

Bulletin

May 14, 2008

Minnesota Department of Human Services P.O Box 64941 St. Paul, MN 55164-0941

OF INTEREST TO

- County Directors
- County Supervisors
- County Trainers
- County Financial Assistance Workers
- County Child Care Assistance Workers
- County Child Care Administrative Contacts and Client Access Contacts
- Tribal Contacts

ACTION/DUE DATE

Review changes and additions made to the Case Management Review (CMR) forms and process including targeted reviews for cash, health care, child care, and food support.

EXPIRATION DATE

May 14, 2010

Case Management Review Forms and Guides for Cash, Health Care, Child Care and Food Support

TOPIC

Case Management Reviews (CMR).

PURPOSE

To inform counties of revised and new forms and guides for cash, health care, food support and child care Case Management Reviews.

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SIGNED

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BACKGROUND

The CMR process was first introduced in bulletin format in January 2000. The forms and process were updated in July 2002, and again in December 2003. All of the previous bulletins are obsolete as they are over three years old.

This bulletin expands the CMR process to include the Child Care Assistance Program (CCAP). Case review forms and instructions have been added for families receiving CCAP and for child care providers caring for children who are receiving child care assistance.

In addition, Targeted Review Forms for food support, health care, MFIP, and child care assistance have been revised or added to help address the most error prone areas in a case. These forms are listed below in the Case Review Forms section of this bulletin.

CASE REVIEW PROCESS

One of the most successful tools in attaining and maintaining high payment accuracy and focusing on accountability in eligibility work is a systematic and thorough case review process. Results of case reviews can be used to identify root cause(s) of errors and determine specific areas needing corrective action. Analysis of the data collected from case reviews can be used to help evaluate staff performance, develop policy clarification, refresher training, changes in office procedures, improved case record documentation, system changes, or other improvements.

In addition to analysis of the individual case review findings, it is important to track and analyze the aggregate results to identify trends. Without analysis of the collective results, individual efforts simply become a “find and fix” of that specific error or case resulting in a repeat of similar errors.

For additional information regarding case reviews, see pages 16 and 17 from Keys to Payment Accuracy, included as Attachment A. The full version of the Keys to Payment Accuracy can be found at: <http://www.fns.usda.gov/fsp/government/pdf/keys.pdf>

There are a number of different approaches to doing case reviews which supervisors, lead workers, or other designated staff can use:

Full Case Reviews – Can be completed anytime, but are most effective for new workers, workers that are struggling with payment accuracy, or for performance reviews. Full case reviews take roughly 45 to 90 minutes to complete.

Partial or Abbreviated Case Reviews – Can be completed to review data integrity, or benefit accuracy, or health care, or child care. These work best for review of experienced workers. Partial case reviews take roughly 30 to 60 minutes to complete depending on the complexity of the case.

Targeted Case Reviews – Can be completed to review specific elements within a case, or to focus on a specific policy or error prone area. Targeted case reviews are encouraged as it takes less time, roughly 20 to 30 minutes to complete.

In addition to supervisors and lead workers, line staff can do one or both of the following case reviews:

Peer Case Reviews – Can be completed by a co-worker. This process is advantageous to both workers involved because the case review provides a dual learning process and promotes buy-in to the CMR process. Peer reviews take 20 to 60 minutes to complete depending on if the review is a full case review, partial case review, or targeted case review.

Self Case Reviews – Workers can complete case reviews on their own cases prior to authorizing benefits. It is common knowledge that double checking work and processing eligibility correctly the first time is less time consuming than correcting errors and either reissuing benefits or filing a claim later.

CASE REVIEW GUIDE

Attachment B: **Case Review Guide** - includes a case selection process, general information on completing case reviews, and defines the types of case reviews.

CASE REVIEW FORMS AND INSTRUCTIONS

Attachment C: Case Review Part I– MAXIS Data Integrity Review Form and Instructions – [DHS-5312A](#)

Attachment D: Case Review Part II – FS/MFIP Case Management, Communication, and Benefit Accuracy Review Form and Instructions – [DHS-5312B](#)

Attachment E: Case Review Part III –Health Care Review Form and Instructions – [DHS-5312C](#)

Attachment F: Case Review Part IV – Child Case Assistance - Family Review Form and Instructions – [DHS-5312D](#)

Attachment G: Case Review Part V – Child Care Assistance – Provider Review Form and Instructions – [DHS-5312E](#)

Attachment H: Case Review Part VI – Reviewer’s Comments/Worker’s Response Form – [DHS-5312F](#)

TARGETED CASE REVIEW FORMS

The following Targeted Case Review Forms have been revised and/or created for error prone areas of a case:

Attachment FS-1: Food Support ABAWD Targeted Review – [DHS-5313A](#)

Attachment FS-2: Food Support Expedited Targeted Review – [DHS-5313B](#)

Attachment FS-3: Food Support Household Composition Targeted Review – [DHS-5313C](#)

Attachment FS-4: Food Support Income Targeted Review – [DHS-5313D](#)

Attachment FS-5: Food Support Non-Citizens Targeted Review – [DHS-5313E](#)

Attachment FS-6: Food Support Shelter and Utilities Targeted Review – [DHS-5313F](#)

Attachment MFIP-1: MFIP Earned Income Targeted Review – [DHS-5314A](#)

Attachment MFIP-2: MFIP and Food Portion FIAT Targeted Review – [DHS-5314B](#)

Attachment MFIP-3: MFIP and Food Portion Household Composition Targeted Review – [DHS-5314C](#)

Attachment MFIP-4: MFIP and Food Portion Non-Citizen Targeted Review - [DHS-5314D](#)

Attachment MFIP-5: MFIP Participation Targeted Review – [DHS-5314E](#)

Attachment MFIP-6: MFIP Post 60-Month Targeted Review – [DHS-5314F](#)

Attachment HC-1: Health Care Citizenship and Identity Targeted Review – [DHS-5315A](#)

Attachment HC-2: Health Care Income Targeted Review – [DHS-5315B](#)

Attachment CCAP-1: Child Care Income/Copayment Targeted Review – [DHS-5316](#)

All of the above forms can be accessed through the DHS eDocs web site at:

<http://edocs.dhs.state.mn.us> and are in a fillable format. You must print a copy of the CMR document for your file as Edocs does not permit the completed forms to be saved electronically.

A guide and review form has also been created for the At-Home Infant Child Care Program (AHICCP). They are not included in this bulletin because the program is not funded at this time. These are available for your use if needed by contacting your CCAP liaison.

ACTION REQUIRED

Counties are asked to conduct case management reviews on a systematic basis and may use the forms attached, and process described in this bulletin, or develop their own process and forms. The desired results are the same, to increase accuracy in the benefits being issued. CMRs can be completed by management, supervisors, lead workers, and/or by workers completing peer reviews or self reviews. Everyone working with cash, health care, food or child care assistance programs has a responsibility to ensure accurate administration of these programs.

A sample size calculator tool is available on –line to help counties determine the number of cases to review: <http://www.raosoft.com/samplesize.html> . If you have questions about sample size for conducting case reviews, you may call Tracy K. O'Brien (651) 431-3993.

The CMR workgroup members who developed and updated the forms have many years of experience doing CMRs. Members from the group have offered to mentor anyone who is in need of help or has questions when completing case reviews. Here is the list for your reference along with their area of expertise:

- Marion Peterson – Wright County email address: marion.peterson@co.wright.mn.us
(FS and health care for families and adults)
- Maria Wetherall – Anoka County email address: maria.wetherall@co.anoka.mn.us
(MFIP)
- Mary McDowell – Hennepin County email address: mary.mcdowell@co.hennepin.mn.us
(FS)
- Judy Peterson – Hennepin County email address: judy.peterson@co.hennepin.mn.us
(MFIP)
- Kathy Briggs – Hennepin County email address: kathy.briggs@co.hennepin.mn.us
(health care)
- Sue Tonko – St. Louis County email address: tonkos@co.st-louis.mn.us
(MFIP)
- Darla Wulf – Carver County email address: dwulf@co.carver.mn.us
(FS)
- Debbie Lozier – Ramsey County email address: debbie.lozier@co.ramsey.mn.us
(MFIP)
- Connie Odendahl - Pine Technical College (Isanti County) email address:
OdendahlC@pinetech.edu
(CCAP)

If you need additional training or instruction on completing case reviews, or have further questions, please email Barb Martin at: barb.martin@state.mn.us, or tracy.k.obrien@state.mn.us.

The county/state workgroup will continue to evaluate how changes to MAXIS/MMIS and policy changes affect the CMR guides and forms. Your suggestions are essential to keeping the CMR process up to date and useful. If you wish to comment, please send MAXIS email to CMRW.

SPECIAL NEEDS

This information is available in other forms to persons with disabilities by calling 651-431-3936, or contact us through the Minnesota Relay Service at 1-(800)-627-3529 (TTY) or 1-(877)-627-3848 (speech-to-speech relay service).

Attachments:

Attachment A: Pages 16 & 17 from Keys to Payment Accuracy

Attachment B: Case Review Guide

CASE REVIEW FORMS

Attachment C: Case Review Part I– MAXIS Data Integrity Review Form and Instructions –
DHS-5312A

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Accuracy Review Form and Instructions – DHS-5312B

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Attachment F: Case Review Part IV – Child Case Assistance - Family Review Form and
Instructions – DHS-5312D

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Instructions – DHS-5312E

Attachment H: Case Review Part VI – Reviewer’s Comments/Worker’s Response Form–
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TARGETED CASE REVIEW FORMS

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Attachment FS-3: Food Support Household Composition Targeted Review – DHS-5313C

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Attachment FS-5: Food Support Non-Citizens Targeted Review – DHS-5313E

Attachment FS-6: Food Support Shelter and Utilities Targeted Review – DHS-5313F

Attachment MFIP-1: MFIP Earned Income Targeted Review – DHS-5314A

Attachment MFIP-2: MFIP and Food Portion FIAT Targeted Review – DHS-5314B

Attachment MFIP-3: MFIP and Food Portion Household Composition Targeted Review – DHS
-5314C

Attachment MFIP-4: MFIP and Food Portion Non-Citizen Targeted Review - DHS-5314D

Attachment MFIP-5: MFIP Participation Targeted Review – DHS -5314E

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Attachment MFIP-6: MFIP Post 60-Month Targeted Review – DHS -5314F

Attachment HC-1: Health Care Citizenship and Identity Targeted Review – DHS -5315A

Attachment HC-2: Health Care Income Targeted Review – DHS -5315B

Attachment CCAP-1: Child Care Income/Copayment Targeted Review – DHS-5316

Case Reviews

Attachment A

One of the most successful tools in attaining and maintaining high payment accuracy is a good case review system. Many states mandate case reviews because they have proven to be an integral part of their overall management of the program by providing managers and supervisors valuable information on the quality and timeliness of case determinations. Information gathered from case reviews allow states to determine the root cause(s) of errors and thereby identify specific areas needing corrective action, such as policy clarification, refresher training, changes in office procedures, improved case record documentation, system changes, etc.

There are a number of different approaches to case reviews:

- **Short Term Projects** - Case reviews conducted on a targeted sample of the caseload usually focused on specific error prone elements of the case record for a short period of time. These projects are generally undertaken to gather information needed to address a particular problem(s).
- **Case Sweeps** - This type of case review can be targeted toward the most error prone cases, such as earned income cases, or it can be a review of most or all, cases in the caseload. Sweeps have shown to be effective when there is a high error rate that is not localized to a particular geographic area or particular policy. When conducting a case sweep, all staff that can be spared is temporarily diverted to complete case reviews for the project. Case sweeps ensure a large number of error-prone cases are corrected. However, to keep these cases correct, the extensive findings data collected must be analyzed immediately to obtain a clear understanding of the root cause of the errors so corrective actions can be implemented.
- **Peer Reviews** - Case reviews conducted by another eligibility worker within the same unit or, in some instances, units within the same office switch cases for review. Peer reviews are generally conducted prior to benefit approval or very shortly after benefits have been issued. Most workers would prefer to have a co-worker find their mistakes than their supervisor. Peer reviews provide another set of eyes to catch missed information reported but not included in the eligibility determination, helps to reinforce policy knowledge and finds and corrects errors in a large number of cases.
- **Supervisory Case Reviews** - Either targeted or thorough case reviews conducted by supervisors. Generally there is a mandate that supervisors conduct a required number of reviews each month following a prescribed procedure. These reviews are an excellent management tool for supervisors to track the accuracy and timeliness of benefit issuance. They provide information on staff that may be behind in work or need additional training and contribute to the overall accuracy of the unit, office, project area and State.
- **Third Party Reviews** - A re-review of a sample of case reviews to determine the accuracy of the reviews being completed by workers, supervisors or a special team of reviewers. All effective case review systems include a third-party review process. A third party review ensures that those conducting initial case reviews have an accurate understanding of policy

and are spending the time needed to conduct a thorough and accurate review. These re-reviews maintain the integrity and consistency of the review process.

- **New Worker Reviews** - This involves a thorough review of all cases completed by new employees, prior to benefit approval, to ensure they have a thorough understanding of the program and are determining benefits accurately. These reviews are generally conducted by the immediate supervisor for the first 6 to 12 months of employment.
- **Targeted Case Reviews** - Reviews focused on specific error prone cases and/or elements of the case. They are effective in isolating and correcting specific types of errors within an office or State. The specific error prone elements are generally identified through other types of case reviews.

Through case review it is possible to gather real-time data needed to determine the types of errors being made and the root cause of those errors. The results from the reviews are most beneficial when they are made available to management within a one to two month timeframe after the case review is complete to allow for a proactive approach in finding solutions to address the causes of errors. Case reviews alone, without analysis and understanding of the causes of the errors and trends, is non-productive. It simply becomes a "find and fix" and the next time the case is touched, the same error could easily be repeated. This data provides vital information for correcting cases and identifying problem areas. It is also an important step to holding staff accountable for their work.

Tips for conducting case reviews:

- Develop a case review sheet that collects detailed findings information.
- Implement a system to track cases found to be in error to ensure corrections are made timely and accurately.
- Analyze the findings in a timely manner, the sooner the better.
- Determine the root cause of the error. For example, it is common to assume that because there are a lot of errors occurring related to a particular piece of policy, the workers need to receive refresher training. Before settling on that conclusion, check first to be sure the policy is clearly written, the computer system is properly programmed to handle the policy, and there are no procedures in place that could be causing the errors.
- Develop and implement corrective actions immediately once the root cause has been discovered.
- Conduct a targeted review 6 to 12 months after implementing the corrective action to ensure the problem has been effectively resolved.

CASE REVIEW GUIDE

Purpose: The purpose of this guide is to assist you in completing case reviews. Managers, supervisors, or lead workers may complete case reviews. These forms may be used to conduct case reviews as part the application, recertification, or renewal process as well as when processing Household Report Forms (HRFs), or other changes. The forms could be modified if necessary in order to meet individual county needs. The forms lend themselves to do a full case review or to target certain review elements or error prone areas. Some elements are included in more than one part for this reason.

Benefits of conducting case reviews:

- Promoting quality and consistency of service delivery within the county and the state
- Ensuring accurate benefit determinations
- Identifying training needs
- Maintaining integrity of the MAXIS/MMIS and child care computer systems
- Assisting in holding staff accountable for their work
- Using as a tool for counties in preparing for state, federal or other reviews

Case Selection Process: A random sample of cases to review may be selected from the following reports depending on what type of review you plan to complete:

- MAXIS: REPT/ACTV, REPT/INAC, REPT/RE VW, REPT/MONT, REPT/EOMC, REPT/MFCM, DAIL/DAIL, REPT/PND2, etc.
- INFOPAC Report: FV120102-Duplicate FS Eligibility By Person or FV120503-FIAT.
- Health Care: Discrepancy Report.
- Employment Service Area Reports: MAXIS/WF1 Comparison Report, Cash Under \$100, Unaccounted for Clients, etc.
- Case Sampling Report maintained by DHS and available from tracy.k.obrien@state.mn.us by county request.
- Child Care Assistance: Reports to use to develop a random sample are based on current computer systems used by your county.

Sample Size: A sample size calculator tool is available on –line to help counties determine the number of cases to review: <http://www.raosoft.com/samplesize.html> . If you have questions about sample size for conducting case reviews, you may call Tracy K. O’Brien (651) 431-3993

Example of How to Select the Cases to Review: Once you decide on the number of cases to review, divide that number into the total number of cases on the report, and review cases at that particular interval.

General Information for Completing the Review Form(s): If you are reviewing cases in the MAXIS Production region, rather than the MAXIS Inquiry region, use the “V” to choose panels you wish to review from the “PNLP” panel series to avoid creating background transactions. Use the PF-12 key to access manual sites and panel and field descriptions on MAXIS.

For every review, MAXIS/MMIS data needs to be compared to information in the case file. Information in MAXIS/MMIS must be current and complete to enable accurate eligibility and benefit determinations.

Special attention should be given to application/review forms, verifications, and other documentation in the case file. MAXIS screen-prints to show incorrect coding may be helpful to attach to the review forms.

A comment section is a part of most review forms, and can be used to add any pertinent information related to the items being reviewed. In addition, Part VI of the CMR forms has been revised to include space for reviewer's comments and worker's responses. It is extremely important that comments made about a case being reviewed include positive actions as well as deficiencies in order to keep a positive approach and make this a learning experience. Complimentary comments to the worker are encouraged when appropriate.

Multi-purpose forms, Part I (DHS-5312A), Part II (DHS-5312B), Part III (DHS-5312C), Part IV (DHS-5312D), Part V (DHS-5312E), and Part VI (DHS-5312F) enable review of cash, food support, health care, and/or child care assistance programs individually or a combination of programs. The six-part series can be used together or individually to do full case reviews, partial or abbreviated case reviews, or to target a specific area for review.

- Part I is to be used as a data integrity review of MAXIS or MMIS information.
- Part II is designed to evaluate expected outcomes of a case, ensure appropriate communication with agencies and clients, and verify accurate benefits were issued for the case.
- Part III is an in-depth review of health care eligibility.
- Part IV is an in-depth family review of child care assistance eligibility.
- Part V is an in-depth provider review of child care assistance eligibility.
- Part VI provides space for reviewer's comments identifying the error, the worker's response, and corrective action taken.

Types of Case Reviews:

There are a number of different approaches to doing case reviews which supervisors or lead workers can use:

- **Full Case Reviews** - A full case review can be completed at any time but many times used for a new worker, a worker having difficulty with case processing, or when completing a staff evaluation. It is estimated that a full-case review will take 45 minutes to 90 minutes to complete on average. A full case review would include:
 - Food Support (FS) only case - Part I, Part II, and Part VI of the review documents.
 - Cash - Part I, Part II, Part III and Part VI of the review documents.
 - Health Care - Part I, Part II, Part III and Part VI of the review documents.
 - Child Care Assistance – Part I, Part II, Part IV, Part V, and Part VI of the review documents.

Note: For case reviews consisting of several programs, a combination of the case review forms should be completed.

- **Partial or Abbreviated Case Reviews** - A partial or abbreviated case review uses the parts of the forms that apply to the areas you are reviewing. It is estimated that a partial or abbreviated case review will take 30 minutes to 60 minutes to complete on average. Some examples of partial or abbreviated case reviews are:
 - Data Integrity – (Cash, FS) Complete applicable portions of Part I and Part VI of the review documents.

- **Benefit Accuracy** – (Cash, FS, and HC) Complete Part II and Part VI of the review documents.
- **Health Care** – Complete Part III and Part VI of the review documents.
- **Child Care** – Complete Part IV, Part V, and Part VI of the review documents.

Note: There is flexibility when using Parts I through Part VI of the review forms. Portions of each review form may be used instead of completing every item on each form. Part VI will probably be used for all types of reviews.

- **Targeted Case Reviews** - Targeted case reviews focus on specific elements within a case, or on a specific policy or error prone area. It is estimated that a targeted case review will take 20 to 30 minutes to complete on average. Numerous targeted case review forms are attached and are program specific. They include the four top error prone areas of wages and salaries, household composition, shelter, and utilities. **Because it has been frequently communicated to us that there is a lack of time to complete case reviews, we request, at a minimum that you use the error prone area targeted review forms to complete case reviews as you will be able to complete more reviews in a shorter amount of time and affect the cases that are causing most of the errors in the state.**

In addition to supervisors and lead workers doing case reviews, line staff can do one or both of the following case reviews as well:

- **Peer Case Reviews** - Peer case reviews can be completed by a co-worker to review another worker's work. This process is advantageous to both workers as the case review provides a dual learning process. It also promotes buy-in to the CMR process. It is estimated that a peer case review will take 20 minutes to 60 minutes to complete on average depending on if the review is a full case review, partial case review, or targeted case review.
- **Self Case Reviews** - Workers can complete case reviews on their own cases to double check their work prior to authorizing benefits. It is common knowledge that doing work correctly the first time is less time consuming than correcting errors later.