

2760 - CASE RECORD ORGANIZATION

REQUIREMENT	The hard copy of a case record must be maintained in such a way that it is readily accessible and contains the documents necessary to support all actions taken with regard to the case.
BASIC CONSIDERATIONS	<p>This section outlines statewide requirements for a uniform method of filing material in case records. These procedures provide a definite, consistent organized system for all case files which isolates unchanging, permanent mandatory verification, simplifies the record purging process, and facilitates the case reading process.</p> <p>A case record is organized into three sections as outlined below:</p> <ul style="list-style-type: none"> • permanent verification • case action support • Patient Liability/Cost share support
Permanent Verification Section	<p>File all documents verifying information which does not change in the Permanent Verification Section, on the left side of the case record. When required by policy, file the following verification documents in this section:</p> <ul style="list-style-type: none"> • documents verifying age and citizenship • documents verifying disability • copies of Social Security and/or Medicare cards • Notice of Privacy Practices, if available • DMA Form 285, Health Insurance Information Questionnaire and copy of insurance card and/or trust documents if applicable • HIPP Referral Forms, if applicable • Form SS-5, Application for a Social Security Card • other legal documents such as a marriage license, divorce decree, verification of death, and custody or guardianship papers, Voluntary Placement Agreement, Adoption Assistance Agreement, Termination of Parental Rights orders, Voluntary Surrender, the “<i>contrary to the welfare</i>” order, the “<i>reasonable efforts</i>” order, all custody extension orders, all permanency plan language orders, and any other documents of the court pertaining to a child in placement. • documents verifying burial designation, property search results, life insurance policies, trust documents and other unchanging resource information • Bills used in AMN spend-down budgets annotated with the month/year in which they were used • any other documents considered permanent verification by the county department • Level of Care Denial

**BASIC
CONSIDERATIONS
(cont.)**
**Permanent
Verification Section
(cont'd)**
**Case Action
Support Section**

- Form 138, Child Support Cooperation

NOTE: If the record has a center flap, place AMN spend-down bills on the left center flap.

Information that supports an AU's eligibility must be filed on the right side of the case record. This includes application, review and interim change material.

File Quality Control referrals, hearing decisions, manual notices and Form 962 on top of the case action to which they pertain.

When the case action support section exceeds the capacity of the folder, all case actions prior to the most recent application or review must be removed and transferred to an additional volume of the case record. The application must be brought forward to the current volume's Case Action Support Section.

Application

The following types of information related to an initial application for assistance must be filed in the case action section in the ascending order specified below:

- application form
- Form 297A, Rights and Responsibilities (if Form 297 was the application)
- Form 297M, Medicaid Addendum (if Form 297 was the application)
- all verification provided for the application process other than permanent verification
- copies of all communications with the A/R or RP that are not maintained in the computer system
- all paperwork completed and/or signed by the A/R or RP.

Review

The following types of information related to the review of eligibility must be filed in the case action support section in the ascending order specified below:

- copies of written referrals
- all verification provided for the review process
- copies of all communications with the A/R or RP that are not maintained in the computer system
- all paperwork completed and/or signed by the A/R or RP.

**BASIC
CONSIDERATIONS
(cont.)**
Interim Change

The following types of information related to interim changes must be filed in the benefits support section in the ascending order specified below:

- copies of written referrals
- all verification provided for the processing of the interim change
- copies of all communication with the A/R or RP that are not maintained in the computer system
- all paperwork completed or signed by the A/R or RP.

**Patient
Liability/Cost
Share Support**

Patient Liability/Cost Share support documents must be filed in chronological order from the oldest to the most current. This information should be filed on top of the permanent verification section or, if the folder has a center flap, on the right center flap.

The following forms are filed in the Patient Liability/Cost Share:

- Form 59
- Form DMA-6, or other Level of Care instrument
- CCSP, MRWP, ICWP Communicators
- documentation of transfer of assets penalty

**Retention of
Materials for
Inactive Cases**

Case record material must be retained as long as a federal or state audit of the case record is in progress, or if the case is involved in a hearing.

Inactive case record material must be retained for a period of three years dating from the calendar month in which the most recent activity took place. Case material may be purged or destroyed when no activity has taken place for a period of 36 consecutive calendar months.

The following information must be retained as specified:

- Any case in the Former SSI Disabled Child Class of Assistance must be retained until three years after the child turns 18 years old.
- Any ABD case with an outstanding transfer penalty must be retained until three years after the penalty expires
- Any case when disability was established by SMEU must be retained indefinitely unless the applicant/recipient is deceased, whereupon the record must be retained until three years after the date of death. After three years, only the most recent application materials need to be retained

**BASIC
CONSIDERATIONS
(cont.)**
**Retention of
Materials for
Inactive Cases
(cont'd)**

- All LA-D cases should be retained for a period of three years after the month of death of the beneficiary or anytime the Medicaid case should close.

**Retention of
Materials for
Active Cases**

Materials in case records relative to the establishment of eligibility and patient liability/cost share must be retained for three years. All material three years and older may be destroyed, with the following exceptions:

- materials associated with and relative to the most recent application,
- the permanent verification section
- any verification used to establish eligibility factors on which current eligibility and/or Patient Liability/Cost Share is based.
- Medical bills used for AMN spend-down eligibility

The forms and/or materials listed above must be retained in the case record until they are no longer applicable to current eligibility or until the case record is destroyed in the same manner as an inactive case record.

Computer-generated reports, reports from DCH/DMA and documentation for these reports are considered case record material and therefore must be retained for a period of three years from the month in which the last activity took place.

A SUCCESS/INFOPAC report that has been printed for caseload management may be destroyed when no longer needed if the report does not serve as documentation in support of case record material.

**Case Record
Destruction**

When destroying a case record or any record material carrying the names of applicants or recipients, the materials must be shredded or burned.

**SPECIAL
CONSIDERATIONS****Adoption Assistance**

When Adoption Assistance is terminated, the case is closed and the record is sent to the Office of Adoptions for retention.

Foster Care

When Foster Care Medicaid is closed, any materials, forms, collateral contacts, or other documentation that pertain to a child's IV-E eligibility determination and placement in custody must be removed from the Medicaid case record and forwarded to the county DFCS with custody for insertion in the social services case record. Foster Care policy is followed regarding retention of this material. All remaining materials in the case record pertaining to Medicaid eligibility determination are to follow Medicaid policy for retention and destruction as stated in this section.

**SPECIAL
CONSIDERATIONS
(cont.)****RSM Project cases**

Cases that are closed or denied by the RSM Project will be sent to the DFCS office in the A/R's county of residence to be housed in that county's closed files. RSM Project staff will use the Residential County field on the SUCCESS ADDR screen to keep track of the A/R's county of residence.