Eligibility Case Review Guidelines
And
Eligibility Case Review Tool

Division of Public Assistance
Field Services
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Introduction

An "Eligibility Case Review" is an examination of a specific benefit month program decision resulting in feedback on whether or not policy was accurately applied and benefits were determined correctly and timely. The review reflects the facts of the program and case status as available to the worker at the time of the decision. In addition to addressing case specific issues, case reviews can help staff identify systemic, procedural, and policy concerns that needs to be addressed. It is important that this strategy become part of the Regional Leadership's responsibility to ensure work quality.

The "Eligibility Case Review Process" involves case selection, identification of error types and outcomes, use of the case review tool, and the notification of the review results. The Staff Development and Training unit provides formal training on the case review procedures.

Regional Leadership is measured on how successful they are in meeting the accuracy goals and minimizing error trends for all programs in their region. Success is measured not only by Quality Assessment data, but also by steps taken within the unit to make the changes necessary to improve operations and staff performance. Local leadership is responsible for identifying the causal factors, developing action steps for improvement, and documenting and evaluating progress so that the efforts clearly produce results of improved accuracy. Support staff from Program Integrity, Staff Development and Training, Policy and Program Development, Systems Operations, and Field Services is available to assist local leadership.

Regional Leadership is responsible for recognizing environmental factors that cause individual or team performance problems. Action must be taken within their span of control to minimize the environmental factors affecting the quality of work. For example, the redistribution of work, realignment of staff, authorization of overtime, correction of scheduling problems are all examples of local leadership actions to remedy problems that adversely affect quality.

Our goal is to provide guidance and support to our employees through frequent feedback regarding their progress both as an individual and collectively as a team. Communicating findings, solutions, and plans should be a regular component of individual conferences and staff meetings.

Purpose and Case Review Definitions

The purpose of the Case Review process is to provide staff with feedback on their determinations made for benefits and services administered through the Division of Public Assistance (DPA).

DPA will be administering both a pre and post review of cases.

Pre-Issuance Reviews:

Cases selected after the interview and authorization, but prior to the issuance, are reviewed to determine the thoroughness and accuracy of the determination. The purpose of a pre-issuance review is to ensure critical areas such as household composition, resources, income (including conversion factors), deductions, notices, and case notes have been completed accurately. The case reviewer provides immediate feedback about policy and processes that are applied correctly as well as providing information and support on the correct application of policy and procedure.

Typically, pre-issuance reviews are considered a "targeted" review because most situations will focus on challenging areas of policy and procedure for an individual. This type of review would also be done on new Eligibility Technicians (new learners).

Post Reviews

Post reviews are completed after the benefit has been authorized and issued. This type of review evaluates all of the elements of a case review and is completed on staff at all levels of experience.

Some post reviews may "target" a specific area element, for example household composition. Reviews can be targeted based on the office/individual error rate as well as data and information received from the Program Integrity Unit.

Real Time Reviews

The purpose of a real time review is similar to the pre-issuance review; however it offers an opportunity to assess how a worker processes a case and to identify areas of improvement in policy, organization, computer literacy, procedure, writing, and customer service. Real time reviews are pure observation by the reviewer, with no programmatic or procedural support given to the worker during the processing of the case.

Re-Reviews

The purpose of a re-review is to ensure consistency and quality in the case review process. Re-reviews provide an opportunity to assess a reviewers understanding of EIS coding, federal and state program knowledge, procedural requirements, identifying and explaining the corrections needed on a case and/or areas that the worker has excelled.

Case Reviewer Responsibilities

The case review process is completed based on regional requirements and availability of case reviewers. The responsibility of the Reviewers differs based on the case review process being utilized. Reviewers are to provide feedback to supervisors and/or offices when error trends are found, or when an error trend is found on a specific worker.

Regional Case Reviewer Responsibilities

At least one case reviewer is assigned to each region. The responsibilities of the Regional Case Reviewer are as follows:

1. The Regional Case Reviewer completes the case reviews using the online Case Review System. The Reviewer evaluates all of the completed case reviews with the worker or unit being reviewed.

2. Utilizing the case review information, the Reviewer gathers all available data for corrective action planning activities.

3. The Regional Case Reviewer is crucial in assisting the Regional Manager to develop pertinent and value-added corrective action plan activities for the entire region. The corrective action plans outline goals and specific steps the region will take to improve performance.

Supervisor/Lead Case Reviewer Responsibilities

Conducting regular and thorough Supervisory Case Reviews is vital to ensuring work quality, assessing performance, and developing skills of staff. The responsibility of the Supervisor is as follows:

1. The Supervisor/Lead completes the case reviews using the online Case Review System.

2. The Supervisor works with the Regional or Site Manager to develop pertinent and value-added corrective action plan activities for their unit. The corrective action plans outline goals and specific steps the unit will take to improve performance.

3. The Supervisor/Lead completes the following:
    - Conferences with the Eligibility Technician to review the case review information.
    - Ensures that any necessary corrections are completed and returned within appropriate timeframes.
    - Identifies additional support and training needs.

The ET conferences can also be instrumental in identifying policies and procedures that should be reviewed during staff meetings to improve overall unit performance. Information provided during the ET conference for improved case processing will be brought forward to

leadership for consideration of statewide systemic upgrades.

Peer Reviewer Responsibilities

Peer Case Reviews are conducted to ensure work quality and skills development of both the processing staff member and the reviewer.

1. The Peer Reviewer completes the case review using the online Case Review System.
2. The Peer Reviewer goes over the review with their supervisor/lead to ensure the written review reflects accurate program information, and that comments are clear and concise and follow current procedure.

Assignment of Case Reviews

A case being reviewed for current actions will require the reviewer to look back to the most current application/recertification/review (whichever is most recent) to determine the accuracy of the case. A case review will be completed in the Case Review System on each ET that took an action on the case back to the last application/recertification/ review.

Definitions

Action is defined as a change in documentation, eligibility factor or data entry that may result in a case being pended or a determination made. This includes any entry made affecting eligibility or determination.

Determination is defined as a program being approved, denied or closed.

In the event that a review is completed on a case that is pended and then approved; the case review will reflect the accuracy of each person's **actions.** The pended aspect of the case cannot be reviewed until a **determination** of benefits is made (approved/denied/ closed).

Correct actions: If the ET that pended the case took all correct actions and entered correct data, the case would be assigned the designation of the final outcome of the case (approved or denied/closed) with a benefit amount identified as $0.00. If the ET that completed the case after the pend, also completes their portion of the case correctly, the case would be assigned the designation of the final outcome of the program (approved or denied/closed) and the actual benefit amount authorized would be used as payment amount in the Case Review System.

Incorrect actions: If the ET that pended the case took an incorrect action and entered incorrect data, the case would be assigned the designation of the final outcome of the case (approved or denied/closed) with a benefit amount identified as the amount the ET caused to be issued in error. If the ET that completed the case after the pend, completes their portion of the case correctly, the case would be assigned the designation of the final outcome of the program (approved or denied/closed) and benefit amount on their review would be identified as $0.00.

Example 1: Initial Intake with error and a Report of Change that is correct

Sara is assigned to complete an income change on a SNAP/TA case. The Reviewer conducts a random review of a SNAP/TA case after the change has been completed. During the review of the case, it is discovered that one household member had not been included in the SNAP or TA benefits at the time of the initial Application on 6/20/2013. The household member had been incorrectly coded "OU" by Jessie.

The next contact with the client is 9/10/2013 when the client submitted a report of change form with a copy of the Pl's work schedule, pay dates and anticipated wages

attached. Sara recalculated the SNAP/TA benefits using the household's new earned income and authorized 10/2013 benefits correctly.

Review: The Reviewer would complete two (2) case reviews on this case, one on Sara and one on Jessie, as both ET's made decisions on the case. The case review findings would reflect:

1) Sara acted correctly on the income ROG case action and the action would be recorded in the Case Review System as correct with the payment amount recorded as $0.00 for 10/2013 benefit amount.
2) Jessie's work was incorrect on household composition at Intake processing and the action would be recorded in the Case Review System as an error. The 1st two months of program benefits authorized from the Intake application would be listed in the Case Review System as error months with the actual benefit amount difference entered.
3) The ET that created the error would be the case worker assigned to correct all months of benefits that are in error .

Example 2: Initial Intake is correct - Error on the action taken when approving the APA-Error on the Report of Change (shelter)

Client applies for AP/ME/SNAP on 10/10/13. George pends the AP/ME and approves SNAP. Correct action was taken by this worker. The requested information is received and Kristina takes action to approve the AP/ME but counts the "net" Social Security benefits instead of the "gross." Kristina correctly updated the SNAP case. Later, a change in address and shelter expense is reported to our office and Annette takes action on this change. Annette allows the rent, but the client also received Heating Assistance and no SUD was allowed.

Review: The Reviewer would complete three (3) case reviews on this case, one on George who completed SNAP & pended APA, one on Kristina who completed the APA application and recalculated SNAP, and one on Annette who completed a report of change action on shelter costs.

1) George acted correctly on the SNAP determination and pended appropriately. The action would be recorded in the Case Review System as correct with the payment amount recorded for SNAP amount and $0.00 for APA benefit.
2) Kristina's work was incorrect when entering Social Security income for APA. The action would be recorded in the Case Review System as an APA error. Since this is an application, the 1st two months of APA benefits authorized would be listed in the Case Review System as error months with the actual APA benefit amount difference entered in error. The SNAP

benefits for Kristina would be coded as a correct amount.

3) Annette's work was incorrect when the SUD was not allowed under shelter cost causing a SNAP payment error. The action would be recorded in the Case Review System as an error with difference between the correctly issued SNAP and the error SNAP entered as the payment error amount.

The Reviewer would determine which ET will correct the case. The person assigned to correct the errors would correct all months in error.

Review Focus

Based on the results of data collected and identified error trends, each office determines where the emphasis is placed on case reviews. Factors to consider are case action types; staffs experience levels and the quantity of reviews within an office. All of these criteria can help offices determine the review focus.

Data Collection

Some of the sources of information that can be used to prioritize review selection are:

- Case Review System reports
- Program integrity Analysis reports
  website
  http://dpaweb.hss.state.ak.us/node/354
  (NOTE: this webpage lists all reports on errors, identifies how many errors in different program types. It does not specify error elements, only how many errors in the individual programs)
- SNAP Error reports
- http://dpaweb.hss.state.ak.us/node/view/233
- New policychanges
- Client complaints
- Monthly QARC error findings

Example 1: This month's report from the Case Review System indicates 46% of the SNAP errors are in the area of earned income and result from the misapplication of policy on use of conversion factors. In this situation, the regional manager works with the supervisors and case readers to establish a priority to review all SNAP intake cases and re-certifications until the error trend has diminished to acceptable levels.

Example 2: A recent SNAP/TA manual change was distributed that covered the calculation of shelter expenses. All application approvals and recertification/reviews are reviewed for overall understanding of the new policy.

Case Action Types

Reviewers will review the following actions:

1) New applications
2) Renewal applications
3) Changes
4) Negative actions (closures and denials): If incorrect, be sure the **940** - Invalid Denial/Closure error code issued.

Number of reviews:

1) New worker during months 1-5 will be under 100% review for the Core Learning period with a minimum of 25 reviews on each the four 4) major programs (ATAP/SNAP/ME/APA) through to the end of the 5th month. Any of the other programs (GR/CAMA, etc...) that are processed during this time period are included in the 100% review. New worker during months 6-11 will have two (2) reviews of each of the six (6) programs (ATAP/SNAP/ME/APA/GRA/CAMA) reviewed per month for a total of 12 program reviews per month.
2) ET II journey level will have a minimum of 6 reviews completed on each of the four (4) major programs (ATAP/SNAP/MEAPA) +_one (1) review each on GA and CAMA, for a total of 26 program reviews per year. Reviews are to be completed at 2-3 reviews per month throughout the year.
3) ET III/RCR's will have a minimum of 6 reviews completed on each of the four (4) major programs (ATAP/SNAP/MEAPA) +_one (1) review each on GA and CAMA, for a total of 26 program reviews per year. Reviews are to be completed at 2-3 reviews per month throughout the year. These reviews can be on cases the ETIII/RCR's have processed or can be re-reviews of cases they have reviewed.

Experience Levels

Targeted reviews are completed for an ET when their experience and performance warrants it as specified by the Supervisor.

Example 1: An ET currently has a payment error rate of 15%. The supervisor and case reviewer conduct 100% reviews on approvals and denials within an agreed amount of time, until the worker can meet an acceptable payment error rate. As an added measure the reviewer conducts pre-issuance reviews for a two-week timeframe to ensure the worker can maintain an acceptable payment error rate.

Quantity of Reviews for Supervisors and Case Reviewer

The supervisor's role is to augment the case reviews completed by the case reviewer, so their number of reviews may be significantly fewer than those of a case reviewer.

The office evaluates the proportion of reviews to be completed and adjusts expectations accordingly to meet the need.

Supervisors in local offices with multiple supervisors are required to review the following monthly:

1) 20 active combination cases
2) 5 negative combination cases

Supervisors in local offices with only one supervisor are required to review the following monthly:

1) 10 active combination cases
2) 5 negative combination cases

Regional Case Reviewers are required to review 75-125 cases per month.

When the Regional Case Reviewer goals are not met, the Regional Manager reassesses the reviewer's activities to determine what is acceptable, remembering that case reviewing is a priority for these positions.

Lead workers will complete the number of case reviews assigned by the supervisor and/or local leadership team.

Regional Managers and local leadership are responsible for monitoring daily completion of reviews utilizing the Case Review System, to ensure that the office meets the targeted goals. It is expected that case reviews are being conducted throughout the month, and feedback provided to staff on a regular basis.

Reviewing Methods

The Case Review System is used to track results from reviews. There are several types of case reviewing methods. They are as follows:

Pre-Issuance Review

Cases selected after authorization, but prior to the issuance, are reviewed to determine the thoroughness and accuracy of the determination.

After the ET completes the action, authorizes benefits, documents case notes, and completes the notices, a case review is done to ensure case is complete and accurate. This review ensures immediate feedback regarding policy and procedure while providing positive reinforcement and guidance on the required case corrections

The pre-issuance review process requires evaluation of the following:

1) Information on the application or recertification/review
2) Verification in the case file
3) Documentation in the case file and on CANO
4) Procedures used (EIS, program policy and administrative manuals)
5) Information on EIS
6) Interfaces
7) Notices

The case is reviewed for the following:

1) Compliance with policy
2) Clear and concise documentation of all discussions with the participant and collateral contacts
3) Presence of all mandatory verification or evidence that the information was requested
4) Use of all information available in the case file and EIS

In circumstances where a food stamp household is approved benefits under expedite criteria and the holding of benefits will cause the SNAP case to exceed the required timeframes, allow the benefits to be issued prior to the review.

For more processing information, see the Pre-Issuance Review Process section. Otherwise, all other criteria follow the post review section.

If the case reviewed has an action taken on an application, several months may be reviewed to ensure overall and future accuracy.

Post-Issuance Review

The post review process is used to determine if proper policy and procedures were used, and correct verification practices followed. The process of reviewing a case requires evaluation of the following elements:

1. Information on the application or recertification/review
2. Verification in the case file
3. Documentation in the case file and on CANO
4. Procedures used (EIS, program policy and administrative manuals)
5. Information on EIS
6. Interfaces
7. Notices

The case is reviewed for the following:

1) Compliance with policy
2) Clear and concise documentation of all discussions with the participant and collateral contacts
3) Presence of all mandatory verification or evidence that the information was requested
4) Use of all information available in the case file and EIS

5) The eligibility worker whose case is being reviewed is responsible for a correct eligibility determination for their current action. A current action includes, but is not limited to:

    - Multiple months authorized on a new application or an added program
    - Actions from a recertification or renewal
    - Actions as a result when working a change

If the case reviewed has an action taken on an application, several months may be reviewed to ensure overall and future accuracy.

Real-Time Reviews

A real-time review is similar to a pre-review in that the case is reviewed prior to benefits being issued. The major difference is the reviewer is observing the eligibility worker process the entire case. Once the case is worked, the reviewer makes an accuracy determination. This performance enhancement strategy allows the reviewer to observe the entire eligibility determination process. It's an opportunity to assess how a worker processes a case and to identify areas of improvement in policy, organization, computer literacy, procedure, writing, and customer service.

Re-Reviews

To ensure consistency and quality case reviews, a re-review practice is used to evaluate a percentage of completed case reviews. The Regional Case Reviewers re- review a portion of Supervisor/Lead worker's case reviews and provide feedback to the Regional Manager using the Case Review System. The reviewer is designated as the "worker" on the system.

A portion of all case reviews are re-reviewed by the Field Services Representative. This information is shared with the Regional Manager. Each office works with the Field Services Representative to determine the percentage of re-reviews to be completed on each Regional Case Reviewer and Supervisor.

Case Review Documentation

All documentation regarding the case review and error analysis is completed in the Case Review System. The information entered in the system is keyed in, and dropdown menus or option boxes provide users with a range of selections to use when documenting a case review.

All documentation regarding the case review is completed on the following screens:

Start New Review

- **Case Sheet**

  The system uses the EIS/ARIES case number. The *Find* Case screen is the first in the process and it requires the following input:

  1) The case number.
  2) When a case number is known to the system, a Case *Sheet* appears that is accessible for viewing prior reviews.
  3) If the EIS/ARIES case number is new to the system, the *Create New* Case Screen appears.
  4) The reviewer must enter the appropriate information.
  5) The reviewer has the option of editing an existing case by selecting the review *"Due Date",* or creating a new review by checking on the" *Add Review* "button.

  NOTE: All information must be manually updated in the Case Review System. There is no direct connectivity to either the EIS/ARIES mainframe from this system.

- **Review Sheet**

  The New Case Review screen brings information over from the case sheet and allows the following information to be updated or viewed:

  1) Type of Review
  2) Target
  3) Worker
  4) Unit (view only)
  5) Unit Supervisor (view only)
  6) Programs to Review -Although the target may only be one program, we review all current programs on the case number.
  7) Due Date

Once all of the information is logged into the system the reviewer has the

option of saving, canceling or closing the review.

- **Program Section**

  The Program Section denotes the programs that were selected for review and allows the selection of the following information:

  1) The benefit history for the months and amounts authorized. After the case review is completed, the final amounts are keyed in for both correct cases and cases which require corrections. ***Reminder: If reviewing an application*** **or** ***recertification,*** **start** ***with application month and*** **move** ***forward*** **to** ***the current system month.***
  2) Upon discovery of an error, the Add Error option is selected which allows the reviewer to select the Error Type, Error Factor, and Error Reason. Each selection provides a drop down menu to select the most appropriate option.

- **Case Review Comments**

The case review comment section is used to provide feedback regarding the case review. Select the Add Comment option to access this section.

Guidelines for Case Review Comment section:

1) Clearly identify each separate action that needs to be taken by the worker
2) In a separate list, identify all feedback that is for informational purposes only (FYI's)
3) Keep your comments professional, informative, and to the point.
4) Refrain from using the word 'you'. For example, instead of writing "you forgot to check the DOL interface" write "DOL interface shows client began receiving UIB on 3/25/07"
5) Ensure manual sections are clearly noted when appropriate.
6) Comments should be clear and concise sticking to the facts of the review.
7) When possible, include positive feedback in the comment section

Note
Overly long comments can be confusing and take too long to review. For many workers, it may be better to discuss findings in person.

Review State

When all elements of the case review have been completed, the reviewer will set the *Review State* of the case by selecting the complete option.

Following the discovery of an error or potential error, the Case Reviewer discusses the error with the responsible Supervisor if needed; otherwise the case review will be assigned to the eligibility worker using the Case Review System.

The eligibility worker responds to the case review by entering comments on items listed in the review and clicking "save".

When the eligibility worker responds to the case review the Reviewer must complete all of the following:

1) Ensure all the appropriate corrections have been made
2) If the eligibility worker rebuts the finding(s), the Reviewer determines whether the eligibility decision was correct or resulted in an error.

When a case has multiple programs, an error on one program does not always result in an error *to* the other programs. Example: The ATAP benefit was in error. The SNAP benefit was calculated with the incorrect ATAP amount however the food stamp benefit is not in error because it counted the ATAP amount that was issued according *to* SNAP policy.

Case Review Rebuttals (Do Not Concur)

When the results of a case review are rebutted, the following procedures must be followed:

- When the eligibility worker does not agree with an error finding, the worker responds *to* the review using the case review tool:

  - The Reviewer reviews the rebuttal and determines the next step-to concur with the worker, seek clarification, or allow the decision to stand.

  - If further clarification for the review is needed, face to face or phone contact with the Reviewer is the preferred method of communication. However, if unable to communicate verbally, email communication is acceptable. Active discussions should not be done by using the comments section of the review form.

  - If agreement on the review cannot be met, the ET and Reviewer will take the review to the Supervisor for discussion of case actions.

  - If the Supervisor is in agreement with the error cited by the Reviewer, the ET will make case corrections.

- When the Supervisor does not agree with an error cited by the Reviewer, they discuss their reasoning with the Reviewer. When an agreement cannot be reached:

    - A memo or email outlining the justification is sent to the Field Services Review Representative

    - If a policy clarification is needed, an email is sent to the Program and Policy unit

Note: Case reviews should not be staffed within an office or region. If there is a disagreement, the case review needs to be re-reviewed by the Field Services Review Representative.

The Field Services Review Representative reviews the rebuttal and, if necessary, may confer with the Supervisor, Eligibility Worker and the Case Reviewer. A final decision is rendered at that time following this review.

Correction Time Frames

The time frames to complete corrections on case reviews citing potential errors are as follows:

Post Reviews

Case errors should get immediate attention, and a worker has one business day to correct the case. The eligibility worker must initiate corrections to benefits and send appropriate notices. If applicable, the case may need to be corrected on the day the case is returned from the reviewer. The reviewer must advise the worker of the need to expedite the case correction.

The Case Review System allows the flexibility for allowing extensions. Extensions are granted when appropriate, for example, additional information is required. It is the responsibility of the eligibility worker to request the extension from the Supervisor. The Supervisor notifies the Case Reviewer when the case review is conducted by the Regional Case Reviewer. This is necessary so that the supervisor is able to ensure timely responses to case reviews, and identify if excessive extensions are being requested. This may require follow-up by the supervisor with the eligibility worker.

A case may be returned to an eligibility worker to request additional information that could affect the benefit amount. The reviewer cites the case review as an error or as needing more information until the information is received. When the client does not provide the information and the result is a case closure or denial, the case is cited as incorrect. The total payment amount the eligibility worker would have issued is counted as a payment error.

When a case is returned to the eligibility worker for corrections and the due date extends into the following months, the case is counted as a review in the month it was actually reviewed.

Pre-Reviews

When case accuracy is reviewed prior to issuance, the eligibility worker updates the case at the time of the case review. If additional information is needed, the eligibility worker pends the application or recertification for additional information. However, if the case meets expedite criteria the appropriate benefit months are authorized and the information is requested. For case reviews involving a review, timely notice for adverse action must be considered when requesting information.

Once the case review is returned with the eligibility corrections, the reviewer updates the benefit amount reauthorized in the Final amount field on the Program Analysis screen. Any difference from the original amount authorized displays as a payment error.

When an error is cited, but the corrected case does not result in a payment error or an incorrect eligibility decision, it is considered a correct case.

In situations where the case review has a correct payment determination, but contains deficiencies that require updates, it is considered a "no error" case. To ensure the case is corrected, the case reviewer leaves the review in "open" status. Once the deficiency is corrected and the eligibility worker responds, the reviewer reverts the case to "closed" status.

In situations where additional information is required to complete the case review, the case worker will place the case review in "pending response" status and the case reviewer will update the due date to match the pend due date.

Error Types and Elements

Once a case is reviewed for accuracy, the reviewer will determine the type of error and the error elements. The elements include the Error reason, Primary Reason and Causal Factors. The following are descriptions of each:

Error Types

There two types of eligibility errors:

1) **Payment Error**
   A payment error is the difference in dollar amount granted or withheld from the household's original payment determination. The following situations cause a payment error:

   a. An authorized and/or issued benefit payment, in any amount, to an ineligible household
   b. An authorized and/or issued payment resulting in **$1** or more overpayment or underpayment in a benefit to an eligible household
   c. An unauthorized or de-authorized benefit to aneligible household

   Note: Supervisory discretion is used when a case under review was de-authorized due to no fault of the eligibility worker.

   d. All incorrect denials and closures

2) **Case Error**
   A case error is based on the eligibility and level of eligibility granted to a household.

   Note: All payment errors are case errors in the tool. Errors less than $26 will be excluded from a case workers CAR in evaluations. Any anecdotal information gathered from errors less than $26 may be addressed in other areas of the evaluation.

   Since the Medicaid case review is based solely on eligibility, all errors cited are considered case errors. No dollar amount is determined when conducting a Medicaid review so these cases are not subject to a payment error.

   In addition to financial and other non-financial eligibility requirements, these areas are countable eligibility errors that can result in a claims payment error, and need to be reviewed for correctness.

   a. Third Party Liability: Was there third party insurance that the client reported started or stopped and the M\BW and MERI were not updated correctly.
   b. Pregnant woman: Was appropriate verification received and screens coded correctly?

c. Citizenship and identification: Were they verified according to policy and screens codedcorrectly?
d. Cost of Care liability: Was it under/overstated - COCA screen.
e. Medicaid Subtype: Was the system coded correctly to ensure household members are assigned the correct Medicaid subtype?
f. Missing Documentation and Case Notes. Are all documents required to determine eligibility in the case file?

Error Element

If a review results in an error, the Case Review System provides drop down menu to select the overriding error element for that review, regardless of the month the error occurred. Each error element has a corresponding number to statistically track error trends. The following are the codes and some examples of error situations:

- Citizenship and Identity (130)
  - Eligible Person(s) excluded
  - Ineligible Persons(s) included
- Residency (140)

- Household Composition (150)
  - Client provided change of household information, but change was not processed
  - Worker included a household member who should have been omitted
  - Separate household status for "purchase and prepare" relationships of members was not correctly established
  - Age criteria requiring (or not) to be a member of the program household
  - Alien included or excluded in error
  - Information that a household member quit a job without good cause was not processed or the penalty was not correctly applied for voluntary quit
  - Felon disqualified not acted upon
  - Penalties not acted upon or acted in error

- Social Security Enumeration (170)
  - Eligible Person(s) excluded
  - Ineligible Person(s) included

Resources

Note: Document resources that should have been included or excluded

- Liquid Resources (211) - bank accounts, cash on hand, U.S. savings bonds, lump-sum payments, stocks and bonds, and

monies held by third parties

- Nonrecurring Lump-Sum Payment (212)
- Other Liquid Assets (213)
- Real Property (221)
- Vehicles (222)
- Other Non-Liquid Assets 1(224) - those not specifically listed above
- Combined Resources (225)
    - Client failed to provide the correct information regarding resources
    - Agency received resource information requiring a specific action but did not act on it
    - Resources exceed prescribed limit
    - Resources of an excluded household member not considered
    - Reported resources used but incorrectly applied
    - Inconsistent resource information not questioned or resolved

Income

- Earned Income (311)
    - Unreported earnings of self or other household members
    - Agency received earnings information that requiring a specific action but failed to take action
    - Agency received pay stub information, but used the wrong amount from the pay stub to calculate earned income
    - Method used to determine estimated income was not documented completely enough for the estimate to be verified as "reasonable"
    - Reported earned income used in budget but incorrect policy applied Excluded income incorrectly counted
    - A mathematical error in calculating the total earned income to be used in
    - benefit calculation
    - New employment with hourly gross pay incorrectly converted to monthly Excluded overtime that is expected to continue
    - Failed to use available actuals in application month Conversion factors misapplied

- Self-Employment (312)
    - Cost of doing business policy incorrectly applied or omitted from calculation
    - Client failed to report earnings (crafts, baskets, etc.)
    - No action taken on self-employed income reported by the client

- Child or Dependent Care Deductions (323) Child care deductions incorrectly applied
  - No action taken on child care expenses reported by the client Subsidized child care incorrectly allowed as an expense

- RSDI Benefits (331) - AKA SSA benefits

- Veterans Benefits (332)

- SSI and/or State SSI Supplemental (333)

- Unemployment compensation (335)

- Other Government Benefits (336)

- PFD Hold Harmless (337)

- Contributions/Income In-kind (342)

- Other Unearned Income (346)

- TANF (347)
  - Unreported source of income was known but not included
  - More or less income received from the source than budgeted

- Child Support Payments (350) - received from the absent parent
  - Unreported source of income
  - Income was known but not included
  - More or less income received from the source than budgeted
  - Retained child support not considered or incorrectly applied
  - Pass through payment not considered or incorrectly applied
  - Information provided by NFIN and did not act on it

- Shelter Deduction (363)
  - Deduction should have been included or excluded
  - Incorrect amount used resulting from a change in residence
  - Client receives a subsidy that reduced the shelter costs - reported but not considered
  - Taxes and/or insurance conversion to monthly amount not used or incorrectly applied

- Utilities (364)
  - Incorrect or no information received regarding utility costs Information triggers a specific action and the worker did not act on it
  - Household reported a move and provides new utility cost verification, previous utilities still appear
  - Utility cost allowed when there is no cost incurred by the household
  - SUD or non-heating deduction applied when no cost was incurred

- Child Support Payment Deductions (366)
  - Policy incorrectly applied or omitted

Other

- Categorical Eligibility (910)
  - Case closed in error
  - Allowed to an ineligible household

- Notices/Adverse Action (920)
  - Adverse action was not used to decrease benefits

- Benefits Not Authorized - Alerts (930)
  - Staff failed to act on alert

- Invalid Denial/Closure (940)

- TPL/TPR Category (950)

- COCA (951)

- Other (990)

Error Factor

The error factor describes the nature of the error:

- Client failed to provide information
- Client provided incorrect information
- Failed to act on information - Agency
- Failed to request information - Agency
- Incorrect calculation keyed - Agency
- Incorrect procedure – Agency
- Misapplied policy - Agency

Error Reason

The error reason provides the determining reason for the error.

- Averaged incorrectly
  - Averaged income or expense not used or incorrectly applied
- Change at Application
  - New **or** updated information provided at application or recertification/review, but information was not acted upon
- Detail Overlooked
  - Transpositions or computation error occurred Alert or Task not acted on
  - Computer user error
  - No follow-up on inconsistent or incomplete information

- Documentation
  - Case note does not reflect the method for actions taken
  - No justification in the case note for allowing or disallowing income or expenses
  - Case notes do not address questionable information, such as a reason the client provides for living beyond the means of the household
  - Information within the case file that triggers a specific action

- Failure to Check Policy (misapplication of policy)
  - Use of wrong policy or incorrectly applied
  - Required verification was not used or requested

- Incorrect Budget
  - Did not consider income was beginning/ending
  - Averaged inconsistent paychecks
  - Did not consider missing paychecks

- None-default

- Unresolved Discrepancy
  - A request for additional information was requested as a result of a case review, but household failed to provide or reply.
  - A review that was never responded to by the worker.

- Wrong Conversion Factor
  - **Example:** A recipient begins a new job with paydays on the 5th and 25th of each month. The eligibility technician uses the conversion factor of 2 for the pay period, instead of using an average weekly work schedule and applying a conversion factor of 4.3 to determine the expected monthly income.

Pre-authorization Review Process

The targeted review process targets cases of experienced workers to assure accurate benefits prior to issuance to the household. The focus of the review is in the error-prone areas identified by QA and Regional Case Reviewer/Supervisor.

The targeted review allows for flexibility based on staffs need for support. As policy, procedures and local staffing change, so can the focus of the pre-review. Each office, with assistance from the Regional Manager, determines the elements that are particularly challenging and focus the review on those elements.

Because it is targeted, this review process does not consider all of the aspects of policy and procedure and it is not expected to replace a full review. This type of review should only be used with experienced workers who possess policy and processing knowledge. Because these reviews are targeted, it assumes that the worker:

1) Is knowledgeable of the programs they are authorized to administer.
2) Comprehends all interfaces and the applicable extraction of information.
3) Has collected all appropriate documentation outside of the targeted areas, such as the 1603s.

Note: A worker requiring more knowledge (e.g. a new worker) may need a more comprehensive review. It is up to the supervisor to make that determination.

Getting Started

Before a targeted review is completed, the worker must complete the case processing which includes the notices, case notes, and authorization of benefits for all months. Pended cases do not require a review.

Note: Benefits and notices should not be held up for the pre-review.

- **Printing information for the Reviewer**

  To expedite the review process it is preferable for the eligibility worker to print the budget screens (MIAU, TAPD, FSAD, etc.) for all the months authorized, suspended or denied/closed, and the CANO screens. If the authorization/denial was based on a previous pend, print all CANO' that apply to that eligibility determination.

  Example: The worker authorized three months of SNAP benefits (October, November, and December). Print the initial intake CANO that started the pend, any subsequent CANO that addressing information affecting eligibility and the authorization case note.

- **Conducting the review**

The pre-authorization review is a one-on-one process with the worker, at the worker's office space.

The reviewer checks the application or recent recertification/review, attached documentation (such as interface checks), and case file (if available).

First initial application month or current month for a Recertification or Review:

Check the following -

- CAP2 - Look at the ARD and BSD to see if it aligns correctly with CANO and action. Look at the status to ensure that benefits are in current month.

The review determines the use of correct coding for the targeted information. Here are some examples:

- Household Composition
  - SEPA-compare to the application and CANO. Check to see if there are any disqualifications and that the SEPA is coded correctly.

- Resources
  - FIAC/LIAS - compare to application and CANO.
  - OTAS/VEHI - compare to the application, CANO and INGENS (property & vehicles)
  - TARE/FSRD

- Income
  - UNIE/UNIN - compare to the application, CANO, hard copy documentation and DOL printouts. Determine if actuals or conversion factors are correctly applied.
  - EAIN-compare to the application, CANO and hard copy documentation.
  - SEEI - compare to the application, CANO and hard copy documentation.

- Deductions
  - DEMH - compare to application, CANO and hard copy documentation in the file.

For Applications: Review the second and subsequent months. Check the following, if applicable:

- SEPA - Look for changes to the household from previous month
- TARE/FSRD - make sure the information has been carried forward
- UNIE/UNIN/EAIN/SEEI - make sure any ending income has been appropriately removed and correct conversion factors are applied

- DEMH-appropriate deductions are carried forward to the second month

Other areas:

- NOHS - look for the appropriate notices
- FSBH/TABH/MEBH - to make sure the benefits have not been deauthorized

Provide feedback to eligibility worker and complete the results on the Case Review System noting the outcome of the review.

Recommendation Schedule time with the worker

It is preferable to schedule a review time with the eligibility worker. This allows staff to fit the review into their schedules. Figure about 15 minutes per application to review the first two beginning months. If there are three months or more, it takes longer.

Step-by-Step Guide to conducting Post Reviews in EIS

In order to provide staff with accurate, constructive reviews that support continued improvement, it is strongly recommended that reviewers follow this guide. The guide includes detailed instructions that will help eliminate missed eligibility elements and coaching opportunities when doing a case review.

Step 1: Begin with the CAP1, CAP2, CASS

All provide an overview of the programs, the household composition and special considerations

- Post the basic statistical information on the Case Review system.
- Scan the entire screen and compare the information to the most current information or application.
- Print the CASS for the household composition portion.
- Review the CASS screen for each month reviewed as applications will have multiple months.
- Watch for:
  - "DI or DJ" household members
  - “PA” for ATAP
  - Changes from month-to-month on household composition; income starting or stopping; deductions starting or stopping.

Step 2: Check the Issuance and Authorization screens

The authorization and issuance screens allow you to post benefits amounts on the Eligibility Case Review System, and gives some other information to consider.

- Current benefits authorized and/or issued
- Household composition changes from previous months. Income changes from previous months
- Deductions applied
- Type of benefit-regular, expedite, supplement, etc.
- TAIH: pass-through issuance dates and supplemental issuances

Step 3: Check the CANO

Read through the CANO. The information within must explain the action taken and the circumstances around the action. It is helpful to read the previous CANO to ensure all facets of eligibility were considered in the current action.

- The determination was properly documented The worker followed the CANO guidelines
- All relevant information was entered on the CANO
- Example: circumstances supporting decision to apply a penalty
- The CANO completed on the day of the action

Hint: if reviewing a denied SNAP application for "failure to provide information," review case file to determine if client provided information within the 60-day timeframe.

- Scan through the previous CANO titles to determine if past documentation affects current benefits.

Step 4: Review the Application, Review/Recert or Report of Change form in detail

- Compare current information with the documents in the case file
- Go back several months if necessary
- Look for any changes (i.e. telephone numbers, rent amounts, etc.)
    - Any change such as telephone numbers or rental amounts may be an indication that the client moved and this may effect household composition
- If any changes are found, investigate "why" the change occurred
    - It may require more investigation in the case file and possibly contacting the client.

Step 5: Check ETAL for:

- Wage hits
- CSSD actions Unemployment benefits
- Report of changes

Step 6: Check interfaces and EIS screens for income, resources, and other eligibility factors

- CSSD: child support income, deductions and cooperation
- DOL: unemployment benefits and possible unreported wages
- INME #9: on all household members for possible SSA, SSJ, etc.
- SVES: possible drug felons, and quarters of work
- SOLQ: SSI, SSA, Medicare

Step 7: Check the case file

- Check the ROPD for the following:
    - Proof of specified relative
    - Qualified alien documentation and if all possible avenues were checked to ensure eligibility
    - Citizenship and Identity documents
- Check sections One and Two for the following: Lease agreements
    - Past and current Report of Change forms Completed and current 1603's
    - All information for adding a baby is on file
    - Copy of completed IAR form on file and original forwarded to SSA. APA 4, MED 2, and other documents sent to DDS
    - Drop-filed items not acted upon
    - PFD forms reporting possible countable resources or paid shelter costs.

Step 8: Check the demographic and resource screens

- Check the SEPA for:
    - Correct participation coding, especially aliens and stepparents
    - Check to see that all MFU members are coded in the household pay close attention to DI, DJ and OF, and PA clients

- Check APID, SPRD and CSEA for:
  - Correct entry of the absent parent
  - Correct deprivation reasons
- Check WOSA for:
  - Penalty in effect or expired
- Check the FIAC, LIAS, OTAS and VEHI for:
  - All resources listed on the application, review or recertification
  - Any resource changes reported. Determine whether the LIAS and FIAC were updated if the case was closed due to exceeding the resource limit.
  - All resources discovered through the INGENS search
  - Correct coding (example: use of LV or ER)

Step 9: Check the income screens

- The UNIE & UNIN screens:
  - Check educational income and ensure correct calculations where made and documented
  - On the UNIN watch all TA benefits with an EX sub-type, all countable pass-through payments should be coded with correct PT code
  - Check for prorated TA payments for DI aliens for SNAP purposes
  - Look for the correct conversion amounts
  - Correct information carried over from the previous month

- The EAIN screen:
  - Review pay stubs in the case file
  - Check pay stubs for advances, tips, reimbursements, etc. Was that taken into consideration when the income was calculated? Example: Laundry & meals.
  - Hint: sometimes tips are listed in the pay stubs, but may not be a true reflection of actual tips received
  - Check pay stubs for raises
  - Check the pay stub for possible resources (examples: stock purchases, IRA deposits, etc.)
  - Check to see if all dependent allowances are included in the prospective income for military personnel
  - Look for seasonal income or seasonal self-employment

- The SEEI screen:
  - Verify allowable expenses
  - Check to see if all income should be annualized or seasonalized
  - For seasonal income, look for the number of months correctly factored

Step 10: Check the deduction screens

- The NOMD screen:
  - Are all deduction codes by the correct household member
- The DEMH screen:
  - Verify proof of deductions
  - Compare rent or mortgage payment to hard copy lease or mortgage statements
  - Check the SUD allowances: is the client eligible for SUD based on verification?

- If there is no verification on file, determine if the client received notice to provide proof

Step 11: Check the MIBW for:

- Correct budgeting codes
- Correct Medicaid subtype
- Correct certification date
- Baby coverage w/start date in birth month
- Ensure the correct PF5 (applicant) or PF6 (recipient) key was used
- Check other cases to see if HH members are participating in another category
- Check for correct Med Ins indicator if there was TPL

Step 12: Check the MERE & MERI screens

- MERE:
  - Correct Sub-Type
  - Correct Eligibility Code
  - Correct HIC number (if applicable)
- MERI:
  - TPR listed by all appropriate household members
  - TPR policy number is the SSN of the policy holder
  - MCR code correct
    - QMB code J
    - SLMB with auto part A, code J
    - TPL

Step 13: Check the payment screens

- TAPD
  - Check the income and month to see if it corresponds with the information listed on the CANO and other documentation Correct household type
  - Correct issuance code
  - Check the shelter allowance. If there is a deduction, consider whether actual deductions would have applied in this situation to reduce or eliminate the Shelter Allowance
  - Appropriate reviewdate

- FSAD
  - Check the income and month to see if it corresponds with information listed on CANO and other documentation
  - Categorically eligible household determined correctly Correct issuance code
  - Appropriate recertification date

- APAS and APMM:
  - Correct household type
  - Income matches the information on the CANO and other documentation
  - All allowable deductions were entered
  - Appropriate review date
  - Ineligible spouses income correctly applied
  - Couple Cases: both benefits authorized

Hint: Recheck the Issuance screen to ensure benefits are not de-authorized

Step 14: Check the NOHS

- Was the client sent all appropriate notices?
- Were the notices clear?
- Was timely notice for adverse action taken within the appropriate timeframe?

Step 15: Determine Case Accuracy
Complete the Eligibility Case Review tool.

Note: If the worker is required to correct/update the case:

- Review the case file and EIS screens once again to ensure that it is correct. If it affects the current month's benefits, review that month to ensure future months are correctly issued.

- Optional: Review the claim determination
  - Client-caused errors do not allow the deductions for the portion of unreported (or late reported) income.

Glossary

Approval	The case action resulting in authorization of benefits
Case Error	A case review resulting in an ineligible case, an unauthorized or de-authorized benefit, an over payment or under payment of more than $25, or an incorrect denial or closure
Case Reader	A designated person to determine the accuracy of which a household is entitled to public assistance program(s)
Case Review Login	The individual's DPA network login to access the Case Review System
Case Review Queue	A page on the Case Review System where the review data is stored
Case Review System	The web-based case reading system to conduct the case review process. Effective 5/1/04, this system replaced the Case Review Tool
Causal Factor Closure	A determining element for the error
Closure	A Public Assistance recipient fails a factor of eligibility and action to close the case was authorized
Correct Case Current Action	The final action taken by the eligibility worker does not cause a payment error or a case error
Current Action	All aspects of eligibility, including multiple months authorized on a new application or an added program; actions from a recertification or renewal; and actions as a result when working a change
Eligibility Worker	An eligibility technician or a workforce development specialist who's responsibility to determine eligibility and benefit amount for Public Assistance programs
Error	A broad category of overall error element for a specific program
Incorrect Denial/Closure	A denial or closure action conducted in error

Ineligible	A non-qualified household erroneously authorized benefits
Non-payment Error	An unauthorized or deauthorized benefit to an eligible household
Over Payment	Authorized and or issued payment resulting in more than a $25.00 issued in error to an eligible household
Payment Error	The dollar amount of the error granted for ineligible cases; those cases over or under paid; those benefits not paid; and incorrect denial closures
Pended Case	Final determination being held awaiting additional information
Post-reviews	Reviews completed after benefits and notices are issued
Pre-reviews	Targeted case reviews completed prior to benefits and notices being issued
Primary Reason	Reflects the nature of the error element
Quality Assurance	The Quality Assurance team is responsible for measuring the state's accountability outcomes
Recent Reviews (closed)	Case review status showing completed reviews with a final determination
Regional Reviewer	The case reviewer designated to conduct case reviews for a specific region
Reviews Open	Case review status where the reviewer has conducted the case review and the eligibility worker must respond
Reviews Responded	Case review status where eligibility worker reviewed the findings and has replied to the case reviewer
Reviews Started	The case reviewer has initiated the review process
Supervisory Case Review	A type of case review that randomly select cases completed by the Supervisor
Targeted Review	A type of case review selection, which has been identified as an area of improvement
Underpayment	Authorized and or issued payment resulting in more than a $25.00 under-issued in error to an eligible household