose	The Bureau 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 form to the county office.  Keep a copy as a permanent record with the completed review.
Data	Compete the following portions of the form: <ul style="list-style-type: none"><li>◆ <b>Date:</b> Enter the date the form is prepared.</li><li>◆ <b>Agency:</b> List the county office from which the client is currently receiving program benefits, last received program benefits, or had an application rejected.</li><li>◆ <b>QC Reviewer:</b> Enter the quality control reviewer's name.</li><li>◆ <b>Attention:</b> List the county worker who is currently handling the case record or last handled the case record.</li><li>◆ <b>Phone No:</b> Enter the quality control reviewer's telephone number.</li><li>◆ <b>Case Name:</b> Enter the client's name.</li><li>◆ <b>Quality Control No:</b> Enter the client's quality control review number.</li><li>◆ <b>Case No:</b> Enter the client's case number.</li><li>◆ <b>Reference No:</b> Enter the Employees' Manual reference (5-D, <a href="#"><i>If the Client Fails To Cooperate</i></a>).</li><li>◆ 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.</li></ul>

- ◆ 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	<p>The top portion of the first page and the back section of the form are self-explanatory. Also enter:</p> <ul style="list-style-type: none"><li>◆ The reviewer's telephone number must be included in the return address.</li><li>◆ The type of assistance being reviewed.</li><li>◆ The quality control review month.</li><li>◆ The home visit date.</li><li>◆ The home visit time.</li><li>◆ The deadline for confirming the visit.</li><li>◆ The reviewer's phone number.</li><li>◆ The signature of the reviewer.</li></ul>

### **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"><li>◆ <b>Case name:</b> Enter the client's name.</li><li>◆ <b>QC#:</b> Enter the assigned quality control review number.</li><li>◆ <b>CO#:</b> Enter the applicable county number.</li><li>◆ <b>RM:</b> Enter the month which is being reviewed.</li><li>◆ <b>Date rec'd:</b> Enter the month and date the assignment was received.</li><li>◆ <b>Case log record:</b> 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.</li><li>◆ <b>Date HV:</b> Enter the date (month and day) the home visit was made.</li><li>◆ <b>Completions:</b> 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.</li><li>◆ <b>Proc:</b> Enter the month and day the review was processed. This is completed by the quality control supervisor.</li><li>◆ <b>Comments:</b> Enter the applicable comments.</li></ul>

## **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 of the results of a Quality Control review. It is completed when a case is correct, when an error, deficiency or new information is found in a review, or when a possible Supplemental Nutrition Assistance Program (SNAP) intentional program violation (IPV) is recommended for investigation. Field staff use the form to notify QC of their response to the report. Page one of the report has been customized for each program – SNAP, Family Investment Program (FIP), and Medicaid Assistance programs.
Source	This form is located on each QC reviewer’s share along with the corresponding review worksheet. 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"><li>◆ The case is correct.</li><li>◆ There is an error or deficiency on the case.</li><li>◆ The review is incomplete, but QC has information to share.</li><li>◆ There is new information to report that does not affect quality control findings.</li></ul> <p>The local office Income Maintenance (IM) worker and supervisor complete Section C of the final report to show what action is taken in response to a Quality Control finding of an error or a SNAP potential IPV. When the Integrated Claims Recovery Unit (ICRU) does follow up work on the case, the ICRU worker and supervisor also sign and return the form.</p>
Distribution	<p>Quality Control:</p> <ul style="list-style-type: none"><li>◆ Sends one copy to the local office.</li><li>◆ Maintains one copy in the Quality Control review file.</li></ul> <p>The local office:</p> <ul style="list-style-type: none"><li>◆ Sends the IM worker’s response to Quality Control by the response due date noted in Section A.</li><li>◆ Indicate in Section C, Explanation of Action Taken, if referral is made to ICRU.</li></ul>

- ◆ File one copy in the case record.

The ICRU:

- ◆ Sends the ICRU response to Quality Control when their work is complete.

Data

Complete the form as follows:

### **Section A.**

#### **Identification:**

Section A includes:

**Case name:** Enter the name of the head of household or case payee.

**Case number:** Self-explanatory.

**Eligibility group:** For medical assistance reviews, enter the coverage group.

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

**IM worker & supervisor:** Enter the name and worker number of the IM worker who was responsible for the case as of the review date and that worker's supervisor.

**County:** Enter the name and number of the local office with responsibility for the case on the review date.

**Service area:** Enter the name and number of the service area in which the local office is located.

**Program:** Enter the type of case being studied, i.e., SNAP, FIP, Medicaid T19, or CHIP T21.

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

**Sample and review date:** Enter the date for which Quality Control determined the eligibility and payment status of this case. For FIP and Medical, the sample and review months may be different.

**Report date:** Enter the date the Quality Control Report is sent to the local office.

**Response due date:** Enter the date the response is due to QC from Field staff.

## **Section B.**

**Findings:** Section B. Quality Control Findings, includes:

### **On a negative study:**

- ◆ Check the Negative box.
- ◆ Check the boxes needed to indicate the reason for any error in the negative action.
- ◆ If there is no error, check the correct case box.

### **On an active study:**

- ◆ Check the Active box.
- ◆ Check the boxes needed to indicate the reason for any error on the active case.
- ◆ If there is no error, check the correct case box.
- ◆ **Potential IPV:** Check this box on an active SNAP case when there is reason to believe there was potential intentional program violation. Use this box for SNAP cases only.
- ◆ **Incomplete or Undetermined:** Check one of these boxes if the review could not be fully completed.
- ◆ **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 SNAP IPV, explain QC's assessment of the potential IPV.

For correct cases, the QC reviewer will provide a summary of the case action reviewed.

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 QC findings and the reason why.
- ◆ 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 signature of the ICRU worker who responded to the report, as applicable.
- ◆ The date when the report has been cleared, errors corrected, and response sent to Quality Control.
- ◆ The signature of the IM supervisor or designee who evaluates the report submitted by the county office or ICRU.
- ◆ The date when the report has been cleared by the county or ICRU and submitted to central office.

### **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"><li>◆ The name and address of the financial institution.</li><li>◆ The name and social security number of the persons whose income or resources are being verified.</li><li>◆ The period of time for which the information is being requested.</li></ul>

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**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"><li>◆ FNS-380-1, Quality Control Review Schedule.</li><li>◆ HCFA-301, Medicaid/TANF Quality Control Review Schedule.</li><li>◆ 470-1627, Notice of Interview.</li><li>◆ 470-0478, No Error Memorandum.</li><li>◆ 470-0451, Report of Quality Control Review.</li></ul>
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.