



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

DEPARTMENT OF HUMAN SERVICES  
JESSIE K. RASMUSSEN, DIRECTOR

December 7, 1999

## GENERAL LETTER NO. 16-J-AP-2

ISSUED BY: Bureau of Program Support and Protective Services  
Division of Adult, Children and Family Services.

SUBJECT: Employees' Manual, Title 16, Chapter J, *In-Home Health-Related Care Services Appendix*, pages 4, 7, 8, 9 and 11, revised; and the following forms:

- PA-1107-0 *Application for Medical Assistance or State Supplementary Assistance* (470-0442), revised
- SS-1104-0 *Notice of Decision: Services* (470-0602), revised
- SS-1511-0 *Provider Agreement* (470-0636), revised

### Summary

The *Provider Agreement* is revised to add the providers' social security number and to allow its completion on line through a template on Outlook.

The *Notice of Decision: Services* is revised to update the nondiscrimination statement, and is also available as a template.

The instructions for the *Notice of Decision* and *Provider Agreement* are revised on pages 4, 7, 8, and 9 to reflect these changes

The *Application for Medical Assistance or State Supplementary Assistance* is revised to:

- ◆ Include qualified aliens to the citizenship certification statement.
- ◆ Change "unlawful alien" to "non-qualified alien" in the certification statement for emergency services.
- ◆ Change the name of the Office of Equal Opportunity to Diversity Program Unit.
- ◆ Update the address of the Iowa Civil Rights.
- ◆ Label the Office of Health and Human Services properly.

The instructions for completing AA-2241-0, *Purchase of Service Provider Invoice*, are revised on page 11 to reflect changes due to entry of the invoices in the county office..

**Effective Date**

Upon receipt

**Material Superseded**

Remove the following pages from Employees' Manual, Title 16, Chapter J, Appendix and destroy them:

<u>Page</u>	<u>Date</u>
PA-1107-0	1/94
4, 7-9, 11	November 29, 1994
SS-1104-0	July 1993
SS-1511-0	April 1991

**Additional Information**

The *Notice of Decision: Services* and the *Provider Agreement* may be completed on line, using the state-approved form templates on Outlook.

Printed supplies of the *Provider Agreement* are not being revised. You must use the state-approved form template on Outlook to access the revised form.

Use up existing printed supplies of all of these forms before reordering from Anamosa.

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



# STATE OF IOWA

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

DEPARTMENT OF HUMAN SERVICES  
JESSIE K. RASMUSSEN, DIRECTOR

April 24, 2001

## GENERAL LETTER NO. 16-J-AP-3

ISSUED BY: Bureau of Protective Services  
Division of Adult, Children, and Family Services.

SUBJECT: Employees' Manual, Title 16, Chapter J, ***IN-HOME HEALTH-RELATED CARE SERVICES APPENDIX***, Title page, revised; Contents (page 1), revised; pages 1 through 16, revised; and the following forms:

470-1999 *Amendment to Provider Agreement*, unchanged  
470-0442 *Application for Medical Assistance or State Supplementary Assistance*, revised  
470-0602 *Notice of Decision: Services*, revised  
470-0673 *Physician's Report*, revised  
470-0636 *Provider Agreement*, revised  
470-0672 *Provider Health Assessment*, revised  
470-0020 *Purchase of Services Provider Invoice (AA-2241-0)*, unchanged  
470-0506 *Service Report*, revised  
470-0648 *Statement of Services Rendered*, revised

### Summary

The form numbers have been changed on existing forms. Instructions are revised to explain that it is now possible to access these forms on the on-line manual by clicking twice on the heading enclosed in a blue box.

### Effective Date

Upon receipt

### Material Superseded

Remove the entire Chapter J Appendix from Employees' Manual, Title 16, and destroy it. This includes the following pages:

<u>Page</u>	<u>Date</u>
Title page	November 29, 1994
Contents (page 1)	November 29, 1994
470-1999	10/85
1-3	November 29, 1994
PA-1107-0 (470-0442)	9/99
4	1999
SS-1107-0 (470-0602)	2/99
5-6	November 29, 1994
SS-1719-0 (470-0673)	7/86
SS-1511-0 (470-0636)	10/99
7-9	1999
10	November 29, 1994
SS-1718-0	11/76
AA-2241-0	3/90
11	1999
12	November 29, 1994
PA-5905-6 (470-0506)	10/87
13-16	November 29, 1994
SS-1623-0 (470-0648)	8/77

**Additional Information**

Use up any remaining supplies of previous versions of all revised forms. Refer questions about this general letter to your regional service administrator.



March 19, 2002

GENERAL LETTER NO. 16-J-AP-4

ISSUED BY: Bureau of Protective Services, Division of Behavioral, Development and Protective Services for Families, Adults and Children

SUBJECT: Employees' Manual, Title 16, Chapter J, IN-HOME HEALTH-RELATED CARE SERVICES APPENDIX, Contents (page 1), revised; pages 2, 3, 11, and 12, revised; and the following forms:

- 470-2927 Health Services Application, new
470-2927(S) Health Services Application (Spanish), new
470-0020 Purchase of Service Provider Invoice, revised

Summary

This chapter is revised to:

- Remove form 470-0442, Application for Medical Assistance or State Supplementary Assistance, from this chapter. The form is now obsolete.
Add form 470-2927, Health Services Application, and its Spanish translation, form 470-2927(S), Solicitud de Servicios Médicos, to the chapter. These forms are now used to apply for in-home health-related care services.
Change the number of form AA-2241-0, Purchase of Service Provider Invoice, to 470-0020.

Effective Date

Upon receipt.

Material Superseded

Remove the following pages from Employees' Manual, Title 16, Chapter J, Appendix, and destroy them:

Table with 2 columns: Page, Date. Rows include Contents (page 1), 2, 3, 11, 12; 470-0442; AA-2241-0 with corresponding dates.

**Additional Information**

Form 470-0442, *Application for Medical Assistance or State Supplementary Assistance*, can be used until supplies are exhausted. When supplies are exhausted, use form 470-2927, *Health Services Application*, or the Spanish translation form 470-2927(S), *Health Services Application (Spanish)*.

Use up supplies of the previous version of form AA-2241-0 (470-0020), *Purchase of Service Provider Invoice*, before reordering from Anamosa in the usual manner.

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



# STATE OF IOWA

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

DEPARTMENT OF HUMAN SERVICES  
KEVIN W. CONCANNON, DIRECTOR

February 10, 2004

## GENERAL LETTER NO. 16-J-AP-5

ISSUED BY: Bureau of Protective Services  
Division of Behavioral, Developmental and Protective Services for Families,  
Adults and Children

SUBJECT: Employees' Manual, Title 16, Chapter J, ***IN-HOME HEALTH-RELATED CARE SERVICES APPENDIX***, Contents (page 1), revised; pages 2, 3, 6, 7, 10, and 13, revised; pages 17, 18, and 19, new; and the following forms:

470-0506 *Service Report*, revised

470-3951 *Authorization to Obtain or Release Health Care Information*, new

### Summary

This chapter is revised to:

- ◆ Add form 470-3951, *Authorization to Obtain or Release Health Care Information*, which meets HIPAA requirements for releasing health care information.
- ◆ Change the source information of the Spanish version of form 470-2927, *Health Services Application*, and form 470-0673, *Physician's Report*, to reflect the number of sets that are printed per pad.
- ◆ Change the instructions to reflect that printed supplies of the following forms are no longer available from Iowa Prison Industries:
  - 470-0636, *Provider Agreement*
  - 470-0672, *Provider Health Assessment*
  - 470-0506, *Service Report*

### Effective Date

Changes are effective upon receipt.

**Material Superseded**

Remove the following pages from Employees' Manual, Title 16, Chapter J, Appendix, and destroy them:

<u>Page</u>	<u>Date</u>
Contents (page 1)	March 19, 2002
2, 3	March 19, 2002
6, 7, 10	April 24, 2001
470-0506	8/00
13	April 24, 2001

**Additional Information**

Form 470-3951, *Authorization to Obtain or Release Health Care Information*, is available both as a template and a printed form.

Use up remaining supplies of the following forms, as no further supplies will be printed:

- ◆ 470-0636, *Provider Agreement*
- ◆ 470-0672, *Provider Health Assessment*
- ◆ 470-0506, *Service Report*

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





# STATE OF IOWA

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

DEPARTMENT OF HUMAN SERVICES  
KEVIN W. CONCANNON, DIRECTOR

September 23, 2005

## GENERAL LETTER NO. 16-J-AP-6

ISSUED BY: Bureau of Protective Services  
Division of Behavioral, Developmental and Protective Services for Families,  
Adults and Children

SUBJECT: Employees' Manual, Title 16, Chapter J, ***IN-HOME HEALTH-RELATED CARE SERVICES APPENDIX***, Contents (page 1), revised; pages 4, 8, 17, 18, and 19, revised; and the following forms:

470-2927      *Health Services Application*, revised  
470-2927(S)   *Health Services Application (Spanish)*, revised  
470-0602      *Notice of Decision: Services*, revised  
470-0636      *Provider Agreement*, revised  
470-3951(S)   *Authorization to Obtain or Release Health Care Information*,  
new

### Summary

This chapter is revised to:

- ◆ Update forms 470-2927 and 470-2927(S), *Health Services Application*, to add a statement that faxed signatures are now acceptable.
- ◆ Update the appeal rights and the policy on nondiscrimination on form 470-0602, *Notice of Decision: Services*. The instructions are also updated to reflect that printed supplies of this form are no longer available.
- ◆ Update form 470-0636, *Provider Agreement*, to remove the Social Security numbers for the client and the payee from the form.
- ◆ Add a Spanish version of form 470-3951(S), *Authorization to Obtain or Release Health Care Information*. This form can be printed from the on-line manual.

### Effective Date

Upon receipt.

**Material Superseded**

Remove the following pages from Employees' Manual, Title 16, Chapter J, Appendix, and destroy it:

<u>Page</u>	<u>Date</u>
Contents (page 1)	February 10, 2004
470-2927 (after p. 2)	1/02
470-2927(S)	1/02
4	April 24, 2001
470-0602	8/00
470-0636	3/00
8	April 24, 2001
17, 18, 19	February 10, 2004

**Additional Information**

Use up existing supplies of forms 470-2927 and 470-2927(S), *Health Services Application*, before reordering from Anamosa in the usual manner.

Use up remaining supplies of form 470-0602, *Notice of Decision: Services*, as no further supplies will be printed.

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



# STATE OF IOWA

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

DEPARTMENT OF HUMAN SERVICES  
KEVIN W. CONCANNON, DIRECTOR

December 30, 2005

## GENERAL LETTER NO. 16-J-AP-7

ISSUED BY: Bureau of Protective Services  
Division of Behavioral, Developmental and Protective Services for Families,  
Adults and Children

SUBJECT: Employees' Manual, Title 16, Chapter J, ***IN-HOME HEALTH-RELATED  
CARE SERVICES APPENDIX***, page 8, revised; and form 470-0636, *Provider  
Agreement*, revised.

### Summary

This chapter is revised to add the client's social security number to form 470-0636, *Provider Agreement*. The client's social security number must be concealed before copies of the *Provider Agreement* are sent to the client and provider.

### Effective Date

January 1, 2006

### Material Superseded

Remove the following pages from Employees' Manual, Title 16, Chapter J, Appendix, and destroy them:

<u>Page</u>	<u>Date</u>
8	September 23, 2005
470-0636	8/05

### Additional Information

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



# STATE OF IOWA

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

DEPARTMENT OF HUMAN SERVICES  
KEVIN W. CONCANNON, DIRECTOR

April 14, 2006

## GENERAL LETTER NO. 16-J-AP-8

ISSUED BY: Bureau of Protective Services  
Division of Behavioral, Developmental and Protective Services for Families,  
Adults and Children

SUBJECT: Employees' Manual, Title 16, Chapter J, *IN-HOME HEALTH-RELATED,  
CARE SERVICES APPENDIX*, pages 6, 7, and 8, revised; and form 470-0673,  
*Physician's Report*, revised.

### Summary

This chapter is revised to:

- ◆ Discontinue printing form 470-0673, *Physician's Report*, at Iowa Prison Industries at Anamosa. The form is now available only by printing it from the on-line manual.
- ◆ Add the clarification that providers and clients need a different *Provider Agreement*, form 470-0636, for each client and each provider. Each provider must have a different provider agreement for each client and each client must have a different provider agreement for each provider. Therefore, clients and providers may each have more than one provider number, one for each provider and one for each client.

### Effective Date

Upon receipt.

### Material Superseded

Remove the following pages from Employees' Manual, Title 16, Chapter J, Appendix, and destroy them:

<u>Page</u>	<u>Date</u>
6, 7	February 10, 2004
470-0673	12/00
8	December 30, 2005

**Additional Information**

Use up existing supplies of form 470-0673, as no further supplies will be printed. The form is now available from the on-line manual.

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



# STATE OF IOWA

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

DEPARTMENT OF HUMAN SERVICES  
KEVIN W. CONCANNON, DIRECTOR

January 5, 2007

## GENERAL LETTER NO. 16-J-AP-9

ISSUED BY: Bureau of Protective Services  
Division of Child and Family Services

SUBJECT: Employees' Manual, Title 16, Chapter J, ***IN-HOME HEALTH-RELATED CARE SERVICES APPENDIX***, Contents (page 1), revised; pages 3, 4, and 5, revised; and the following forms:

470-2927      *Health Services Application*, revised  
470-2927(S)   *Health Services Application (Spanish)*, revised  
470-0602      *Notice of Decision: Services*, revised  
470-0602(S)   *Notice of Decision: Services (Spanish)*, new  
470-3951(S)   *Authorization to Obtain or Release Health Care Information (Spanish)*, revised

### Summary

This chapter is revised to:

- ◆ Eliminate the policy of requiring service workers to keep a copy of the first and last pages of the *Health Services Application*, form 470-2927 or 470-2927(S), in the service case file to serve as the *Application for All Social Services*, form 470-0615 or 470-0615(S). The signed copy of the *Health Services Application* in the income maintenance case file serves that purpose.
- ◆ Update sample forms 470-2927 and 470-2927(S), *Health Services Application*, to reflect revisions adding references to providing proof of U.S. citizenship and identification and a statement about annuities.
- ◆ Update form 470-0602, *Notice of Decision: Services*, to reflect the current Appeals Section web site address.

The Spanish translation of this form, 470-0602(S), is now available and can be printed from the on-line manual or photocopied from the sample in the paper manual as necessary.

- ◆ Update form 470-3951(S), *Authorization to Obtain or Release Health Care Information*, as the previous translation was missing a line of text.

### Effective Date

January 1, 2007

**Material Superseded**

Remove the following pages from Employees' Manual, Title 16, Chapter J, Appendix, and destroy them:

<u>Page</u>	<u>Date</u>
Contents (p. 1)	September 23, 2005
470-2927	3/05
470-2927(S)	5/05
3	February 10, 2004
4	September 23, 2005
470-0602	10/04
5	April 24, 2001
470-3951(S)	4/05

**Additional Information**

Use up existing supplies of form 470-2927 and 470-2927(S), *Health Services Application*, before reordering from Anamosa in the usual manner.

Destroy existing supplies of form 470-3951(S), *Authorization to Obtain or Release Health Care Information*, as a sentence was missing from the Spanish version. Print supplies from the on-line manual or photocopy from the sample in the paper manual.

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



# STATE OF IOWA

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

DEPARTMENT OF HUMAN SERVICES  
EUGENE I. GESSOW, DIRECTOR

October 17, 2008

## GENERAL LETTER NO. 16-J-AP-10

ISSUED BY: Bureau of Protective Services  
Division of Child and Family Services

SUBJECT: Employees' Manual, Title 16, Chapter J, ***IN-HOME HEALTH-RELATED CARE SERVICES APPENDIX***, Title (page), revised; Contents (page 1), revised; pages 1 through 19, revised; pages 20 and 21, new; and the following forms:

- 470-1999 *Amendment to Provider Agreement*, unchanged
- 470-3951 *Authorization to Obtain or Release Health Care Information*, unchanged
- 470-3951(S) *Authorization to Obtain or Release Health Care Information*, revised
- 470-2927 *Health Services Application*, revised
- 470-2927(S) *Health Services Application*, revised
- 470-0583 *Individual Client Case Plan*, new
- 470-0602 *Notice of Decision: Services*, revised
- 470-0602(S) *Notice of Decision: Services*, revised
- 470-0673 *Physician's Report*, unchanged
- 470-0636 *Provider Agreement*, unchanged
- 470-0672 *Provider Health Assessment*, unchanged
- 470-0020 *Purchase of Service Provider Invoice*, unchanged
- 470-0506 *Service Report*, unchanged
- 470-0648 *Statement of Services Rendered*, unchanged

### Summary

This chapter is revised to update where workers, clients, and providers can access forms. Form 470-0583, *Individual Client Case Plan*, has been updated and is now added to this chapter.

The chapter is rearranged and reformatted.

All the forms are being reissued for ease of filing.

### Effective Date

Upon receipt.



### **Material Superseded**

Remove the entire Chapter J, Appendix from Employees' Manual, Title 16 and destroy them. This includes the following pages:

<u>Page</u>	<u>Date</u>
Title (page)	April 24, 2001
Contents (page 1)	January 5, 2007
470-1999	10/85
1	April 24, 2001
2	February 10, 2004
470-2927	5/06
470-2927(S)	5/06
3, 4	January 5, 2007
470-0602	8/06
470-0602	12/06
5	January 5, 2007
6-8	April 14, 2006
470-0673	4/06
470-0636	12/05
9	April 24, 2001
10	February 10, 2004
470-0672	2/00
470-0020	2/02
11, 12	March 19, 2002
470-0506	1/03
13	February 10, 2004
14-16	April 24, 2001
470-0648	3/00
470-3951	8/03
470-3951(S)	2/06
17-19	September 23, 2005

### **Additional Information**

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



# STATE OF IOWA

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

DEPARTMENT OF HUMAN SERVICES  
CHARLES J. KROGMEIER, DIRECTOR

July 2, 2010

## GENERAL LETTER NO. 16-J-AP-11

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 APPENDIX***, form 470-0673, *Physician's Report*, revised.

### Summary

Form 470-0673, *Physician's Report*, is revised to clarify that the In-Home Health-Related Care program is a health care program and not housekeeping services.

### Effective Date

July 1, 2010

### Material Superseded

This material replaces Employees' Manual, Title 16, Chapter J, Appendix, form 470-0673, *Physician's Report*, dated 4/06.

### Additional Information

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



# STATE OF IOWA

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

DEPARTMENT OF HUMAN SERVICES  
CHARLES J. KROGMEIER, DIRECTOR

October 22, 2010

## GENERAL LETTER NO. 16-J-AP-12

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 APPENDIX***, page 15, revised; and form 470-0672, *Provider Health Assessment*, revised.

### Summary

Chapter 16-J-Appendix is revised to change the instructions for form 470-0672, *Provider Health Assessment*. In addition to the physician, an advanced registered nurse practitioner assistant working under the direction of a physician can complete the form.

### Effective Date

September 1, 2010

### Material Superseded

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

<u>Page</u>	<u>Date</u>
470-0672	2/00
15	October 17, 2008

### Additional Information

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



# STATE OF IOWA

TERRY E. BRANSTAD, GOVERNOR  
KIM REYNOLDS, LT. GOVERNOR

DEPARTMENT OF HUMAN SERVICES  
CHARLES M. PALMER, DIRECTOR

April 29, 2011

## GENERAL LETTER NO. 16-J-AP-13

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 APPENDIX***, page 9, revised.

### Summary

Chapter 16-J-Appendix is revised to update the instructions for distribution of the *Notice of Decision*, forms 470-0602 and 470-0602(S), to add sending the provider a copy of the form.

### Effective Date

Upon receipt.

### Material Superseded

This material replaces Employees' Manual, Title 16, Chapter J, Appendix, page 9, dated October 17, 2008.

### Additional Information

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



# Iowa Department of Human Services

Terry E. Branstad  
Governor

Kim Reynolds  
Lt. Governor

Charles M. Palmer  
Director

January 9, 2015

## GENERAL LETTER NO. 16-J-AP-14

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 APPENDIX***, Title page, revised; Contents (page 1), revised; pages 1 through 21, revised; and the following forms:

470-3951	<i>Authorization to Obtain or Release Health Care Information</i> , revised
470-3951(S)	<i>Authorization to Obtain or Release Health Care Information</i> (Spanish), revised
470-2927	<i>Health Services Application</i> , revised
470-2927(S)	<i>Health Services Application</i> (Spanish), revised
470-0583	<i>Individual Service Plan</i> , revised
470-0636	<i>Provider Agreement</i> , revised
W-9	<i>Request for Taxpayer Identification Number and Certification</i> , new
470-5044	<i>Service Worker Comprehensive Assessment</i> , new
470-0648	<i>Statement of Services Rendered</i> , revised

### Summary

Chapter 16-J-Appendix is revised to enter the In-Home Health-Related Care program into the ISIS system. These changes impact how payments are made to clients or their payee. Services, payments, and providers will now be entered into the ISIS system.

### Effective Date

Immediately.

### Material Superseded

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

<u>Page</u>	<u>Date</u>
Title page	October 17, 2008
Contents (page 1)	October 17, 2008
1, 2	October 17, 2008

470-3951	8/03
470-3951(S)	10/07
3, 4	October 17, 2008
470-2927	6/08
470-2927(S)	1/08
5, 6	October 17, 2008
470-0583	8/08
7, 8	October 17, 2008
9	April 29, 2011
10-12	October 17, 2008
470-0636	12/05
13, 14	October 17, 2008
15	October 22, 2010
16	October 17, 2008
17, 18	October 17, 2008
470-0506	1/03
19, 20	October 17, 2008
470-0648	3/00
21	October 17, 2008

**Additional Information**

Destroy any existing supplies of 470-3951, dated before 12/09. Order supplies of 470-3951, dated 12/09, from Anamosa in the usual manner.

Destroy any existing supplies of 470-2927 and 470-2927(S), both dated before 12/12. Order supplies of 470-2927 and 470-2927(S), both dated 12/12, from Anamosa in the usual manner.

Destroy any existing supplies of 470-0648, dated 3/00. Order supplies of 470-0648, dated 10/14, from Anamosa in the usual manner.

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

January 17, 2020

**GENERAL LETTER NO. 16-J-AP-15**

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 Appendix***, Title page, revised; Contents (page 1), revised; pages 1 through 20, revised; and the following forms:

470-5170      *Application for Health Coverage and Help Paying Costs*,  
new  
470-5170(S)   *Application for Health Coverage and Help Paying Costs*  
(Spanish), new  
470-5482      *Medicaid/State Supp Review*, new  
470-5482(S)   *Medicaid/State Supp Review* (Spanish), new  
470-5482(M)   *Medicaid/State Supp Review* (manual), new  
470-5482(MS) *Medicaid/State Supp Review* (manual Spanish), new  
470-5602      *Service Worker Comprehensive Assessment*, new

**Summary**

Chapter 16-J Appendix is revised to:

- ◆ Add instructions and the following forms:
  - 470-5170 and 470-5170(S), *Application for Health Coverage and Help Paying Costs*
  - 470-5482, 470-5482(S), 470-5482(M), and 470-5482(MS), *Medicaid/State Supp Review*
  - 470-5602, *Service Worker Comprehensive Assessment*
- ◆ Remove the instructions to the following obsolete forms:
  - 470-1999, *Amendment to Provider Agreement*
  - 470-2927 and 470-2927(S), *Health Services Application*
  - 470-0020, *Purchase of Services Provider Invoice*
- ◆ Update form availability and distribution.

**Effective Date**

Upon receipt.

### **Material Superseded**

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

<u>Page</u>	<u>Date</u>
Title page	January 9, 2015
Contents (page 1)	January 9, 2015
470-1999	10/85
1-4	January 9, 2015
470-2927	12/12
470-2927(S)	12/12
5-16	January 9, 2015
470-0020	2/02
17-21	January 9, 2015

### **Additional Information**

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



June 5, 2020

**GENERAL LETTER NO. 16-J-AP-16**

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 Appendix***, obsolete.

**Summary**

***In-Home Health-Related Care Services Appendix*** is rescinded. Forms and instructions are now located in Title 18, ***Family Services Appendix***.

**Effective Date**

Upon receipt.

**Material Superseded**

This material rescinds the entire Chapter J Appendix from Employees' Manual, Title 16, which includes the following pages:

<u>Page</u>	<u>Date</u>
Title page	January 17, 2020
Contents (page 1)	January 17, 2020
1, 2	January 17, 2020
470-5170	10/19
470-5170(S)	10/19
3, 4	January 17, 2020
470-3951	12/09
470-3951(S)	12/09
5, 6	January 17, 2020
470-0583	3/14
7, 8	January 17, 2020
470-5482	10/19
470-5482(S)	10/19
470-5482(M)	10/19
470-5482(MS)	10/19
9, 10	January 17, 2020
470-0602	5/07
470-0602(S)	5/07
11, 12	January 17, 2020

470-0673	6/10
13, 14	January 17, 2020
470-0636	10/14
15, 16	January 17, 2020
470-0672	8/10
W-9	12-2011
17, 18	January 17, 2020
470-5602	1/20
19, 20	January 17, 2020
470-0648	10/14

**Additional Information**

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