



NATIONAL CENTER ON

Subsidy Innovation and Accountability



# Error Rate Training (Year 1 and Year 3)

## Case Reviews Using the *Record Review Worksheet*

February 13, 2019 – 2:00PM EST

February 14, 2019 – 2:00PM EST

# INTRODUCTIONS

- Leigh Ann Bryan, NCSIA
- Katie Watts, NCSIA
- Jenna Broadway, NCSIA
- Shelly Dilks, OCC Central Office
- Linda Winings, OCC Central Office

**Welcome!**

# LOGISTICS



- Handouts
  - Slides
  - Blank RRWs
- Webinar will be recorded
- For questions **after** webinar, email Katie: [kwatts@wrma.com](mailto:kwatts@wrma.com)
- For questions, problems, etc. **during** webinar, email Jenna: [jbroadway@wrma.com](mailto:jbroadway@wrma.com)

# RECORD REVIEW WORKSHEET OVERVIEW

- The *Record Review Worksheet* (RRW; ACF-403) provides a standardized format to assess case records in order to determine whether child care eligibility was correctly determined, and whether the correct subsidy payment was made
- Each state customizes the RRW to conform to the specifics of their CCDF program
- The RRW consists of:
  - Five **sections**, further divided into eleven **elements**
  - Elements 100-410 each have four **columns** (element 500 has only two)
  - A Missing or Insufficient Documentation (MID) Table
- For each case review, reviewers:
  - Complete the case information on the top of the worksheet
  - Complete columns 2, 3, and 4 of elements 100-410
  - Complete both columns in element 500
  - Complete the MID Table, if applicable

# Case Review Example One

ELEMENTS OF ELIGIBILITY AND PAYMENT DETERMINATION (1)	ANALYSIS OF CASE RECORD (2)	FINDINGS (3)	RESULTS (4)
<p><b>100 APPLICATION/REDETERMINATION FORMS</b></p> <p>Determine whether required eligibility forms met all state and federal policies in effect during the sample month. Examples include (1) application form; (2) child care agreement; (3) declaration of family assets, as determined by a family member; and (4) voucher or certificate, as applicable.</p> <p><i>Policy: 2101: 2-16-30</i></p>	<p>Is the application complete with signature? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p> <p>Completed child care agreement form? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p> <p>Proof of assets given to DHS? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p> <p>Was application processed within 15 business days, or 45 days for TANF applications? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>Comments: <i>Application dated 10/1/2017 was not processed until 10/30/2017. The application and child care agreement form are included in the case file.</i></p>	<p><i>Administrative error – application was not processed within 15 business days</i></p>	<p><b>100 RESULTS</b></p> <p>1. <u>1</u> No Error / Error</p> <p>2. <u>N</u> Missing/Insufficient Documentation (If “Y” is coded, answer 2A)</p> <p>2A. _____ Potential Improper Payment Error (If “Y” is coded, use the MID Table)</p>

ELEMENTS OF ELIGIBILITY AND PAYMENT DETERMINATION (1)	ANALYSIS OF CASE RECORD (2)	FINDINGS (3)	RESULTS (4)
<p><b>200 PRIORITY GROUP PLACEMENT</b></p> <p>Determine whether client met criteria of any state-designated priority group, e.g., special needs or low income.</p> <p><i>Policies: 2101: 2-16-07; 2101: 2-16-35</i></p>	<p>The state served all eligible children during the sample month.</p>	<p><i>No error</i></p>	<p><b>200 RESULTS</b></p> <p>1. <u>0</u> No Error / Error</p> <p>2. <u>NA</u> Missing/ Insufficient Documentation (If “Y” is coded, answer 2A)</p> <p>2A. _____ Potential Improper Payment Error (If “Y” is coded, use the MID Table)</p>

ELEMENTS OF ELIGIBILITY AND PAYMENT DETERMINATION (1)	ANALYSIS OF CASE RECORD (2)	FINDINGS (3)	RESULTS (4)
<p><b>300 QUALIFYING HEAD OF HOUSEHOLD</b></p> <p>Determine whether client met parent definition (parent means a parent by blood, marriage, or adoption and also means a legal guardian, or other person standing in loco parentis), e.g., (1) parent, (2) step-parent, (3) legal guardian, (4) needy caretaker relative, or (5) spouse of same.</p> <p><i>Policy: 2101: 2-16-30</i></p>	<p>Client meets policy definition of parent/head of household            Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>Which definition does client meet?  <i>Parent</i></p> <p>Comments:  <i>Single parent household with two children. Reviewed birth certificate.</i></p>	<p><i>No error</i></p>	<p><b>300 RESULTS</b></p> <p>1. <u>0</u> No Error / Error</p> <p>2. <u>NA</u> Missing/ Insufficient Documentation            (If “Y” is coded, answer 2A)</p> <p>2A. _____ Potential Improper Payment Error            (If “Y” is coded, use the MID Table)</p>

ELEMENTS OF ELIGIBILITY AND PAYMENT DETERMINATION (1)	ANALYSIS OF CASE RECORD (2)	FINDINGS (3)	RESULTS (4)
<p><b>310 RESIDENCY</b></p> <p>Determine whether client was a resident according to state policy.</p> <p><i>Policy: 2101: 2-16-30</i></p>	<p>Client is a resident of Example state</p> <p>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>Comments: <i>Copy of drivers license in case file</i></p>	<p><i>No error</i></p>	<p><b>310 RESULTS</b></p> <p>1. <u>0</u> No Error / Error</p> <p>2. <u>NA</u> Missing/ Insufficient Documentation (If “Y” is coded, answer 2A)</p> <p>2A. _____ Potential Improper Payment Error (If “Y” is coded, use the MID Table)</p>

ELEMENTS OF ELIGIBILITY AND PAYMENT DETERMINATION (1)	ANALYSIS OF CASE RECORD (2)	FINDINGS (3)	RESULTS (4)
<p><b>320 PARENTAL WORK/TRAINING STATUS</b></p> <p>Determine whether the child’s parent or parents were working, attending a job training or educational program (including a job search if applicable), or if the parent or parents had a child receiving or needing to receive protective services under the state’s definition.</p> <p><i>Policy: 2101: 2-16-32</i></p>	<p>Does the parent meet a need for service?            Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>Parent need for service: <i>Employment</i></p> <p>If a two-parent family, does second parent meet the need for service?            Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/></p> <p>Second parent need for service (if applicable): <i>N/A</i></p> <p>Comments:  <i>Client is employed and works 35 hours per week</i></p>	<p><i>No error</i></p>	<p><b>320 RESULTS</b></p> <p>1. <u>0</u> No Error / Error</p> <p>2. <u>NA</u> Missing/ Insufficient Documentation (If “Y” is coded, answer 2A)</p> <p>2A. _____ Potential Improper Payment Error (If “Y” is coded, use the MID Table)</p>

ELEMENTS OF ELIGIBILITY AND PAYMENT DETERMINATION (1)	ANALYSIS OF CASE RECORD (2)	FINDINGS (3)	RESULTS (4)
<p><b>330 QUALIFYING CHILD</b></p> <p>Determine if the child met eligibility criteria including (1) age (younger than 13 years, or younger than 19 years and physically or mentally incapable of caring for himself or herself or under court supervision), (2) citizenship/qualified alien status as set forth in federal policy, and (3) other eligibility requirements as defined in the state plan.</p> <p><i>Policy: 2101: 2-16-30</i></p>	<p>Age of child: <i>3</i></p> <p>If age 13-18, does case file contain documentation of special need?            Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/></p> <p>Documentation of citizenship or qualified alien status?            Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>Comments:  <i>Child birth certificate in case file</i></p>	<p><i>No error</i></p>	<p><b>330 RESULTS</b></p> <p>1. <i>0</i> No Error / Error</p> <p>2. <i>NA</i> Missing/ Insufficient Documentation (If “Y” is coded, answer 2A)</p> <p>2A. _____ Potential Improper Payment Error (If “Y” is coded, use the MID Table)</p>

ELEMENTS OF ELIGIBILITY AND PAYMENT DETERMINATION (1)	ANALYSIS OF CASE RECORD (2)	FINDINGS (3)	RESULTS (4)
<p><b>340 QUALIFYING CARE</b></p> <p>Determine whether the number of hours, type of care, and provider payment rate authorized for the sample month were correct based on state policy.</p> <p><i>Policies: 2101: 2-16-30 2101: 2-16-34</i></p>	<p>Type of care authorized: <i>Full-time</i></p> <p>Was correct type of care authorized? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>Was the correct provider payment rate authorized? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>Comments: <i>Part-time rate of \$60 was assigned due to system error; should have been full-time rate.</i></p>	<p><i>Error due to wrong payment rate assigned</i></p>	<p><b>340 RESULTS</b></p> <p>1. <u>1</u> No Error / Error</p> <p>2. <u>N</u> Missing/Insufficient Documentation (If "Y" is coded, answer 2A)</p> <p>2A. _____ Potential Improper Payment Error (If "Y" is coded, use the MID Table)</p>

ELEMENTS OF ELIGIBILITY AND PAYMENT DETERMINATION (1)	ANALYSIS OF CASE RECORD (2)	FINDINGS (3)	RESULTS (4)
<p><b>350 QUALIFYING CARE AND PROVIDER ARRANGEMENT</b></p> <p>Determine whether services were provided by a center-based child care provider, a group home child care provider, a family child care provider, or an in-home child care provider, and that the provider met all applicable requirements, including health and safety requirements.</p> <p><i>Policies: 2101: 2-16-44 2101: 2-12 2101: 2-13 2101: 2-14</i></p>	<p>Type of provider used: <i>FCC</i></p> <p>Did provider meet all applicable policy requirements, was legally operating, and eligible to receive child care subsidies? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>Comments: <i>Provider met policy requirements as determined by DHS Child Care Licensing Department.</i></p>	<p><i>No error</i></p>	<p><b>350 RESULTS</b></p> <p>1. <u>0</u> No Error / Error</p> <p>2. <u>NA</u> Missing/ Insufficient Documentation (If “Y” is coded, answer 2A)</p> <p>2A. _____ Potential Improper Payment Error (If “Y” is coded, use the MID Table)</p>

ELEMENTS OF ELIGIBILITY AND PAYMENT DETERMINATION (1)	ANALYSIS OF CASE RECORD (2)	FINDINGS (3)	RESULTS (4)
<p><b>400 FINANCIAL REQUIREMENTS</b></p> <p>Determine whether income verification and calculations for household members were correct. Specify time period (e.g., based on 4 weeks prior to application) and all income to be considered based on state policies and definitions (e.g., head of household employment). Determine whether household income met state requirements (e.g., family gross income must be within X percent of state's median income), and whether the copayment (if any) was correctly applied.</p> <p><i>Policy: 2101: 2-16-34</i></p>	<p>All required income documentation present in case file:            Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p> <p>Total family monthly income: <i>\$2660</i>            Family size: <i>3</i></p> <p>Family met income threshold:            Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p> <p>Authorized parent fee for child: <i>\$40</i>            Correct parent fee assigned:            Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p> <p>Comments:  <i>Paystubs in case file. Gross monthly wages \$2660. Reviewer's calculation matches eligibility worker's.</i></p>	<p><i>No error</i></p>	<p><b>400 RESULTS</b></p> <p>1. <u>0</u> No Error / Error</p> <p>2. <u>NA</u> Missing/Insufficient Documentation            (If "Y" is coded, answer 2A)</p> <p>2A. _____ Potential Improper Payment Error            (If "Y" is coded, use the MID Table)</p>

ELEMENTS OF ELIGIBILITY AND PAYMENT DETERMINATION (1)	ANALYSIS OF CASE RECORD (2)	FINDINGS (3)	RESULTS (4)
<p><b>410 PAYMENT</b></p> <p>Identify the eligibility worker's subsidy amount for the sample month and compare it to the reviewer's subsidy amount for the sample month. If the amounts are the same there is no improper payment error.</p> <p>If the amounts are different, compare the reviewer's subsidy amount to the sample month payment amount.</p> <p>If the sample month payment was a full payment and was:</p> <ul style="list-style-type: none"> <li>o greater than the reviewer's subsidy amount, the difference may be an overpayment (improper payment).</li> <li>o less than the reviewer's subsidy amount, the difference may be an underpayment (improper payment).</li> </ul> <p><i>Policy: 2101: 2-16-34</i></p>	<p>Eligibility worker's subsidy amount: \$92</p> <p>Reviewer's subsidy amount: \$345</p> <p>Difference (if applicable): \$253</p> <p>Sample month payment amount (if applicable): \$92</p> <p>Comments: <i>Part time rate was assigned - \$60 weekly, \$276 for month.</i> <i>Parent copay \$40 weekly, \$184 for month.</i> <i>\$276-\$184=\$92</i></p> <p><i>Should have been full-time rate of \$115 weekly, \$529 for month</i> <i>\$529-\$184-\$345</i></p>	<p><i>Underpayment of \$253 found.</i></p>	<p><b>410 RESULTS</b></p> <p>1. <u>1</u> No Error / Error</p> <p>2. <u>N</u> Missing/ Insufficient Documentation</p>

1	2	3	4	5	6	7	8	9
Element	Describe documentation that was missing or insufficient	Dollar amount of potential improper payment	Is there an additional inquiry that can be made to mitigate the potential improper payment error?  0=No 1=Yes	If No, describe why not  <i>(Note: After responding, go to Element 500 if there are no other Elements requiring the MID Table)</i>	If Yes, describe additional inquiry	Was the improper payment mitigated using the additional inquiry?  0=No 1=Yes	Enter dollar amount that was mitigated	Describe how the state determined whether or not the potential improper payment could be mitigated.  <i>(Note: Please respond to this whether the potential improper payment was mitigated or not mitigated)</i>
100								
200								
300								
310								
320								
330								
340								
350								
400								
Total								

**FINDINGS (1)****500 CASE SUMMARY**

*Administrative error (see element 100) due to application not being processed within 15 business days.*

*Underpayment of \$253 due to wrong provider payment rate being applied (see elements 340, 410).*

**RESULTS (2)****500 RESULTS**

1. 1 No Error / Error
2. N Missing/ Insufficient Documentation
  - 2A. 0 Number of MID potential improper payment errors identified
  - 2B. \$0 Total amount of MID potential improper payment errors
  - 2C. 0 Number of times an additional inquiry was used
  - 2D. 0 Number of times the additional inquiry mitigated the potential improper payment error
  - 2E. \$0 Total amount of improper payments mitigated
3. U Overpayment/Underpayment
4. \$253 Total amount of improper payment
3. \$92 Total payment amount for sample month

# Case Review Example Two

ELEMENTS OF ELIGIBILITY AND PAYMENT DETERMINATION (1)	ANALYSIS OF CASE RECORD (2)	FINDINGS (3)	RESULTS (4)
<p><b>100 APPLICATION/REDETERMINATION FORMS</b></p> <p>Determine whether required eligibility forms met all state and federal policies in effect during the sample month. Examples include (1) application form; (2) child care agreement; (3) declaration of family assets, as determined by a family member; and (4) voucher or certificate, as applicable.</p> <p><i>Policy: 2101: 2-16-30</i></p>	<p>Is the application complete with signature? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p> <p>Completed child care agreement form? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p> <p>Proof of assets given to DHS? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p> <p>Was application processed within 15 business days, or 45 days for TANF applications? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>Comments: <i>Application dated 10/1/2017 was completed 10/10/2017. The application and child care agreement form are included in the case file.</i></p>	<p><i>No error</i></p>	<p><b>100 RESULTS</b></p> <p>1. <u>0</u> No Error / Error</p> <p>2. <u>NA</u> Missing/Insufficient Documentation (If "Y" is coded, answer 2A)</p> <p>2A. _____ Potential Improper Payment Error (If "Y" is coded, use the MID Table)</p>

ELEMENTS OF ELIGIBILITY AND PAYMENT DETERMINATION (1)	ANALYSIS OF CASE RECORD (2)	FINDINGS (3)	RESULTS (4)
<p><b>200 PRIORITY GROUP PLACEMENT</b></p> <p>Determine whether client met criteria of any state-designated priority group, e.g., special needs or low income.</p> <p><i>Policies: 2101: 2-16-07; 2101: 2-16-35</i></p>	<p>The state served all eligible children during the sample month.</p>	<p><i>No error</i></p>	<p><b>200 RESULTS</b></p> <p>1. <u>0</u> No Error / Error</p> <p>2. <u>NA</u> Missing/ Insufficient Documentation (If “Y” is coded, answer 2A)</p> <p>2A. _____ Potential Improper Payment Error (If “Y” is coded, use the MID Table)</p>

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<p><b>310 RESIDENCY</b></p> <p>Determine whether client was a resident according to state policy.</p> <p><i>Policy: 2101: 2-16-30</i></p>	<p>Client is a resident of Example state</p> <p>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>Comments: <i>Copy of drivers license in case file</i></p>	<p><i>No error</i></p>	<p><b>310 RESULTS</b></p> <p>1. <u>0</u> No Error / Error</p> <p>2. <u>NA</u> Missing/ Insufficient Documentation (If “Y” is coded, answer 2A)</p> <p>2A. _____ Potential Improper Payment Error (If “Y” is coded, use the MID Table)</p>

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<p><b>320 PARENTAL WORK/TRAINING STATUS</b></p> <p>Determine whether the child’s parent or parents were working, attending a job training or educational program (including a job search if applicable), or if the parent or parents had a child receiving or needing to receive protective services under the state’s definition.</p> <p><i>Policy: 2101: 2-16-32</i></p>	<p>Does the parent meet a need for service?            Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>Parent need for service: <i>Employment</i></p> <p>If a two-parent family, does second parent meet the need for service?            Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/></p> <p>Second parent need for service (if applicable): <i>N/A</i></p> <p>Comments:  <i>Client is employed and works 35 hours per week</i></p>	<p><i>No error</i></p>	<p><b>320 RESULTS</b></p> <p>1. <u>0</u> No Error / Error</p> <p>2. <u>NA</u> Missing/ Insufficient Documentation (If “Y” is coded, answer 2A)</p> <p>2A. _____ Potential Improper Payment Error (If “Y” is coded, use the MID Table)</p>

ELEMENTS OF ELIGIBILITY AND PAYMENT DETERMINATION (1)	ANALYSIS OF CASE RECORD (2)	FINDINGS (3)	RESULTS (4)
<p><b>330 QUALIFYING CHILD</b></p> <p>Determine if the child met eligibility criteria including (1) age (younger than 13 years, or younger than 19 years and physically or mentally incapable of caring for himself or herself or under court supervision), (2) citizenship/qualified alien status as set forth in federal policy, and (3) other eligibility requirements as defined in the state plan.</p> <p><i>Policy: 2101: 2-16-30</i></p>	<p>Age of child: <i>3</i></p> <p>If age 13-18, does case file contain documentation of special need?            Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/></p> <p>Documentation of citizenship or qualified alien status?            Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>Comments:  <i>Child birth certificate in case file</i></p>	<p><i>No error</i></p>	<p><b>330 RESULTS</b></p> <p>1. <u>0</u> No Error / Error</p> <p>2. <u>NA</u> Missing/ Insufficient Documentation (If “Y” is coded, answer 2A)</p> <p>2A. _____ Potential Improper Payment Error (If “Y” is coded, use the MID Table)</p>

ELEMENTS OF ELIGIBILITY AND PAYMENT DETERMINATION (1)	ANALYSIS OF CASE RECORD (2)	FINDINGS (3)	RESULTS (4)
<p><b>340 QUALIFYING CARE</b></p> <p>Determine whether the number of hours, type of care, and provider payment rate authorized for the sample month were correct based on state policy.</p> <p><i>Policies: 2101: 2-16-30 2101: 2-16-34</i></p>	<p>Type of care authorized: <i>Full-time</i></p> <p>Was correct type of care authorized? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>Was the correct provider payment rate authorized? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>Comments: <i>Full-time payment rate of \$115/week assigned</i></p>	<p><i>No error</i></p>	<p><b>340 RESULTS</b></p> <p>1. <u>0</u> No Error / Error</p> <p>2. <u>NA</u> Missing/Insufficient Documentation (If “Y” is coded, answer 2A)</p> <p>2A. _____ Potential Improper Payment Error (If “Y” is coded, use the MID Table)</p>

ELEMENTS OF ELIGIBILITY AND PAYMENT DETERMINATION (1)	ANALYSIS OF CASE RECORD (2)	FINDINGS (3)	RESULTS (4)
<p><b>350 QUALIFYING CARE AND PROVIDER ARRANGEMENT</b></p> <p>Determine whether services were provided by a center-based child care provider, a group home child care provider, a family child care provider, or an in-home child care provider, and that the provider met all applicable requirements, including health and safety requirements.</p> <p><i>Policies: 2101: 2-16-44 2101: 2-12 2101: 2-13 2101: 2-14</i></p>	<p>Type of provider used: <i>FCC</i></p> <p>Did provider meet all applicable policy requirements, was legally operating, and eligible to receive child care subsidies? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>Comments: <i>Provider met policy requirements as determined by DHS Child Care Licensing Department.</i></p>	<p><i>No error</i></p>	<p><b>350 RESULTS</b></p> <p>1. <u>0</u> No Error / Error</p> <p>2. <u>NA</u> Missing/ Insufficient Documentation (If “Y” is coded, answer 2A)</p> <p>2A. _____ Potential Improper Payment Error (If “Y” is coded, use the MID Table)</p>

ELEMENTS OF ELIGIBILITY AND PAYMENT DETERMINATION (1)	ANALYSIS OF CASE RECORD (2)	FINDINGS (3)	RESULTS (4)
<p><b>400 FINANCIAL REQUIREMENTS</b></p> <p>Determine whether income verification and calculations for household members were correct. Specify time period (e.g., based on 4 weeks prior to application) and all income to be considered based on state policies and definitions (e.g., head of household employment). Determine whether household income met state requirements (e.g., family gross income must be within X percent of state's median income), and whether the copayment (if any) was correctly applied.</p> <p><i>Policy: 2101: 2-16-34</i></p>	<p>All required income documentation present in case file:  Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/></p> <p>Total family monthly income: <i>\$2660</i>  Family size: <i>3</i></p> <p>Family met income threshold:  Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p> <p>Authorized parent fee for child: <i>\$40</i>  Correct parent fee assigned:  Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p> <p>Comments:  <i>Income information missing from case file. See MID table for additional inquiry details.</i>  <i>Gross monthly wages \$2660. Reviewer's calculation matches eligibility worker's.</i></p>	<p><i>MID Potential improper payment error due to missing income information. Mitigated by additional inquiry.</i></p>	<p><b>400 RESULTS</b></p> <p>1. <u>1</u> No Error / Error</p> <p>2. <u>y</u> Missing/ Insufficient Documentation (If "Y" is coded, answer 2A)</p> <p>2A. <u>y</u> Potential Improper Payment Error (If "Y" is coded, use the MID Table)</p>

1	2	3	4	5	6	7	8	9
Element	Describe documentation that was missing or insufficient	Dollar amount of potential improper payment	Is there an additional inquiry that can be made to mitigate the potential improper payment error?  0=No 1=Yes	If No, describe why not  <i>(Note: After responding, go to Element 500 if there are no other Elements requiring the MID Table)</i>	If Yes, describe additional inquiry	Was the improper payment mitigated using the additional inquiry?  0=No 1=Yes	Enter dollar amount that was mitigated	Describe how the state determined whether or not the potential improper payment could be mitigated.  <i>(Note: Please respond to this whether the potential improper payment was mitigated or not mitigated)</i>
100								
200								
300								
310								
320								
330								
340								
350								
400								
<b>Total</b>								

1	2	3	4	5	6	7	8	9
Element	Describe documentation that was missing or insufficient	Dollar amount of potential improper payment	Is there an additional inquiry that can be made to mitigate the potential improper payment error?  0=No 1=Yes	If No, describe why not  <i>(Note: After responding, go to Element 500 if there are no other Elements requiring the MID Table)</i>	If Yes, describe additional inquiry	Was the improper payment mitigated using the additional inquiry?  0=No 1=Yes	Enter dollar amount that was mitigated	Describe how the state determined whether or not the potential improper payment could be mitigated.  <i>(Note: Please respond to this whether the potential improper payment was mitigated or not mitigated)</i>
400	Income information missing from casefile	\$345	1		Contacted SNAP office to locate missing paystubs	1	\$345	SNAP office provided paystubs with income information

1	2	3	4	5	6	7	8	9
Element	Describe documentation that was missing or insufficient	Dollar amount of potential improper payment	Is there an additional inquiry that can be made to mitigate the potential improper payment error?  0=No 1=Yes	If No, describe why not  <i>(Note: After responding, go to Element 500 if there are no other Elements requiring the MID Table)</i>	If Yes, describe additional inquiry	Was the improper payment mitigated using the additional inquiry?  0=No 1=Yes	Enter dollar amount that was mitigated	Describe how the state determined whether or not the potential improper payment could be mitigated.  <i>(Note: Please respond to this whether the potential improper payment was mitigated or not mitigated)</i>
100								
200								
300								
310								
320								
330								
340								
350								
400	Income...	\$345	1		Contacted..	1	\$345	SNAP office...
Total		\$345	1			1	\$345	

ELEMENTS OF ELIGIBILITY AND PAYMENT DETERMINATION (1)	ANALYSIS OF CASE RECORD (2)	FINDINGS (3)	RESULTS (4)
<p><b>410 PAYMENT</b></p> <p>Identify the eligibility worker's subsidy amount for the sample month and compare it to the reviewer's subsidy amount for the sample month. If the amounts are the same there is no improper payment error.</p> <p>If the amounts are different, compare the reviewer's subsidy amount to the sample month payment amount.</p> <p>If the sample month payment was a full payment and was:</p> <ul style="list-style-type: none"> <li>o greater than the reviewer's subsidy amount, the difference may be an overpayment (improper payment).</li> <li>o less than the reviewer's subsidy amount, the difference may be an underpayment (improper payment).</li> </ul> <p><i>Policy: 2101: 2-16-34</i></p>	<p>Eligibility worker's subsidy amount: \$<i>345</i></p> <p>Reviewer's subsidy amount: \$<i>345</i></p> <p>Difference (if applicable): \$</p> <p>Sample month payment amount (if applicable): \$</p> <p>Comments: <i>Full time rate \$115 weekly. \$529 for month.</i> <i>Parent copay \$40 weekly. \$184 for month.</i></p> <p><i>529-184 = \$345</i> <i>Reviewer's calculation matches eligibility worker's</i></p>	<p><i>No error</i></p>	<p><b>410 RESULTS</b></p> <p>1. <u><i>0</i></u> No Error / Error</p> <p>2. <u><i>NA</i></u> Missing/ Insufficient Documentation</p>

**FINDINGS (1)****500 CASE SUMMARY**

*Potential improper payment error due to MID (missing income information) in element 400 was mitigated by additional inquiry. No errors in any other element.*

**RESULTS (2)****500 RESULTS**

1. 1 No Error / Error
2. Y Missing/ Insufficient Documentation
  - 2A. 1 Number of MID potential improper payment errors identified
  - 2B. \$345 Total amount of MID potential improper payment errors
  - 2C. 1 Number of times an additional inquiry was used
  - 2D. 1 Number of times the additional inquiry mitigated the potential improper payment error
  - 2E. \$345 Total amount of improper payments mitigated
3. NA Overpayment/Underpayment
4. \$0 Total amount of improper payment
3. \$345 Total payment amount for sample month

# Case Review Example Three

ELEMENTS OF ELIGIBILITY AND PAYMENT DETERMINATION (1)	ANALYSIS OF CASE RECORD (2)	FINDINGS (3)	RESULTS (4)
<p><b>100 APPLICATION/REDETERMINATION FORMS</b></p> <p>Determine whether required eligibility forms met all state and federal policies in effect during the sample month. Examples include (1) application form; (2) child care agreement; (3) declaration of family assets, as determined by a family member; and (4) voucher or certificate, as applicable.</p> <p><i>Policy: 2101: 2-16-30</i></p>	<p>Is the application complete with signature? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/></p> <p>Completed child care agreement form? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p> <p>Proof of assets given to DHS? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p> <p>Was application processed within 15 business days, or 45 days for TANF applications? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>Comments: <i>Pages missing from application, including signature page.</i></p>	<p><i>MID potential improper payment error due to incomplete application. See MID table.</i></p>	<p><b>100 RESULTS</b></p> <p>1. <u>1</u> No Error / Error</p> <p>2. <u>Y</u> Missing/Insufficient Documentation (If “Y” is coded, answer 2A)</p> <p>2A. <u>Y</u> Potential Improper Payment Error (If “Y” is coded, use the MID Table)</p>

1	2	3	4	5	6	7	8	9
Element	Describe documentation that was missing or insufficient	Dollar amount of potential improper payment	Is there an additional inquiry that can be made to mitigate the potential improper payment error?  0=No 1=Yes	If No, describe why not  <i>(Note: After responding, go to Element 500 if there are no other Elements requiring the MID Table)</i>	If Yes, describe additional inquiry	Was the improper payment mitigated using the additional inquiry?  0=No 1=Yes	Enter dollar amount that was mitigated	Describe how the state determined whether or not the potential improper payment could be mitigated.  <i>(Note: Please respond to this whether the potential improper payment was mitigated or not mitigated)</i>
100								
200								
300								
310								
320								
330								
340								
350								
400								
Total								

1	2	3	4	5	6	7	8	9
Element	Describe documentation that was missing or insufficient	Dollar amount of potential improper payment	Is there an additional inquiry that can be made to mitigate the potential improper payment error?  0=No 1=Yes	If No, describe why not  <i>(Note: After responding, go to Element 500 if there are no other Elements requiring the MID Table)</i>	If Yes, describe additional inquiry	Was the improper payment mitigated using the additional inquiry?  0=No 1=Yes	Enter dollar amount that was mitigated	Describe how the state determined whether or not the potential improper payment could be mitigated.  <i>(Note: Please respond to this whether the potential improper payment was mitigated or not mitigated)</i>
100	Missing pages from application	\$345	0	Cannot get missing child care application from another source.				

1	2	3	4	5	6	7	8	9
Element	Describe documentation that was missing or insufficient	Dollar amount of potential improper payment	Is there an additional inquiry that can be made to mitigate the potential improper payment error?  0=No 1=Yes	If No, describe why not  <i>(Note: After responding, go to Element 500 if there are no other Elements requiring the MID Table)</i>	If Yes, describe additional inquiry	Was the improper payment mitigated using the additional inquiry?  0=No 1=Yes	Enter dollar amount that was mitigated	Describe how the state determined whether or not the potential improper payment could be mitigated.  <i>(Note: Please respond to this whether the potential improper payment was mitigated or not mitigated)</i>
100	Missing...	\$345	0					
200								
300								
310								
320								
330								
340								
350								
400								
Total		\$345	0					

ELEMENTS OF ELIGIBILITY AND PAYMENT DETERMINATION (1)	ANALYSIS OF CASE RECORD (2)	FINDINGS (3)	RESULTS (4)
<p><b>200 PRIORITY GROUP PLACEMENT</b></p> <p>Determine whether client met criteria of any state-designated priority group, e.g., special needs or low income.</p> <p><i>Policies: 2101: 2-16-07; 2101: 2-16-35</i></p>	<p>The state served all eligible children during the sample month.</p>	<p><i>No error</i></p>	<p><b>200 RESULTS</b></p> <p>1. <u>0</u> No Error / Error</p> <p>2. <u>NA</u> Missing/ Insufficient Documentation (If “Y” is coded, answer 2A)</p> <p>2A. _____ Potential Improper Payment Error (If “Y” is coded, use the MID Table)</p>

ELEMENTS OF ELIGIBILITY AND PAYMENT DETERMINATION (1)	ANALYSIS OF CASE RECORD (2)	FINDINGS (3)	RESULTS (4)
<p><b>300 QUALIFYING HEAD OF HOUSEHOLD</b></p> <p>Determine whether client met parent definition (parent means a parent by blood, marriage, or adoption and also means a legal guardian, or other person standing in loco parentis), e.g., (1) parent, (2) step-parent, (3) legal guardian, (4) needy caretaker relative, or (5) spouse of same.</p> <p><i>Policy: 2101: 2-16-30</i></p>	<p>Client meets policy definition of parent/head of household            Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>Which definition does client meet?  <i>Parent</i></p> <p>Comments:  <i>Single parent household with two children. Reviewed birth certificate.</i></p>	<p><i>No error</i></p>	<p><b>300 RESULTS</b></p> <p>1. <u>0</u> No Error / Error</p> <p>2. <u>NA</u> Missing/ Insufficient Documentation            (If “Y” is coded, answer 2A)</p> <p>2A. _____ Potential Improper Payment Error            (If “Y” is coded, use the MID Table)</p>

ELEMENTS OF ELIGIBILITY AND PAYMENT DETERMINATION (1)	ANALYSIS OF CASE RECORD (2)	FINDINGS (3)	RESULTS (4)
<p><b>310 RESIDENCY</b></p> <p>Determine whether client was a resident according to state policy.</p> <p><i>Policy: 2101: 2-16-30</i></p>	<p>Client is a resident of Example state</p> <p>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>Comments: <i>Residency information missing from case file, but available in system.</i></p>	<p><i>Administrative error – missing residency information in case file</i></p>	<p><b>310 RESULTS</b></p> <p>1. <u>1</u> No Error / Error</p> <p>2. <u>Y</u> Missing/ Insufficient Documentation (If “Y” is coded, answer 2A)</p> <p>2A. <u>N</u> Potential Improper Payment Error (If “Y” is coded, use the MID Table)</p>

ELEMENTS OF ELIGIBILITY AND PAYMENT DETERMINATION (1)	ANALYSIS OF CASE RECORD (2)	FINDINGS (3)	RESULTS (4)
<p><b>320 PARENTAL WORK/TRAINING STATUS</b></p> <p>Determine whether the child’s parent or parents were working, attending a job training or educational program (including a job search if applicable), or if the parent or parents had a child receiving or needing to receive protective services under the state’s definition.</p> <p><i>Policy: 2101: 2-16-32</i></p>	<p>Does the parent meet a need for service?            Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>Parent need for service: <i>Employment</i></p> <p>If a two-parent family, does second parent meet the need for service?            Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/></p> <p>Second parent need for service (if applicable): <i>N/A</i></p> <p>Comments:  <i>Client is employed and works 35 hours per week</i></p>	<p><i>No error</i></p>	<p><b>320 RESULTS</b></p> <p>1. <u>0</u> No Error / Error</p> <p>2. <u>NA</u> Missing/ Insufficient Documentation (If “Y” is coded, answer 2A)</p> <p>2A. _____ Potential Improper Payment Error (If “Y” is coded, use the MID Table)</p>

ELEMENTS OF ELIGIBILITY AND PAYMENT DETERMINATION (1)	ANALYSIS OF CASE RECORD (2)	FINDINGS (3)	RESULTS (4)
<p><b>330 QUALIFYING CHILD</b></p> <p>Determine if the child met eligibility criteria including (1) age (younger than 13 years, or younger than 19 years and physically or mentally incapable of caring for himself or herself or under court supervision), (2) citizenship/qualified alien status as set forth in federal policy, and (3) other eligibility requirements as defined in the state plan.</p> <p><i>Policy: 2101: 2-16-30</i></p>	<p>Age of child: <i>3</i></p> <p>If age 13-18, does case file contain documentation of special need?  Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/></p> <p>Documentation of citizenship or qualified alien status?  Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>Comments:  <i>Child birth certificate in case file</i></p>	<p><i>No error</i></p>	<p><b>330 RESULTS</b></p> <p>1. <u>0</u> No Error / Error</p> <p>2. <u>NA</u> Missing/ Insufficient Documentation (If “Y” is coded, answer 2A)</p> <p>2A. _____ Potential Improper Payment Error (If “Y” is coded, use the MID Table)</p>

ELEMENTS OF ELIGIBILITY AND PAYMENT DETERMINATION (1)	ANALYSIS OF CASE RECORD (2)	FINDINGS (3)	RESULTS (4)
<p><b>340 QUALIFYING CARE</b></p> <p>Determine whether the number of hours, type of care, and provider payment rate authorized for the sample month were correct based on state policy.</p> <p><i>Policies: 2101: 2-16-30 2101: 2-16-34</i></p>	<p>Type of care authorized: <i>Full-time</i></p> <p>Was correct type of care authorized? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>Was the correct provider payment rate authorized? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>Comments: <i>Full-time payment rate of \$115/week assigned</i></p>	<p><i>No error</i></p>	<p><b>340 RESULTS</b></p> <p>1. <u>0</u> No Error / Error</p> <p>2. <u>NA</u> Missing/Insufficient Documentation (If “Y” is coded, answer 2A)</p> <p>2A. _____ Potential Improper Payment Error (If “Y” is coded, use the MID Table)</p>

ELEMENTS OF ELIGIBILITY AND PAYMENT DETERMINATION (1)	ANALYSIS OF CASE RECORD (2)	FINDINGS (3)	RESULTS (4)
<p><b>350 QUALIFYING CARE AND PROVIDER ARRANGEMENT</b></p> <p>Determine whether services were provided by a center-based child care provider, a group home child care provider, a family child care provider, or an in-home child care provider, and that the provider met all applicable requirements, including health and safety requirements.</p> <p><i>Policies: 2101: 2-16-44 2101: 2-12 2101: 2-13 2101: 2-14</i></p>	<p>Type of provider used: <i>FCC</i></p> <p>Did provider meet all applicable policy requirements, was legally operating, and eligible to receive child care subsidies? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>Comments: <i>Provider met policy requirements as determined by DHS Child Care Licensing Department.</i></p>	<p><i>No error</i></p>	<p><b>350 RESULTS</b></p> <p>1. <u>0</u> No Error / Error</p> <p>2. <u>NA</u> Missing/ Insufficient Documentation (If “Y” is coded, answer 2A)</p> <p>2A. _____ Potential Improper Payment Error (If “Y” is coded, use the MID Table)</p>

ELEMENTS OF ELIGIBILITY AND PAYMENT DETERMINATION (1)	ANALYSIS OF CASE RECORD (2)	FINDINGS (3)	RESULTS (4)
<p><b>400 FINANCIAL REQUIREMENTS</b></p> <p>Determine whether income verification and calculations for household members were correct. Specify time period (e.g., based on 4 weeks prior to application) and all income to be considered based on state policies and definitions (e.g., head of household employment). Determine whether household income met state requirements (e.g., family gross income must be within X percent of state's median income), and whether the copayment (if any) was correctly applied.</p> <p><i>Policy: 2101: 2-16-34</i></p>	<p>All required income documentation present in case file:  Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p> <p>Total family monthly income: <i>\$2660</i>  Family size: <i>3</i></p> <p>Family met income threshold:  Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p> <p>Authorized parent fee for child: <i>\$40</i>  Correct parent fee assigned:  Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p> <p>Comments:  <i>Paystubs in case file. Gross monthly wages \$2660. Reviewer's calculation matches eligibility worker's.</i></p>	<p><i>No error</i></p>	<p><b>400 RESULTS</b></p> <p>1. <u>0</u> No Error / Error</p> <p>2. <u>NA</u> Missing/ Insufficient Documentation  (If "Y" is coded, answer 2A)</p> <p>2A. _____ Potential Improper Payment Error  (If "Y" is coded, use the MID Table)</p>

ELEMENTS OF ELIGIBILITY AND PAYMENT DETERMINATION (1)	ANALYSIS OF CASE RECORD (2)	FINDINGS (3)	RESULTS (4)
<p><b>410 PAYMENT</b></p> <p>Identify the eligibility worker’s subsidy amount for the sample month and compare it to the reviewer’s subsidy amount for the sample month. If the amounts are the same there is no improper payment error.</p> <p>If the amounts are different, compare the reviewer’s subsidy amount to the sample month payment amount.</p> <p>If the sample month payment was a full payment and was:</p> <ul style="list-style-type: none"> <li>o greater than the reviewer’s subsidy amount, the difference may be an overpayment (improper payment).</li> <li>o less than the reviewer’s subsidy amount, the difference may be an underpayment (improper payment).</li> </ul> <p><i>Policy: 2101: 2-16-34</i></p>	<p>Eligibility worker’s subsidy amount: \$345</p> <p>Reviewer’s subsidy amount: \$0</p> <p>Difference (if applicable): \$345</p> <p>Sample month payment amount (if applicable): \$345</p> <p>Comments: <i>Improper payment error (overpayment) of \$345 was due to missing application</i></p>	<p><i>Overpayment of \$345 found.</i></p>	<p><b>410 RESULTS</b></p> <p>1. <u>1</u> No Error / Error</p> <p>2. <u>y</u> Missing/ Insufficient Documentation</p>

**FINDINGS (1)****500 CASE SUMMARY**

*Complete overpayment of \$345 due to incomplete application in case file (see elements 100, 410).  
Administrative error due to missing residency information (see element 310).*

**RESULTS (2)****500 RESULTS**

1. 1 No Error / Error
2. Y Missing/ Insufficient Documentation
  - 2A. 1 Number of MID potential improper payment errors identified
  - 2B. \$345 Total amount of MID potential improper payment errors
  - 2C. 0 Number of times an additional inquiry was used
  - 2D. 0 Number of times the additional inquiry mitigated the potential improper payment error
  - 2E. \$0 Total amount of improper payments mitigated
3. 0 Overpayment/Underpayment
4. \$345 Total amount of improper payment
3. \$345 Total payment amount for sample month

# CONTACT INFORMATION

- Leigh Ann Bryan (Region I; PR):  
lbryan@wrma.com
- Jenna Broadway (Region VII):  
jbbroadway@wrma.com
- Katie Watts (all other Regions):  
kwatts@wrma.com

**Please complete evaluation!**

