

## 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](mailto: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.