



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Material Superseded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.

January 29, 2021

GENERAL LETTER NO. 5-D-AP-6

ISSUED BY: Bureau of Quality Control,
Division of Adult, Children and Family Services

SUBJECT: Employees' Manual, Title 5, Chapter D Appendix, **Quality Control Appendix**, Title page, Contents pages 1 and 2, pages 1 and 2, revised; 2a, removed; 3, 4, 5 and 6, 7, 8, 9-11, 12, 13, 14-16, 17, 18 and 19, revised; 20, 21 and 22, 23, 24 and 25, 26-30, 31-32, 33, 34, 35, 36, removed, and the following forms:

470-0457 *Absent Parent Questionnaire*, removed
470-0474 *Confidential Verification of Birth*, removed
470-0483 *Error Report Tracking Log*, removed
470-0100 *Facility Questionnaire*, removed
470-2013 *Facility/Foster Parent Questionnaire*, removed
470-1635 *Medicaid Eligibility Face Sheet*, removed
470-2010 *Medicaid Notice to Cooperate*, removed
470-3371 *Medicaid Quality Control Face Sheet*, removed
470-1633 *Medicaid Questionnaire*, removed
470-0475 *Medical Client Participation Worksheet*, removed
470-0478 *No Error Memorandum*, removed
470-2014 *Parent Questionnaire for Foster Children*, removed
470-0451 *Report of Quality Control Review*, **revised**
470-2011 *Request for Information*, removed
470-2005 *Return of Case Records*, removed
470-3126 *Verification Request at home Visit*, removed

Summary

This chapter is revised to:

- ◆ Obsolete the following forms:
 - Absent Parent Questionnaire, form 470-0457
 - Confidential Verification of Birth, form 470-0474
 - Error Report Tracking Log, form 470-0483
 - Facility/Foster Parent Questionnaire, 470-2013
 - Facility Questionnaire, form 470-0100
 - Medicaid Eligibility Face Sheet, form 470-1635
 - Medicaid Notice to Cooperate, form 470-2010
 - Medicaid Quality Control Face Sheet, form 470-3371,
 - Medicaid Questionnaire, form 470-1633

- Medical Client Participation Worksheet, form 470-0475
 - No Error Memorandum, 470-0478
 - Parent Questionnaire for Foster Children, 470-2014
 - Return of Case Records, 470-2005
 - Request for Information, 470-2011
 - Verification Request at home Visit, 470-3126
- ◆ Revise form 470-0451, Report of Quality Control Review to provide information on both correct and incorrect cases.

Effective Date

Immediately.

Material Superseded

This material replaces the following pages from Employees' Manual, Title 5, Chapter D Appendix:

<u>Page</u>	<u>Date</u>
Title	November 24, 1998
Contents 1 and 2	July 15, 2003
1 and 2	July 15, 2003
2a	July 15, 2003
3	July 15, 2003
4	November 24, 1998
5 and 6	July 15, 2003
7	January 2, 2009
8	November 24, 1998
9-11	July 15, 2003
12	November 24, 1998
13	January 2, 2009
14-16	July 15, 2003
17	January 2, 2009
18 and 19	July 15, 2003
20	January 2, 2009
21 and 22	July 15, 2003
23	January 2, 2009
24 and 25	July 15, 2003
26-30	January 2, 2009
31-32	July 15, 2003
33	January 2, 2009
34	August 7, 2001
35	July 15, 2003
36	January 2, 2009
470-0451	05/09
470-0100	11/08
470-0451	05/09
470-0457	08/90
470-0474	04/91

470-0475	04/90
470-0478	04/91
470-0483	10/98
470-1633	08/90
470-1635	07/75
470-2005	04/06
470-2010	02/85
470-2011	02/85
470-2013	11/08
470-2014	11/08
470-3126	08/10
470-3371	06/01

Additional Information

Refer questions about this general letter to your division administrator.

April 23, 2021

GENERAL LETTER NO. 5-D-AP-7

ISSUED BY: Bureau of Quality Control,
Division of Adult, Children and Family Services

SUBJECT: Employees' Manual, Title 5, Chapter D Appendix, **Quality Control Appendix**, page 5 and 6, and form 470-0479, *Noncooperation Notice*, revised

Summary

This chapter is revised to update instructions for and content within Form 470-0479, *Noncooperation Notice*.

Effective Date

Immediately.

Material Superseded

This material replaces the following pages from Employees' Manual, Title 5, Chapter D Appendix:

<u>Page</u>	<u>Date</u>
5 and 6 470-0479	January 29, 2020 03/12

Additional Information

Refer questions about this general letter to your division administrator.

September 15, 2023

GENERAL LETTER NO. 5-D-AP-8

ISSUED BY: Bureau of Quality Control
Division of Adult, Children, and Family Services

SUBJECT: Employees' Manual, Title 5, Chapter D Appendix, **Quality Control**, forms revised.

Summary

This chapter is revised to update form 470-0451, *Report of Quality Control Review*, updating content, style, and formatting throughout, and create a new form, 470-5755, *Report of Quality Control Review - Medicaid*.

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>
470-0451	01/21

Additional Information

Refer questions about this general letter to your division administrator.