



Summary of Action

 <p>Department of Human Resources 311 W. Saratoga Street Baltimore, MD 21201-3521</p>	IMA ACTION TRANSMITTAL
Issuance Date: June 3, 1996	Effective Date: June 17, 1996 Control Number: 96-41

**TO: DIRECTORS, LOCAL DEPARTMENTS OF SOCIAL SERVICES
DEPUTY/ASSISTANT DIRECTORS FOR INCOME MAINTENANCE
INCOME MAINTENANCE SUPERVISORS**

FROM: KEVIN MAHON, EXECUTIVE DIRECTOR, IMA 

**RE: COMPREHENSIVE PROGRAM REVIEW SYSTEM (CPRS)
FOR AIMS JURISDICTIONS**

PROGRAMS AFFECTED: ALL

ORIGINATING OFFICE: OPA

Summary:

A workgroup of local supervisors and DHR staff has developed a CASE REVIEW SYSTEM called the Comprehensive Program Review System (CPRS) to replace the Supervisory Review System (SRS).

Training on the new review system will be offered regionally. An IMA Training Announcement will follow this Action Transmittal.

Action Required:

- ▶ Begin using the DHR/IMA 102 AIMS for reviews when supplies are received.
- ▶ Follow the instructions listed for coding CPRS errors in the attached instructions.
- ▶ Begin forwarding the monthly CPRS report form DHR/IMA 103D to IMA one month after you begin using the new forms. Forward to: Jerry Nelson, Office of Quality Assurance, Division of Management Support, IMA.

- If deviating from the selection criteria guidelines listed below, please submit a CPRS plan to Jerry Nelson the IMA Office of Quality Assurance, addressing sample selection, how the quota will be shared between supervisory staff (supervisor and assistant supervisor or lead worker) and adjustments for absence.

Background:

Pending the implementation of CARES in all jurisdictions, IMA is issuing requirements for an updated case review system called the Comprehensive Program Review System (CPRS) to replace the current Supervisory Review System (SRS). The CPRS has a broader focus than SRS in recognizing that reviewing work requires attention to a variety of factors other than Pre-Quality Control (QC) errors, such as procedural requirements, systems, legislative audit issues and policy compliance. The differences in the two systems include:

- ▶ CPRS requires that staff review **all** programs for the same case head (Cash Assistance, Food Stamps and Medical Assistance) on the same review sheet including programs denied or closed in the review month. A separate review sheet for NPA-MA (DHR/IMA 128) becomes obsolete with the implementation of this system.
- ▶ Case errors are not differentiated from case deficiencies; if the case needs correction, it is given back to the worker to correct within the 21 calendar days allotted.
- Staff functioning at the Lead Worker level or above may complete CPRS reviews. Quotas are established for the supervisory unit and the quota may be shared by staff within the unit determined most appropriate by local management.

Purpose:

The Comprehensive Program Review System's primary purpose is to ensure program accuracy by assessing caseworker compliance with laws and regulations through identification and timely correction of errors. Additionally, this system provides an effective management tool for evaluation, performance appraisals and determining training needs. It is anticipated that approximately 15,000 program reviews will be completed each month statewide (250 supervisory units x 60 program reviews = 15,000).

Selection Criteria:

The following selection criteria parameters are based on the assumption that the local department uses a *GENERALIST* service delivery approach and therefore reviews will involve multiple programs. Each local department can determine what method will be used to select the CPRS sample as long as the following criteria are met:

- ▶ Cases are selected from AIMS reports or from AIMS documents.
- ▶ Cases must be selected for review from applications, redeterminations and interim changes completed within the last 30 days.
- ▶ Workers cannot be involved in the case selection process for post authorization reviews.
- ▶ To address audit issues, high risk cases must be reviewed.
- Select cases for review through a random selection process, or select high risk cases, or select a combination of both, to meet supervisory unit quotas:
 - **Random Cases** - Select from AIMS reports or AIMS documents (for example, every 10th case on a report).
 - **High Risk Cases** - Select the following type cases: Earned income, unearned income, unemployed parent, household composition, deficit budget (SLAM - suspected of living above means), and cases with previous work history. These types of cases have been identified by Quality Control as exhibiting a high potential for error. The cases of new workers or the cases of workers who have a history of making errors also reflect a high risk profile. If high numbers of errors are found for a worker, additional cases from that worker should be selected.
- ▶ Review selected cases for all benefits that the customer is receiving. For example, if the head of household has a Cash Assistance program and NPA-FS along with PWC in the same case, all three programs must be reviewed.
- Base reviews on programs not cases; most cases contain more than one program.
- ▶ If the case needs correction, return it to the worker with a correction due date assigned. Not every error can be corrected, such as not meeting processing standards. In these situations record the findings, but do not assign a correction due date. These kinds of errors may indicate the need for further monitoring or training.
- ▶ Second level reviews are highly recommended for local corrective action strategies.

Quotas:

- A minimum of 60 programs must be reviewed each month in each supervisory unit. The generalist supervisor is to select at least 30 cases each month through a standard selection process. A study using CARES data completed in March 1996, concluded that each case has an average of 2.5 programs.

- ▶ Supervisors must select and review cases from all workers in the supervisory unit completing income maintenance.
- ▶ Workers excluded from this system are specialized Intensive Case Managers who do not determine eligibility, Project Independence staff and others performing specialized, non-eligibility program functions exclusively.
- ▶ Program reviews will be counted using the attached Review Chart for CPRS.

Workflow:

- ▶ Select the case according to the CPRS criteria.
- ▶ With the aid of the CPRS Form (DHR/IMA 102C), review for all pertinent factors of eligibility and required procedures in all applicable programs (Cash Assistance, Food Stamps and NPA Medical Assistance). Identify each factor needing correction.
- ▶ Record results of the review by entering error cause codes and any factor that needs correction, describe them in detail in the Action Needed section and check Correction Needed. If no correction is needed, check Correction Not Needed.

Routing the CPRS Form

Control for the CPRS form may be set up in each supervisory unit or centrally within the local office. For reviews needing correction:

- ▶ **White, yellow and pink** - Attach to case file and return to worker for correction. Return cases needing correction to the appropriate worker. Allow a maximum of 21 calendar days from the date of review for completion.
- ▶ **Green** - File this copy in the **CORRECTION FILE** maintained in the unit or by a central control clerk. Keep the forms in this pending file in review date order until corrected.
- ▶ The worker corrects the finding, signs and dates the correction in the space provided and returns the case with all three copies of the 102 for re-review.

For reviews not needing correction, or corrected reviews:

- ▶ Rereview the action taken to correct the case. Once corrected, initial and date the three copies in the correction block, and:
 - If keeping the correction file, pull the **green** copy from the error correction file and throw it away. File the **White** copy into a "Corrected During Month" file to be held until the end of the month for reporting purposes.

- If the correction file is kept centrally, forward the case with **white** copy attached to the central control person who will pull the case, and throw away the **green** copy.
- **Yellow** - File yellow copy by individual worker. Use to complete the monthly CPRS report form (DHR/IMA 103C) and to monitor workers' performance.
- **Pink** - File in the case record.

Any case record not corrected within 21 days is considered overdue. These cases are at risk of being selected for QC review with the potential of costly errors being discovered. The number of overdue error cases must be recorded on the monthly report.

Filing System:

Worker Files

The reviewer keeps a folder of each worker. In it is placed the **yellow** copy of the 102 for each case reviewed. At the end of the month, the reviewer tabulates the forms to show how many reviews were completed and the number of error cases identified for each worker. After the monthly report is completed, the forms are kept in a back-up file to be used for monitoring worker performance, training or evaluation purposes.

Error Correction Files

This file tracks error correction activities using the **green** and **white** 102's. At the local department's option, the file may be kept by the reviewer, a unit clerk, or in a central control file.

When a case is returned for correction, file the **green** (last) copy in due date order in the error correction file. As each case is corrected, pull the green 102 and throw it away. Put the white copy in a separate file labeled "Corrected During the Month." These forms are used at the end of the month to complete the Error Correction section of the Reviewer's Worksheet for (103C) and subsequently the CPRS Monthly Report (103D).

Monitoring File

In multi-office jurisdictions, only one report is required for each local department. Where there are more than one office, follow your local guidelines to compile one report.

White 102 forms may be disposed of after the report is completed. Pink copies are to be retained for one year and a copy of the 103C and 103 D reports held for three years for auditing purposes.

Management Monitoring:

It is the responsibility of local management to monitor the CPRS for effectiveness. The new reporting system provides information that enables managers to ensure that CPRS not only corrects but also prevents errors.

- Managers are responsible for holding staff accountable for meeting CPRS system obligations and achieving set unit performance levels.
- Second level reviews are recommended for offices which have second level management staff.
- These reviews give management the means to determine the accuracy of first level reviews and identify issues that call for procedural clarifications or training.
- Using CPRS reports, managers can monitor and evaluate the effectiveness of providing clarification or training.
- By monitoring results, managers can adjust case selection criteria or review requirements, within the parameters, to meet the needs of the local jurisdiction.

Local management must establish a procedure to ensure that error cases are corrected within the 21-day timeframe, to help prevent costly QC errors. Monitoring demonstrates commitment by management to ensure all levels of staff understand the importance of CPRS as a strategy for increasing payment accuracy.

Payment Accuracy:

The monthly CPRS reports provide data on the types and causes of errors by worker and supervisory unit. Discussion of this error data can support efforts to reduce and prevent errors, therefore, increasing payment accuracy. Time spent correcting errors will be reduced with prevention of repeated errors by supervisors and workers.

Managers

Management's communication on a regular basis of the importance of CPRS to all staff can have a positive effect on the use of the system.

- Constructive discussion of the information in CPRS reports at staff meetings can support efforts to reduce and prevent errors.
- Analysis of CPRS reports to determine the reasons for differences in error rates between supervisory units.

- Unit error rates can be used as part of a supervisor's evaluation.
- The use of progressive discipline can be incorporated into the system as a means of assisting supervisors in resolving the problems that result in less than quality performance.

Supervisors

Information from CPRS reports discussed in in regular worker conferences and unit meetings is an important tool for supervisors.

- In worker conferences, supervisors can use CPRS information to help each worker develop a plan to improve performance or maintain high quality performance.
- In unit meetings, staff can work together to develop corrective action plans to prevent costly QC errors.
- The use of progressive discipline can be incorporated into the system as a means of assisting workers in resolving the problems that result in less than quality performance.

Attached are copies of the forms, instructions, guidelines and charts for supervisors in AIMS jurisdictions. If you have questions, please call Jerry Nelson in the Division of Management Support at (410) 767-7952.

cc: DHR Executive Staff
IMA Management Staff
Arnold Dixon

COMPREHENSIVE PROGRAM REVIEW FORM - AIMS

CASE NAME	CATEGORY	CASE NUMBER	A, R or IC	AU/HH SIZE	BENEFIT AMOUNT	LDSS/OFFICE
						WORKER
						REVIEWER
DOCUMENTS REVIEWED: AIMS? ___ Yes ___ No MMIS? ___ Yes ___ No						DATE OF REVIEW

If Application, DAF _____	Case Selected from:	AU MEMBER	AGE	AU MEMBER
If Redet, Redet due mo _____		Age	_____	_____
If IC, Dt action taken _____		<input type="checkbox"/> S-110, A-30	_____	_____
MVA _____ C/S _____		<input type="checkbox"/> S-955, 25M	_____	_____
Wage Screen _____		<input type="checkbox"/> Other	_____	_____

REVIEW FINDINGS:

- NO CORRECTION NEEDED

- CORRECTION NEEDED

DUE DATE ____ / ____ / ____

Corr't By _____ Dt _____ Rev's OK _____ Dt _____

ENTER ERROR CAUSE CODE BELOW 1. Policy Incorrect 2. Info Disregarded 3. No Verif.
 4. Incorrect Data on AIMS 5. Other

ITEMS TO BE REVIEWED	CA	FS	MA	TE	COMMENTS
1. IDENTIFICATION/ENUMERATION / AGE					
2. HH COMP /RELATIONSHIP / DEPRIVATION					
3. CATEGORY DETERMINATION / WAG					
4. ALIEN / CITIZENSHIP / STUDENT STATUS					
5. WAGES / WAGE SCREEN / CALCU./					
6. SUPPORT REQUIREMENTS / SCREENS					
7. 3rd PARTY PAYMTS / EXPENSES vs INCOME					
8. BANK ACCOUNTS, VEHICLES, LIFE INS., ETC.					
9. SHELTER COSTS /SUA/LUA/ HOUSING TYPE					
10. EXPEDITED SERVICES					
11. PRORATION / BENEFIT CALCU / Schedules					
12. NARRATION / F-F Inter & Sign./ PAST MANAGEMENT					
13. INCOME OTHER THAN WAGES					
14. PPI / VOTER REGISTRATION					
15. WORK REQUIREMENTS or DISABILITY					
16. AIMS/DHMH DOCUMENTS / NOTICES					
17. CERT PERIOD / SPENDDOWN / 216					
18. LTC / 206 N					
19. MA FOR CATEGORICALLY ELIGIBLE					
20					

ADDITIONAL COMMENTS:

RESPONSE: (Use other side if needed.)

COMPLETING FORM DHR/IMA 102 AIMS

Reviewers can use the following guidelines for completing the Comprehensive Program Review SHEET (DHR/IMA 102-AIMS Rev 3/96). These guidelines include a list of the major types of eligibility, payment and procedural errors which Quality Control, Legislative Auditors, IMA Monitors and others have identified as requiring review.

Identifying Information

Case Name - enter case name

Category and Case Number - enter category and case number of case selected for review. Enter all additional programs for which you are completing a review. Enter additional case numbers only if different. (Example: if reviewing an AFDC case with Food Stamps with the same case number, enter 02 for category and case number on line one; on the second line enter "FS" for category.

Application, Redetermination/Recertification/Interim Change - Enter A, R or IC as appropriate for the review.

AU/HH Size - enter the number of individuals included in the assistance unit or household.

Benefit Amount - Enter the amount of cash benefits, FS allotment or TEMHA benefits as appropriate.

LDSS/Office, WORKER, REVIEWER, DATE of REVIEW - enter the appropriate information indicating the name or number of the worker completing the action.

Documents Reviewed - Enter a check mark for yes or no that the AIMS Turn Around Documents and/or DHMH's MMIS has been reviewed. This is a Legislative Audit Issue.

Case Action - Enter the appropriate date for the action reviewed based on the primary program selected for the CPR (Appl, redet or IC).

MVA, C/S, Wage Screen - enter a check mark that the case contains the required Motor Vehicle screens, Child Support Screens or Wage/UI Screens.

AU Members and Age (Local Option) - Enter the names and ages of AU members in addition to the Head of H/H.

REVIEW FINDINGS - enter a check mark in the block for either No CORRECTION NEEDED or CORRECTION NEEDED. If correction is required, give a maximum of 21 days turn around time as the correction due date. When the case is corrected, the individual who corrects the case is to sign off the correction on the case record copy (green) with the date. The Reviewer will sign off that the correction has been made on the case record copy.

REVIEW ITEMS

For each item reviewed in which a correction is needed, enter an ERROR CAUSE CODE 1-5 as indicated on the form. Or, the local department may elect to enter a check mark instead of using the codes. Follow the current program policy and procedural requirements when identifying an area for correction. Chart A of the attachments lists the guidelines for review.

COMPREHENSIVE PROGRAM REVIEW LDSS/ OFFICE REPORT

LDSS/CENTER _____	PREPARED BY _____	PHONE NO _____	DATE _____
REVIEW MONTH _____	APPROVED BY _____	PHONE NO _____	DATE _____

A. REVIEWS COMPLETED

B. ERROR CORRECTION

REVIEWERS	Case Quota	Dsys absent	Adjust ed Quota	PROGRAMS						HH CASES	ERROR CASES	REVIEW STATUS		
				CASH	FOOD STAMPS	MA	TEMHA	OTHER	TOTAL			CORRECTED	PENDING	
													0-21	21 +
1														
2														
3														
4														
5														
6														
7														
8														
9														
10														
11														
12														
TOTAL														

Completing the DHR/IMA103-D

The purpose of this form is to provide a summary of the review activity completed during the month for each supervisor. This form contains data that can be used to monitor and evaluate the performance of individual supervisors.

Identifying Information

Enter the following information:

- ▶ County or Baltimore City District
- ▶ Month - The month and year for the reviews
- ▶ Prepared By, Phone No and Date - Completed by the person completing the report
- Approved by, Phone No and Date - Completed by management staff approving report

A. Routing the Monthly Report (103D)

1. Following approval by the Local Director, Office Manager or designee distribute as follows:
 - original to IMA
 - file copy (for audit purpose)

Note: In multiple office jurisdictions send only one report to IMA.

2. Enter the quota of case reviews.
3. Enter the number of days each supervisor was absent during the month in which the reviews were completed. This information can be taken from the 103C.
4. Using each supervisor's completed Worksheet (103C), transfer the information from the last (total) line in section a to the line beside that supervisor's name on the 103D. Be sure to enter the numbers in the correct program block.
5. Add down the number of program reviews and enter the total in the appropriate column in the last line of Section A.
6. Add down the number of Programs reviewed and enter the total in the appropriate column in the last line of Section A.

Section B - Error Correction Activity

1. Supervisors maintaining their own Error Correction Files:
 - a. For each worker add the number of error cases corrected from the error correction file.
 - b. Count the number of cases pending correction for each worker (0-21 days) or overdue (21+).

2. For Correction Files maintained centrally by a clerk:
 - a. From the file "Corrected During the Month," pull the corrected white originals the 102s for the month. Separate supervisory unit. Count and enter the number corrected for each supervisor's unit in the column "Corrected."
 - b. From the "Pending Correction File," count the number of cases pending correction as either within limits (not due by end of report month) or overdue (due before end of report month) and enter figures in the appropriate column for within limits (0-21) or overdue (21+).
 - c. Count the number of cases pending correction from the Potential Error Log (104) for each supervisory unit.

COMPREHENSIVE PROGRAM REVIEW SYSTEM REVIEWER'S WORKSHEET

CENTER _____

REVIEWER _____

PHONE _____

REVIEW MONTH _____

PREPARED BY _____

DATE _____

A. REVIEWS COMPLETED

B. ERROR CORRECTION

WORKERS	PROGRAMS						H/H CASES	TOTAL ERROR CASES	REVIEWS		
	CASH	FOOD STAMPS	MED ASSIST	TEMHA	OTHER	TOTAL			CORRECTED	PENDING	
										0-21	21+
1.											
2.											
3.											
4.											
5.											
6.											
7.											
8.											
9.											
10.											
11.											
12.											
TOTAL											

B. UNIT QUOTA _____

DAYS ABSENT (IF APPLICABLE) _____

ADJUSTED QUOTA _____

Completing the CPR Monthly Worksheet (DHR/IMA 103C)

The purpose of this form is to provide a summary of the review activity completed during the month for each worker. This form contains data that can be used to monitor and evaluate the performance of individual workers.

Information for Section A is taken from the yellow copies of the CPR review sheets (102) that are filed in the Worker Files by individual worker.

Information for Section B is taken from the Error Correction File.

Identifying Information

Enter the following information:

- ▶ County or Baltimore City District
- ▶ Month - The month and year for the reviews
- ▶ Reviewer's Name
- ▶ Prepared By - Name of the person completing the report
- ▶ Date - Date report completed

Section A - Number of Reviews Completed During the Month

For your own identification purposes, enter each worker's name or initials in the left hand column.

1. Pull the yellow 102's from the current month's worker's file. Count the forms by program: Cash (including AFDC, AFDC-UP & GPA-PW), Food Stamps, NPA Medical Assistance and TEMHA. If the review includes more than one program, count one program at a time. Go back and recount for each program. Total the program across.
2. Count the number of review sheets that require a correction. Enter that number for error folder.
3. Continue for each worker.
4. Add down the number of programs reviewed and place the total in the appropriate column in the last line of Section A.
5. Add down the number of reviews requiring correction and enter the total in the appropriate column in the last line of Section A.

Section B

This section is completed by the reviewer or unit/central control clerk:

1. From the file "Corrected During the Month", pull the corrected white originals of the 102s for the month. Separate by worker. Count and enter the number corrected for each worker in the column "Corrected."
2. From the "Pending Correction File" count the number of cases pending correction as either within limits (not due by end of report month) or overdue (due before end of report month) and enter figures in the appropriate column for within limits (0-21) or over due (21+).

Completing the Correction Log (DHR/IMA 104)

The Correction Log (DHR/IMA 104) is designed for the local departments where error correction is controlled centrally. The use of the form is optional.

This form is used to notify supervisors when outstanding error cases are becoming overdue. It is filled out by the control clerk responsible for maintaining the centralized Error Correction File. A separate Potential Error Log is kept for each supervisory unit. Complete the following information for each form.

- ▶ Supervisor - enter the supervisor's name
- ▶ County Office or Baltimore City District
- ▶ Date Photocopied - see Routing the 104 below.

For each white copy of the 102 you receive, do the following:

1. Locate the Potential Error Log for the supervisory unit. Identify Information: enter the head of household name and number, worker's name from the information on the top of the 102.
2. Review Date - enter the review date from the bottom left of the 102 (beside the supervisor's name).
3. Correction - enter the first item checked as an error cause code entered identifying and item to be corrected.
4. Due Date - enter the date the correction is due as shown on the 102.
5. Date Corrected - when you receive notice (green on record) that a case has been corrected, enter the "Case Correct" date found on the 102.

Routing the 104

At the end of each week the control clerk makes two copies of any sheets listing cases that have not been corrected by the worker. Enter the date photocopies on the line at the upper left of the log sheet. The clerk then forwards one copy of the log to the appropriate first line supervisor and one copy to the Assistant Director or Assistant District Manager.

Mandatory Filing System

Eligibility Worker Files

For every case reviewed, the reviewer keeps a copy of the 102 (yellow) in a folder by individual worker. There is only one folder per worker.

At the end of the month, the reviewer tabulates the forms to show how many reviews were completed and the number of error cases identified for each worker.

After the monthly report is completed, the forms are kept in a back up (monitoring) file to be used for monitoring worker performance, training or evaluation purposes.

Error Correction File

This file tracks all correction activities using the white 102's. At the local department's option, the file is kept by the reviewer, a unit clerk or in a centralized control file.

Whenever a case record is returned for correction, the original (white) of the 102 is filed in due date order in the error correction file. As each case is corrected, the white 102 is pulled from the error correction file and refiled in a separate file labeled "Corrected During Month." These forms are used at the end of the month to complete the Error Correction section of the Reviewer's Worksheet form (103C) and subsequently the CPR Monthly Report (103D).

Monitoring File

In multi-office counties and Baltimore City, only one report is required for each LDSS. Where there are multiple offices, follow the instructions of your local department in order to compile a LDSS report.

White 102 forms may be disposed of after the report is completed. The pink copies are to be retained for one year and a copy of the 103C & 103D reports held for 3 years for auditing purposes.

ITEM	FOCUS	WHAT TO DO
5. WAGES/ WAGE SCREENING/ EARNINGS CALCULATIONS/ EXPENSES	Has client reported earnings? Does WS show any unreported earnings during the past 2 quarters? Are wage verifications current and consecutive? Are calculations correct? Are deductions to earnings correct? If AFDC and FS, are gross earnings the same on both AIMS 2 and AIMS 3.	Check MABS G-01, G-03, etc. for unreported wages and/or UIB for each adult in AU/HH. Review CAF, pay stubs, child are statements and eligibility for \$30 + 1/3 disregard.
6. SUPPORT REQUIREMENTS SCREENS	Has 903 been signed and completed correctly for each absent parent in AFDC, FAC and PWC? For NEWBORNS, has 903 been completed? Has any report of non-cooperation been followed-up and sanction applied if appropriate? Have C/S screens been acted on?	Review 903 and any child support screen for information on status of support action. Check for 909B in record and any follow-up action re: non-cooperation.
7. 3RD PARTY PAYMENTS EXPENSES VS. INCOME	Are any 3rd party payments being paid directly to a landlord, utility company, etc., especially as an explanation for Expenses Exceeding Income. Has expenses been compared to income? If expenses are excessive, has an adequate explanation been provided? Is follow up needed and 745 completed?	If expenses are greater than client's known income, check to see if client claims 3rd party payments to help meet expenses? If yes, are verifications in record that document that payments go directly to the 3rd party (copy of check to landlord, etc.)? Has 745 been completed for F/U after application.
8. BANK ACCOUNTS VEHICLES LIFE INSURANCE	Have all bank accounts been verified? Has MVA been checked at application and yearly for all adults in HH (do not check for SSI recipients)? Has client reported life insurance and have policies been verified? (AFDC and MA) <i>Note: There is no asset limit for PWC. SSI recipients are categorically eligible for FS and MA.</i>	Check CAF for report of bank accounts and check case record for verifications. Review MVA screen for adult HH members. Check CAF for report of life insurance and case record for cash values.
9. SHELTER COSTS / SUA & LUA HOUSING TYPE	Have shelter costs been verified and the correct amount entered on AIMS? Is the SUA/LUA correctly determined and on AIMS? Has Subsidized Housing been verified at application, after a change of address or once per year at redet? (AFDC only)	Check CAF for reported shelter costs and compare to verification in record of costs and payment for heat by client (SUA), gas and/or electric without heat (LUA) or if neither, payment for telephone? Check for verification of housing type. Look for inconsistencies in address and type of housing. Note that this does not apply to non legally responsible relatives who are not in the AU.

ITEM	FOCUS	WHAT TO DO
10. EXPEDITED SERVICES	Had the HH been screened at application for Expedited Services and given benefits within the 5 day standard if eligible? Is delay fault code correct?	Check income, assets and expenses to see if client meets Expedited requirements. Make sure applicant is NEW or has received regular FS benefits since prior issuance of expedited.
11. PRORATION BENEFIT CALCULATION	Have AFDC benefits been prorated from the 14th day after the DAF, unless a legitimate exception? If an exception, benefits are not prorated. Have FS benefits been prorated from the DAF unless benefits were received in prior month (no proration). Has all income been used in manual calculation of benefits? For MA, is prospective budgeting correct? Has 1, 2, 3 or 6 months of income, disregards and child care been used ?	Look for exemptions for proration, correct code on AIMS and amount of initial benefits are correct. For FS, check AIPQ for issuance of benefits in prior month for exception to proration requirement. Check calculations used to determine OTO benefits or cases in special processing.
12. NARRATIVE (Dictation) FACE-TO-FACE INTERVIEW CLIENT SIGNATURE PAST MANAGEMENT	Has the case action been properly documented in the case record. Has the face-to-face interview been documented? Has the client signed and dated the application or redetermination form? Is there an explanation in the narrative as how the customer was managing prior to application? Has appropriate follow up been initiated based on past management?	Check AIMS Turn Around Document (TAD) for code. If 235 code or at application, has manual notice (730 or 733) been completed? Check the case record for complete and through dictation. Check worker dictation for documentation of client interview or interview with representative. Check for client signature and date.
13. INCOME OTHER THAN WAGES	Does the client have any unearned income or is potentially eligible for benefits such as: RSDI, SSI, Veteran's, UIB, Workmen's Comp, Retirement, Pensions, etc.?	Review CAF, MABS, IEVS, etc. and narration of client's past management for receipt of unearned income or the potential for these benefits. Has a 745 been completed for potential benefits?
14. PPI	AFDC: Have Preschool Health and school requirements been met for every child? If not, has good cause been claimed and allowed? If not, has a disallowance been applied? Are health OTO's documented for those age 7 and older? If a Control case, are PPI requirements not applied to case, but are Adult Health OTO's given every year as required?	At application, check for an 1127 that includes every child in the AU who does not have a disallowance. At redet, check for proof of a health exam and shots for children age 6 or younger. Check for school attendance for children age 7 and older. If a control case, look to ensure case is not contaminated and that Adult Health OTO's are given for every person age 7 or older each year.

ITEM	FOCUS	WHAT TO DO
15. WORK REQUIREMENTS MEDICAL EXEMPTION	<p>Does client meet the mandatory work requirements for AFDC or FS? If non-exempt, has client been referred to the SDA? Have appropriate sanctions been applied to non-cooperating clients?</p> <p>Does client have a medical exemption for employment? TEMHA/ABD: Does client have a disability that meets the definition of the program?</p>	<p>Review each individual age 16 or older for mandatory/exempt status for referral to the SDA. Has notice been received from the SDA or TCM of non-cooperation? Has follow-up been initiated for end of sanction period in FS?</p> <p>Check CAF for reason for application and case record for medical verification of disability. Has DEAP/SRT referral been made and follow-up on decision.</p>
16. AIMS FORMS / MMIS II NOTICES	<p>Are the correct benefits and information reflected on AIMS and MMIS? TEMHA: Is subcategory and F-F indicator correct ?</p> <p>Has the client received a correct notice and has the correct COMAR citation been used when required? Has notice been sent for each MA consideration period?</p>	<p>Do the AIMS TAD's and MMIS II screens have the correct individuals, demographic information and/or benefits?</p>
17. CERTIFICATION PERIODS SPENDDOWN / 216	<p>Have the correct certification periods for MA, TEMHA and/or FS been applied? Has retro periods for MA been considered?</p> <p>Has the MA applicant with overscale income been correctly determined for Spenddown and the eligibility date correct</p>	<p>Check redet/recert due date for FS and TEMHA and compare to disability period or error prone criteria for cert periods. For MA, check correct consideration period has been used and certification period determined.</p> <p>Check income and months of consideration. If eligible, check that 216 has been completed with correct period determined.</p>
18. LTC / 206N	<p>Have LTC requirements been met and correct payment for the Nursing Home given. Spousal Impoverishment - Has the spouse's income been correctly calculated? Have the total combined resources been correctly determined?</p>	<p>Check that requirements for LTC have been met and the 206N appropriately forwarded.</p>
19. MA for CATEGORICALLY ELIGIBLE	<p>Has correct certification been completed for MA on AFDC case?</p>	<p>Check MMIS II system to ensure correct entry of data.</p>
20.		

PROGRAM REVIEW CHART FOR CPRS

PROGRAM REVIEWS	NUMBER OF COUNTABLE PROGRAMS
AFDC	1
PAFS	1
PAMA	0
PAA	1
NPA FS	1
TEMHA II	1
TEMHA - ABD	2
SSI MA	0
ABD	1
LTC	1
PWC	1
FAC	1
Foster Care MA	1
MD KIDS COUNT	1
QMB	1
SLMB	1
PICKLE	1

PROGRAM REVIEWS	NUMBER OF COUNTABLE PROGRAMS
FAC/PWC	1
FAC/PWC/MKC	1
AFDC/PA MA	1
AFDC/PA MA /PAFS	2
AFDC/PA MA NPAFS	2
AFDC/SSI MA NPA FS	2
AFDC/FS/PWC	3
ABD/QMB	1
ABD/QMB/SLMB	1
NPA FS/FAC	2
NPA FS/ FAC/PWC	2
PAA/SSI MA	1
PAA/FS/SSI MA	2
PAA/FS/ABD	3
Retro Only	1
Retro & Ongoing	1