

## Case Accuracy Review Selection Process

### Overview

Case accuracy reviews are an essential tool used to ensure all mandated case accuracy standards are met. Full reviews in each program are necessary so that not only error prone areas but all areas will be looked at for accuracy. The CASE ACCURACY REVIEW (CAR) form and instructions have been developed to review all OFI programs (excluding ABD) for case accuracy. The new case accuracy review form will enable supervisors and others to identify strengths and error prone areas. Automation of the Case Accuracy Review Form will enable supervisors and others to monitor the strengths and training needs of not only the state, but also individual counties and workers.

The following guidelines are established for case accuracy reviews:

- First level reviews will be completed **monthly** for all programs: FS, Family Medicaid, TANF, TANF/ES and Child Care in all counties.
- First level reviews for all programs must be completed prior to finalization if at all possible.
- Second level reviews are required monthly in counties with the position of a Program Director/Administrator.
- Field Program Specialists will also perform second level reviews during county visits.

### Random Sampling Methods Overview

The number of reviews completed must be random and will be based on the following:

- A minimum of 2.3% of the county's total caseload including the following programs (FS, Family MA, TANF and CAPS) with a maximum of 50 cases per supervisor for all programs to be reviewed each month.
- The state office will calculate percentages twice a year and notify each county of the minimum number of cases to be reviewed per month.
- The FS case will serve as the lead case when selecting and completing case accuracy reviews. This means the FS cases to be reviewed for the month will be selected first, and then all the related TANF, Employment Services, Medicaid and/or Child Care case(s) selected for review (including those cases that may be in another HH member's name) will follow based on the FS case selected. Medicaid only cases must also be selected.
- If an error is noted in a case, all related cases should be read.
- Counties are also encouraged to read cases in error prone areas such as earned income cases, cases with high allotment amounts and cases with no income.
- If the number of related cases does not meet the required number of reviews for any program, additional cases will be selected.
- If additional cases need to be read, supervisors should select samples from active and closed cases within the review month.

## **Sampling Method by Program**

### **Food Stamps: (50% of cases read)**

- ABAWDS – 5% of required number of FS cases read
- Earned Income cases
- Negative Actions
- Cases with no income/unearned income
- Cases with high allotment amounts

**ABD only Supervisors (including Multi-County) - will read 5 food stamp cases per month per Supervisor. FS cases with a related ABD case are included in the county's caseload count. When these cases are reviewed by the ABD region or the county, the CARS must be reported with the county's CARS for the reporting month.**

### **Medicaid: (20% of cases read)**

- Both related Medicaid cases and stand alone Medicaid cases must be read
- Deficiencies are now possible in Family Medicaid

### **TANF: (15% of cases read)**

- Both TANF eligibility and TANF ES cases must be reviewed
- TANF eligibility and TANF ES categories are combined in the minimum number to be read

### **Childcare: (15% of cases read)**

- If additional reviews are to be pulled, supervisors should select samples from active and recently closed cases, using the case manager's monthly work cards, CCRS or MAXSTAR caseload listing, invoices, or cases identified through other methods
- At least quarterly, cases from all UAS codes must be reviewed

## **First Level Reviews**

The percentages can be adjusted to accommodate the demographics of a county's caseload. Any adjustments would need to be approved by the county director and the regional manager. For example, a county with a small number of TANF cases might want to read 10% TANF and add the remaining 5% to Medicaid for a total of 25% for Medicaid.

**Example #1:** 2.3% of 1,000 total active cases in the county = 23 cases to be reviewed for the county.

50% FS cases (\*of 23 total cases to be reviewed in the county) = 12 cases

20% Medicaid cases\* = 5 cases

15% Childcare cases\* = 3 cases

15% TANF and TANF/ES\* = 3 cases

**Example #2:** 2.3% of 60,000 total active cases in the county = 1,380 cases to be reviewed for the county.

50% FS cases (\*1380 total cases to be reviewed in the county) = 690 cases

20% Medicaid cases\* = 276 cases

15% Childcare cases\* = 207 cases

15% TANF and TANF/ES cases\* = 207 cases

A total of 1380 cases to be reviewed by the county divided by 15 supervisors = 92 cases per supervisor. Each supervisor will review a maximum total of 50 cases each.

**Note:** It is beneficial for counties to complete first level reviews prior to finalization if at all possible. Errors discovered prior to finalization and errors discovered after the action has processed will be reported to the state office each month. However, counties will be given credit for cases corrected prior to finalization in the adjusted accuracy rate.

### **Second Level Reviews:**

Second level reviews are required for all counties allocated second level administrative positions and/or Economic Support Administrator positions. This review is required to ensure first level reviews are completed in accordance with all program policy and CAR procedures.

The sample size for second level reviews will be 5% of the total cases read per supervisor and/or unit (not to exceed 3 per unit or supervisor) monthly. Cases will be selected from all first level reviews completed in the previous month.

Program Specialists will complete second level reviews for counties without administrative second level positions during scheduled county visits. They will read 5% of the total number of reviewed cases in a selected month. In counties with second level administrative positions, Program Specialists will review randomly selected second level reviews to ensure correctness and verify all required corrections were completed in a timely manner.

### **Document Completion:**

The CAR form is designed to improve the process of case reading for multiple programs. Completion of a form for each case reviewed is mandatory. The original review form will be maintained in the case record and the summary sheet will be filed with the supervisor's monthly CAR file for reporting purposes.

In addition, the reviewer will document each case reviewed on the program specific narrative (SUCCESS-NARR screen, CAPS-Case Activity Log) with the following information:

- The date the review completed and specific program(s) reviewed
- The findings, noted as correct, error or deficiencies
- If the case is incorrect, the error/deficiency must be documented with correction(s) needed and the due date for correction(s) to be made

It is vital counties track noted errors and deficiencies to insure all required corrections are completed. A reasonable timeframe for completion of necessary corrections is to be established and adhered to for all programs. As part of scheduled county visits, Program Specialists should read a random sample of case reviews in which corrections were required to ensure all corrections were accurately completed.

## **Definitions**

Where appropriate the following definitions will be used:

- Accuracy Rate  
$$\frac{\text{\#Cases Initially Correct} + \text{\#Cases Initially Deficient}}{\text{\#Cases Read}}$$
- Adjusted Accuracy Rate  
$$\frac{\text{\#Cases Initially Correct} + \text{\#Cases Initially Deficient} + \text{\#Errors Corrected Prior to Finalization}}{\text{\#Cases Read}}$$
- Correct Case  
Eligible for benefits/services and received the correct amount from the correct funding source.
- Deficient Case  
Review item incorrectly or insufficiently addressed and there is no error in the benefit/service amount and funding source.
- Error Case
  - Ineligible for and received a benefit/service – OR-
  - Eligible and not receiving a benefit/service –OR-
  - Receiving an incorrect amount of a benefit/service –OR-
  - Miscalculation or late/no report of hours affecting federal work participation rate

## **Reporting**

Reports of accuracy findings are due by the fifteenth of the month following the review month. Counties must report all case reviews completed, including errors discovered prior to finalization.

- Reports are to be submitted via GroupWise to OFIdataforms
- Reports are due by the 15<sup>th</sup> of each month; if the 15<sup>th</sup> falls on a weekend or a holiday, the report is due the following work day. Revisions are not possible after the deadline.
- Late reports will not be accepted and will result in zero accuracy
- One report per county for all programs (FS, Family MA, TANF and CAPS) should be submitted in a single e-mail as attachments with the county name in the subject line.

## **Request for Reduction**

The minimum number of case accuracy reviews for all programs is required to be completed each month unless a reduction request is submitted and approved by the OFI Operations Manager. Because of the direct impact of accuracy reviews on the accuracy rate, a complete waiver of all reviews will not be granted. Before modifying the number of first level

reviews, the Program Specialist will work with county staff to develop alternate review methods. All avenues of completing case reviews including assistance from other counties in the region and completion of peer reviews within the county must be exhausted prior to requesting a reduction.

No reduction will be approved for a prior month. The request must be approved by the County Director and the Regional Manager prior to submission to the State Office. A copy of the approved request must be maintained on file in the county. *Note: For E&R purposes if the form is not included with the case accuracy review log, the county will be considered non-compliant in case accuracy reviews.* If a reduction is not requested, the county will be held accountable for completing the mandated number of reviews.

### **County Case Accuracy Review Plan**

A case accuracy review plan will be developed by each county. The plan will be approved by the county director and then submitted to the county's Regional Manager. The first plan is due to the Regional Manager prior to implementation of the new CAR process. A new plan will be due to the Regional Manager when a major change is needed such as a change in supervisors or supervisor vacancies in the county office. The case accuracy review plan will include the following:

1. The total number of case accuracy reviews with a percentage breakdown of each program being reviewed.
2. A process for reading records where multiple workers who do not have the same supervisor have taken action on a case.
3. A process for reading records when there are supervisor/worker vacancies or supervisors/workers out on extended leave.
4. This plan should not utilize Field Program Specialists as a first option in completion of case reviews.

In summary, the case accuracy review is an important tool for supervisors to use to monitor not only the quality of work being done but also the building of stronger families. The full record reviews will ensure supervisors are looking at the quality of the entire case.

### **Effective Dates for Implementation of CAR Revisions**

The instructions in this county letter are effective with the review month of July 2006 case actions. Results from the July 2006 review month will be due by August 15.