



# Iowa Department of Human Services

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November 6, 2015

## GENERAL LETTER NO. 16-J-31

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***, pages 23 and 24, revised.

### Summary

Chapter 16-J is revised to update policy on canceling an authorization for direct deposit and reverting to a state warrant.

### Effective Date

Immediately.

### Material Superseded

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

<u>Page</u>	<u>Date</u>
23, 24	January 9, 2015

### Additional Information

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

### **Direct Deposit**

A client who wishes to have the in-home health-related care payment deposited directly into a bank account must complete an Electronic Funds Transfer (EFT) form authorizing direct deposit into the client's account. Submit the EFT authorization form to the Iowa Department of Administrative Services. A copy of the form is available on the DHS network. (Hoovr3s2: Payments: Accounting Bureau Forms: Direct Deposit Form)

A client who wishes to cancel the Electronic Funds Transfer (EFT) authorization and revert to the state paper warrant for the in-home health-related care payment needs to complete the *Direct Deposit Authorization* form from the Department of Administrative Services. A copy of the form is available on: Hoovr3s2: Payments: Accounting Bureau Forms: Direct Deposit Form. The form can then be returned to the Bureau of Purchasing, Payments, Receipts and Payroll by mail or email ([InHomeHealthDemographic@dhs.state.ia.us](mailto:InHomeHealthDemographic@dhs.state.ia.us)).

### **Warrant Returns**

Any warrants returned to the Department's central office from the client will be kept in the Bureau of Purchasing, Payments, Receipts and Payroll until the DHS service worker can verify the address. When the address is verified, the Bureau will mail the warrant again.

If the warrant can not be delivered due to incorrect information on the *Provider Agreement*, ISIS detail screen or on I3, the DHS service worker should correct the information with an amendment to the agreement and notify the Bureau of Purchasing, Payments, Receipts and Payroll by mail or email ([InHomeHealthDemographic@dhs.state.ia.us](mailto:InHomeHealthDemographic@dhs.state.ia.us)).

Notify the IM worker of the correct address information to be entered into IABC and uploaded into ISIS.

### **Client Has Died or Is Incapacitated**

**Legal reference:** 441 IAC 177.4(9)

When a client dies or becomes incapacitated:

1. Complete an amended *Provider Agreement* reflecting the client's changed condition and listing the provider as the payee.

2. Change the client's name and address to the provider's name and address. Leave the provider's information. Change the social security number to the provider's social security number.
3. Complete a new W-9 with the provider's information. Keep a copy in the DHS service case file.
4. Submit the original statement of services rendered (signed by the provider), a completed provider invoice (indicating the clients changed condition listing the provider as the payee) on form number 470-0020, and the new W-9 form to the address below.

Department of Human Services  
Bureau of Purchasing, Payments, Receipts and Payroll  
1305 E. Walnut St.  
Des Moines, Iowa 50319-0114

5. If a warrant was issued to the client, make a copy for the service file, then return the check to central office at the address:

Department of Human Services  
Bureau of Purchasing, Payments, Receipts and Payroll  
1305 E. Walnut St.  
Des Moines, Iowa 50319-0114

NOTE: This is a one-time only procedure. If an incapacitated client will remain in the program, assist the client's family to have a person legally designated to handle the client's finances and become payee on behalf of the client.

### **Monitoring and Changing Services**

**Legal reference:** 441 IAC 177.6(3) and 441 50.4(2)

The DHS service worker, physician, supervising registered nurse, or the provider may request a review of the care services at any time. While more frequent reviews may be held, at a minimum, a review of the continuing need for in-home health-related care services should occur at the following intervals:

◆ **At least every 60 days:**

- The physician shall review and recertify the appropriateness of the health care plan.
- The supervising registered nurse shall review the nursing plan.
- The supervising registered nurse shall provide an updated copy of the physician's health care plan or form [470-0673, \*Physician's Report\*](#), and the nursing plan of care to the provider and the DHS service worker.