

**441—13.5(234,239B,249A) Review procedure.** The department will select the appropriate method of conducting the review. Review procedures may include, but are not limited to, the following:

**13.5(1)** A random sampling of active and negative case actions shall be used to determine the case records to be studied.

**13.5(2)** The case record shall be analyzed for discrepancies, correct application of policies and procedures and shall be used as the basis for a field investigation.

**13.5(3)** Client interviews shall be required as follows:

*a.* Personal interviews are required on all active aid to dependent children and food stamp reviews. Form 470-1065, Appointment Confirmation, may be sent to the client requesting written confirmation of the appointment time.

*b.* In lieu of the personal interview, Medicaid clients or their representatives are required to provide all information requested on Form 470-1633, Medicaid Questionnaire.

*c.* Client contacts are only required in negative case reviews when there is a discrepancy which cannot be resolved from the case record.

**13.5(4)** Collateral contacts are required whenever the client is unable to furnish information needed or the reviewer needs additional information to establish the correctness of eligibility and payment. The following forms shall be used to contact the collateral source in order to verify information specified below. The collateral contact shall complete the requested information and return the form to the reviewer.

*a.* The client shall not be required to give written permission of the following collateral contacts:

(1) Absent Parent Questionnaire, Form 470-0457, sent to the absent parent in order to determine whether or not the absent parent had provided any income to or had any resources for the client or children which would have affected the review month.

(2) Grandparent Questionnaire, Form 470-1643, sent to the child(ren)'s grandparents to determine whether or not the grandparents had provided any income or had any resources for the client or child(ren) which would have affected the review month.

(3) Motor Vehicle Information Request, Form 470-1634, used to determine whether or not the client had any registered vehicles.

(4) Property Verification Request, Form 470-1641, used to determine whether or not the client had any recorded property.

(5) Application for Confidential Verification of Vital Statistics, Form 470-0474, used to verify birth, death, and marital status when the event took place in Iowa.

(6) Address Information Request, Form 470-0176, used to contact the post office to determine a person's mailing address.

(7) Facility Questionnaire, Form 470-0100, used in Medicaid cases to determine information concerning a client's stay in a facility.

(8) Parent Questionnaire for Foster Children, Form 470-2014, used to contact the natural parents of the foster care child to determine the resources and income of the child.

(9) Foster Parent Questionnaire, Form 470-2013, used to contact the foster parents of the foster child to determine any resources and income of the child.

(10) Child Support Verification Request, Form 470-2009, used to contact the clerk of court or the friend of court in order to determine if child support or alimony was paid.

*b.* The client shall be required to sign the following specified release of information forms whenever necessary to verify information essential to the determination of eligibility and payment:

(1) Household Member Questionnaire, Form 470-1630, used to obtain information concerning a client's household composition.

(2) Landlord Questionnaire, Form 470-1632, used to contact the client's landlord.

(3) Financial Institution Questionnaire, Form 470-1631, used to verify information from a financial institution.

(4) Request for School Verification, Form 470-1638, used to verify information in the child(ren)'s school records.

(5) Earned Income Verification, Form 470-1639, used to verify information concerning a client's employment.

(6) Verification of Educational Financial Aid, Form 470-1640, used to verify information from an institution of higher learning.

(7) Authorization for Release of Information, Form 470-0461, used whenever it is necessary to verify information which is not covered by a specific release in order to establish the correctness of eligibility and payment.

*c.* Should the client refuse to authorize the department to contact an informant to verify information that is necessary for the completion of the review, collateral contacts shall still be made through use of the general release statement contained in the:

- (1) Health and Financial Support Application, Form 470-0462 or 470-0466 (Spanish);
- (2) Health Services Application, Form 470-2927 or 470-2927(S);
- (3) Public Assistance Eligibility Report, Form 470-0454, 470-0455, or 470-3719(S);
- (4) Application for Food Assistance, Form 470-0306 or 470-0307 (Spanish);
- (5) Review/Recertification Eligibility Document, Form 470-2881, 470-2881(M), 470-4083 (Spanish), or 470-4083(M);
- (6) Food Assistance Interim Report, Form 470-4026, 470-4026(M), or 470-4026(S).

**13.5(5)** On aid to dependent children and Medicaid reviews, the quality control reviewer shall seek to identify potential third-party payment resources for health services in noncasualty situations, and to identify accidents that occurred prior to or during the review month.

This rule is intended to implement Iowa Code sections 234.12, 239B.4 and 249A.4.