



Case Manager Instructions Following a Hearing Decision

DATE

To: _____, CM

cc: _____, CM Supervisor

From: _____, AHC

Docket Number:

APPELLANT	<input type="checkbox"/> CLIENT	<input type="checkbox"/> IP	DATE OF ORDER	Continued Benefits	
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)					
CARE Assessment Specific Instructions					
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"> 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: _____. Document the same information in SER. 					
Eligibility and Hours (only mark changes)					
<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