



## Case Manager Instructions Following a Hearing Decision

DATE
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To: \_\_\_\_\_, CM

cc: \_\_\_\_\_, CM Supervisor

From: \_\_\_\_\_, AHC

Docket Number:

APPELLANT	<input type="checkbox"/> CLIENT	<input type="checkbox"/> IP	DATE OF ORDER	<b>Continued Benefits</b>	
TYPE OF ORDER <input type="checkbox"/> Initial (OAH) <input type="checkbox"/> Final (BOA)	RESULT <input type="checkbox"/> Affirmed <input type="checkbox"/> Reversed <input type="checkbox"/> Modified		RECEIVED <input type="checkbox"/> Yes <input type="checkbox"/> No	PROCESS CLIENT OVERPAYMENT <input type="checkbox"/> Yes <input type="checkbox"/> No Dates:	
ACTION REQUIRED BY CM (E.G., INCREASE HOURS FROM 151 TO 158, REINSTATE INDIVIDUAL PROVIDER)					
EFFECTIVE DATE OF ACTION (E.G., NEW HOURS EFFECTIVE JUNE 5, 2019; IP REINSTATED JUNE 25, 2019)					
<b>CARE Assessment Specific Instructions</b>					
Interim CARE Assessment required: <input type="checkbox"/> Yes <input type="checkbox"/> No					
<u>Interim CARE Assessment Specific Instructions:</u>					
<ul style="list-style-type: none"> <li>Document in the main screen of the interim assessment (under reason for assessment) that the interim was completed pursuant to the Administrative Hearing Order dated: _____.</li> <li>Document the same information in SER.</li> </ul>					
<b>Eligibility and Hours (only mark changes)</b>					
<input type="checkbox"/> ADL scoring and assistance available:					
ADLs	Self-Performance		Assistance Available		
	From	To	From	To	
Bed mobility					
Transfer					
Dressing					
Eating					
Personal hygiene					
Toileting					
Walk in room					
Locomotion in room					
Locomotion outside of room					
<input type="checkbox"/> Mood and behavior:					
<input type="checkbox"/> Clinical complexity:					
<input type="checkbox"/> CPS score (decision-making, ability to make self understood, short-term memory, totally dependent with eating, comatose):					

Exceptional care:

**IADL Status and Assistance Available (mark only changes)**

IADLs	Status		Assistance Available	
	From	To	From	To
Meal preparation				
Essential shopping				
Housework				

Other:

This results in classification group \_\_\_\_\_ with \_\_\_\_\_ hours.

**Choice of Provider Specific Instructions**

- Document in the SER that the changes are completed pursuant to the Administrative Hearing Order dated: \_\_\_\_\_ .
- Print a copy of the SER for the IP file..

- Reinstate Provider's contract effective:  
 Reinstate Provider's payment authorization effective:  
 Other instructions:

Process IP / Vendor Overpayment:  Yes  No  
Dates:  
Overpayment instructions:

**Other or additional comments**