Department of Public Health and Human Services FAMILY RELATED MEDICAID	Section: CASE MANAGEMENT Subject: Case Notes

Supersedes: FAIM, FMA, FS and MA 1507-1 (10/01/02)

►**References:** 45 CFR 206.10; 7 CFR 273.12 and 273.2 (f); ARM 37.82.101 & .78.102

► GENERAL RULE--Case files must be documented on system case notes to support actions taken and decisions made concerning eligibility/benefit determination and current status of the case. Documentation must be in sufficient detail for a reviewer to determine the reasonableness and accuracy of the actions taken.

►**DEFINITION:** A clear, concise, complete, objective journal entry of significant facts, which justify actions taken, and supports eligibility decisions made by eligibility staff and case management actions by WoRC staff.

►**LEGAL RECORD** **Case notes are a legal record of the Department's actions**. They have been used as evidence in various settings including DPHHS fair hearings and Program Integrity fraud prosecution/Administrative Disqualification Hearings.

System case notes serve the following purposes:

1. Chronicle a series of events;
2. Summarize non-financial and financial eligibility requirements;
3. Outline actions in cases of noncompliance;
4. List types and results of referrals;
5. ► Describe development and progress of FIA/Employment Plan (EP) activities;
6. Monitor compliance with eligibility and FIA/EP or Food Stamp Employment and Training (FSET) requirements;
7. Record TANF Cash Assistance and FS ABAWD time-limits; and
8. ► Document the family's progress in finding alternatives to public assistance; identify barriers to employment and how they were addressed. Identify and facilitate the family's access to services.

► Case notes are extremely important to document services provided to households with less than 12 months remaining on their time clock and for determination of TANF Extended Benefits. Good documentation of activities, successes and failures will have an important bearing on the determination of benefits beyond 60 months.

CASE NOTE ACCESSIBILITY Upon request, case records, including case notes, are available to the filing unit and/or, if a release is provided, to their authorized representative. Case notes may also be viewed by other individuals

involved in the eligibility determination such as the WoRC case managers, policy specialists, program compliance auditors, regional quality assurance reviewers, Food Stamp Employment and Training case managers, etc.

► Many department personnel have system security allowing inquiry only. These individuals have security clearance to review case notes and investigate the case circumstances and all information as part of their job duties. These duties may include:

1. Third-party liability information;
2. Fraud and recovery;
3. Program compliance;
4. Time clock adjustments;
5. Fair hearings;
6. Fiscal data;
7. TANF out-of-state inquiries;
8. Policy clarifications;
9. Federal reporting requirements; and
10. System programmer adjustments.

►AMENDING CASE NOTES/ SECURITY

Certain individuals engaged in administering public assistance programs and case management have system security that allows them to record their specific actions on the CANO screen. These individuals are:

1. Office of Public Assistance (OPA) eligibility staff;
2. WoRC/FSET case managers;
3. Specific regional and central office staff;
4. System programmers; and
5. Claims and Recovery Unit staff.

► Case notes are a legal record of case history. A case note should only be changed or updated by the original author the same day it is entered. If it is later determined an error was made in a case note, an **amended case note** needs to be entered to document the change or correction.

►CASE NOTE CONTENT

Case notes should be clear, concise, brief and answer the following questions.

- **Who . . .** provided the information/reported the change?
- **What . . .** information/source of the information?
- **When. . .** is the information effective/will the change occur/was the report made?
- **Where. . .**will change occur - residence, income, etc?
- **Why . . . .**is the action taken?
- **How . . . .**will the information affect eligibility?

► **Case note titles must be specific listing the main topic of the note**. When there is more than one main topic each topic should be broken into a separate case note. This will make it easier to retrieve specific information at a later date. Such titles might include:

- household composition/joint custody,
- income/self-employment/educational,
- resources/trusts,
- expenses/deductions,
- resource assessment,
- out-of-state TANF/time clock adjustments,
- address change/resides on-off reservation,
- ABAWD/FSET,
- overpayment/IPV/underpayment/supplement,
- QA/ME review findings/corrections,
- intake,
- interfaces,
- felony status,
- WoRC progress,
- HIPAA,
- incurment,
- community spouse,
- Essential for Employment,
- supportive services,
- emergency assistance,
- extension application,
- at-risk (subjective), and, etc.

► **Recorded information must be factual and can include statements a recipient has made**. Case notes are required for any issue that is not fully explained by the entry code on the appropriate screen. Case notes should explain any questionable or unusual situations. A case note is required when the verification code of **collateral contact** or **visually verified** is used.

► **NOTE:** Even though resources are listed on the system a brief synopsis of types of resources available or deemed inaccessible and why should be documented at intake and recertification/redetermination. (i.e., vehicles listed on P-Justice that are no longer accessible.) This will make future redeterminations smoother.

Case notes should contain additional explanations and clarifications of circumstances or actions that may be questionable or unclear. The prudent worker must be able to distinguish between information that is relevant and that which is not.

<u>Personal opinions</u> about a family's actions or circumstances should not be noted.

►MEDICAL CONCERNS

Case notes regarding medical conditions require extra caution due to both HIPAA guidelines and Medicaid regulations. Only the "minimum necessary" information should be included and this would rarely include an actual diagnosis. The documentation in system case notes should be more generic, e.g., "serious medical condition present, see case file," or "medical condition present that restricts activities, see case file," or "mental health issues present, see case file." Those references alert subsequent case managers to investigate when planning later participation activities and also assist Central Office in extended benefit application considerations. It is important to be especially cautious in case notes with medical information that has the potential for discriminatory action by others if disclosed.

► **Medical conditions should not be listed unless required for eligibility purposes and even then general terms should be used. e.g., blind.**

GUIDELINES

The following is a partial list of some circumstances requiring a system case note. The list for each phase of the eligibility determination and case management is to be used as a <u>guide</u> and not as an all-inclusive list.

<u>APPLICATION/REDETERMINATION INTAKE</u>

1. List programs involved and household composition.

2. Details of interview:
   a. Who was present or why an interview did not take place for Medicaid;
   ► b. Why the household needs public assistance (general terms);
   c. Unusual/questionable circumstances;
   d. What community resources were discussed/shared (i.e., MA 165 Medicaid Recipient Handbook);
   e. What referrals were made and
   ► f. What forms/resources were provided.

<u>ELIGIBILITY REQUIREMENTS</u>

1. Non-financial:

► a. Explanation to support disqualifications/ineligibility such as alien status, TANF sanctions, unusual FS situation etc.;
b. Reasons surrounding delays in processing;
c. Unusual TANF or FMA situations such as teen parent living arrangement or caretaker relative other than natural, adoptive or stepparent;
► d. Unusual FS situations such as student status, separate household status, questionable work registration or ABAWD status; and
► e. TANF Cash Assistance time clock, at-risk or TANF extension status.

2. Financial requirements that are not fully explained by the entry code on the appropriate system pages:
   a. Income - countable and excluded;
   b. Resources- countable, excluded and/or inaccessible/jointly owned;
   c. Vehicles-countable or excluded, licensed or unlicensed;
   ► d. Transfer of resource (FS and MA- aged/blind/disabled only); and
   e. Explain questionable/unusual situations.

3. Income budgeting methodology used:
   a. Explain method used and why;
   b. Identify sources of income - earned and unearned;
   c. Earned income - hours worked, rate of pay, pay date(s), employment start/end dates, employer(s), calculations; and
   d. Explain questionable/unusual situations

4. Expenses/Disregards that are not fully explained by entry codes on the system:
   a. Child support payments;
      - Paid to whom?
      - What is amount legally obligated and amount paid?
   b. Dependent care;
      - Who is providing care, if known?
      - What is third party payment vs. co-payment?
   c. Shelter costs (FS); and
      - Whose obligation?
      - Is it shared, actual, SUA?
   d. Medical expenses (MA, FMA, and FS);
      - Whose expense?
      - What expenses and method used to determine amount?
      - Allowed as a deduction? why or why not?

NEGOTIATING/RENEWING THE FIA/RP and TIME CLOCK ADJUSTMENTS

1. Who needs to complete a FIA/EP;
2. ► Goals, barriers and progress related to self-sufficiency or at-risk plan;
3. Child care needs - hours/week/month; which child(ren);
4. Monitoring tools (calendars, time sheets, etc.);
5. Conciliation /Sanction activities; and
6. Current time clock and retroactive time clock adjustments.

► ELIGIBILITY CASE MANAGEMENT

1. Change reports and other related changes;
2. Essential For Employment requests;
3. ► Requests for Extended TANF benefits and claimed extension criterion;
4. Requests for retro-Medicaid;
5. Transferring, closing or other program requests;
6. ADH/IPV investigations;
7. Over/Under payments/issuance;
8. Fair Hearing requests and decisions; and
9. Referral to other community/agency resources.

► WORC CASE MANAGEMENT

At minimum, system case notes are mandatory in the following instances:

1. Initial enrollment/delayed engagement;
2. Employment gained or lost;
3. Non-compliance triggers outreach/conciliation;
4. Home visit completed;
5. Sanction recommended;
6. Monthly progress notes/evaluations or assessments completed;
7. 90-day review of employment plan for long-range progress;
8. Hours reconstructed for reconciliation; and
9. Closure notes of progress, future plans, and resolutions if applicable.

►SYSTEM GENERATED

Currently there are three system-generated case notes. They are: “Supportive Services”; “Emergency Assistance Payment” and “Work Support Payment”. The details of eligibility for such payments still must be case noted by either WoRC or eligibility case managers.

►HIPAA COMPLIANCE

A separate case note needs to be entered titled "HIPAA" (Health Insurance Portability and Accessibility Act) stating the HIPAA notice was sent to the client and not returned as undeliverable. This notice is not a system notice but instead a form; "HIPAA Privacy Notice" form HPS-400.

►TEAMS PROCESS

To create a case note:

- Press F10 to display the Case Notes (CANO) screen. TEAMS will default to the case number on which you are working.
- Type a note title in the DESCRIPTION field that briefly identifies the CANO content.
- Enter the information.
- Press ENTER.
- **Press F6 to word wrap the note**. This is **extremely helpful** because it makes the case notes easier to read and presents a professional, understandable case history for Fair Hearings and case reviews. (If you want a space between lines of text, move cursor to new line and enter text. Then press enter and F6 again.
- When completed, press F9 to exit CANO. TEAMS will return to the screen previously worked.

To review Case Note History, Next to the CANS screen.

If working in Case 'A' and need to enter a case note in Case 'B', press F10 to display the CANO screen. On CANO enter the case number for Case 'B' and complete the case note as described above. Press F9 to exit CANO. TEAMS will return to Case 'A' to allow work to continue.

CwC oOo