

2014 ERDC ACCURACY CASE REVIEW PROCESS
Statewide Non-Targeted Reviews
Updated 1-21-15

Purpose: To provide a systematic case review process which promotes program knowledge and skill enhancement at the individual worker level, helps identify training needs, helps identify process strategies to improve accuracy and provide statistical data to assist managers and staff in accuracy improvement.

DEFINITION OF AN ERROR: A discrepancy or unexplained difference which exists between information on system screens, verification screens, case record, CAPI, Oregon Benefits On-Line or case narrative where there is either a specific error or insufficient information to determine benefits accurately on one or more of the targeted review elements. Note: A new ERDC review tool has been added to the All Review Tracker so beginning November 2013, ERDC will become a targeted review process.

DEFINITION OF ACTION NEEDED: Though not meeting the criteria of an error, action may be needed for one of the targeted elements. Examples: Did not meet ERDC reservation list requirements; information entered into CMS needs to be updated; pend needed for additional information/documentation; clarifying narration needed; conflicting information between the SNAP and ERDC case needs resolution.

DEFINITION OF FYI: For informational purposes only. No action is needed. Also used for positive feedback.

Date of Request, Eligibility Date & Payment Effective date:

- The **DOR** is established by contact with the branch or local CCR&R, can be by phone call, in-person or written request. If not updated on UCMS or narrated = **(Action)**
- The **effective date** for opening an ERDC case is the first of the month of the date of request (*if the client is eligible in that month, see bullet and note below*) if the case is not opened the first of the month of the DOR = **(Error)**
 - This date can be changed to the 1st of the month following a request as long as the client agrees (in situations where the child care need *for the first month* may be smaller than the anticipated co-pay).

Note: The payment effective date may be later than the eligibility date. This can occur when the caretaker is starting a new job and the hire date is in the month after the date of request or when the date of hire is late in the effective date month causing child care cost to be less than the family's copay. If this is narrated and the reason is for delaying the effective date makes sense it is not an error.

Household Comp:

Incorrect household composition or incorrect filing/benefit group; actions to add or remove persons from the ERDC case not taken within required time frames. *Check to make sure the ERDC # is correctly coded on UCMS because this is used to calculate the copay.* = **(Error)**

UB ties family together - father must be included in the filing group if they live together. *UB not counted in the ERDC #.* = **(Error)**

(Missing application will also be cited as an error under the household composition)

Citizenship Status: Child who needs care must meet citizen/alien status requirements. Citizenship/alien status of *caretaker(s)* is not a factor in ERDC. = **(Error)**

Copay Requirement: Clients who have not met copays are *ineligible* until copays are met *or it has been three or more years since the copay was not met.* Provider can waive the copay if they choose. DPU must clear the copay before worker can remove "CNM". An ERDC case set up as eligible when there is a current a CNM = **(Error)**

Wages and salaries: Income incorrectly calculated by \$25 or more; incorrect entry on UCMS/CMUP of \$25 or more; omission of income such as tips; inclusion of federal work study income; self-employment earnings with allowable deductions (Client may have a qualifying job and also have some self-employment income); inclusion of “in kind” income; pay verification not in file (unless verified by phone and documented); not acting on reported income changes; failure to resolve conflicting income information on the application, in the narration, or on FCAS, TRACS or other system screens. *Income may be calculated differently for SNAP than for ERDC.* = **(Error)**

Note: When initial month income is significantly lower, the initial month is still used to calculate an average for ERDC budgeting. When a client gets a new job, in most cases their initial month will be significantly lower compared to ongoing months. The number of months used to get an average will vary depending on the number of months to the interim or re-certification

Example: Paid at minimum wage, cert start December to May ICR (6 months). 75 actual hours for December (75 x \$9.10 = **\$682.50**) December income. Ongoing 35 hours per week anticipated (35 x \$9.10 x 4.3 = **\$1369.55**) Determine certification average EML (**\$682.50 + (\$1369.55 x 5 months)**) = **\$7530.25 / 6 month's to ICR = \$1255.04** eml coded for the ERDC certification.

Unearned Income: Income incorrectly calculated by \$25 or more or incorrect entry on UCMS/CMUP of \$25 or more; omission of income such as child support, social security benefits, adoption assistance, assistance from family/friends, etc.; pay verification not in file; not acting on reported income changes; failure to resolve conflicting income information on the application, in the narration, or on FCAS, TRACS or other system screens. = **(Error)**

Child Care Need:

- The caretaker has to be employed, this does not include self-employment. ERDC only covers paid employment; including work study (*school hours are not covered*). = **(Error)**
- Only overlapping work hours are covered for 2 parent households. If a second parent in the home is unemployed or *solely* self-employed there is no eligibility (with an exception for inability to provide care *because the unemployed adult is physically or mentally unable* – see OAR 461-135-0400(2)(c). = **(Error)**
- Child care is not covered for home-schooled children during regular school hours. Sleep hours are only allowed in a 1 parent household, up to 5 hours per night. It must be reasonable (*compare work schedule, age of children*). = **(Error)**
- Copay cannot be higher than cost of care, *if it can be determined at the time of the eligibility determination, that the copay is more than the cost of care and the case is opened* = **(Error)**
- Child care may continue for job search through the month after job loss (*must be reported timely; no job quit/discharge/firing unless good cause*), see OAR 461-160-0040(5)(b). **if not narrated why ERDC was ended without work search time given= (Action)**

Coding Child Care Hours: Does the calculation of authorized child care hours accurately reflect the maximum work hours anticipated for any month during the certification period?

- Do NOT use average hours; use maximum allowable hours. = **(Error)**
- Travel time should not be included in calculation as system automatically allows 25% additional for travel, = **(Action)**
- unless child care need exceeds 215 hours (including work and travel – EXH coding would be needed). If authorized extra hours the calculation must be shown separately. = **(Error)**
- Round up CC work hours to next whole number= **(Error)**

- If pay is less than minimum wage the hours must be calculated using gross salary / minimum wage = **(Error)**
- Review for narration of the clients work schedule. = **(Action)**
 - work schedule is on application but not narrated
 - work schedule is not found on any supporting documentation and is not narrated

Note: For school age children, review work hours billed by the provider and clients work schedule. Do the hours coincide? If not and CC provider is billing more hours that would be needed for the child's school hours/clients work schedule? = **FYI** for worked to discuss with client. (potential overpayment)

Remember: At initial certification, recertification and cases in CRS - The number of child care work hours authorized must be verified using paystubs, statement from employer, etc. If a client says their work hours are different than those verified, new verification must be requested.

SRS - when a client is reporting a change and in SRS, request verification only when the case is below 130% FPL and the change will put it above 130%.

Special Needs (SNR, SNA):

- If there is a child with special needs, parent requested SNA or SNR and it it not been acted on, documented and coded = **(Error)**
- If SNR or SNA is coded but child is not eligible or documentation is not in file = **(Error)**
- Must be reviewed at each recert to determine if the need still exists. = **(Error)**

SNR age of child 0-17. Form 7486 and additional verification is required for SNR at initial rate approval, when the provider changes, and at recert (*at least once every 12 months*).

SNA age of child 12-17. Additional verification may be required.

Provider Connection / Billing Form Request: Has a provider been identified and set up on the provider system; is the provider still actively billing. Provider Pay Screen– DPPM review ACT PROV status; DPCS,Case # - review billing history (*recent claims OI status indicate copay is higher than cost of care*); WCCS,SC,Case # - review provider end reason (*IS indicates no child care need*)

If there is no provider connection: review TRACS for provider information; review provider status DPPL/DPPM LIST STAT - electronic connection for approved providers and Provider Listing form 7494 for providers who are not approved and listed = **(Error)**

Best Practice: Workers should explain payment effective date when there is no provider or a provider who is not in approved listing status, give 7494, and refer to CCR&R. The child care flyer (7485) should be used with clients to communicate the importance of using a listed provider. Updated parent (7478) and provider (7492) guides should also be given = **(FYI)**

Reservation List: When the reservation list is in effect, only families meeting the following criteria may be considered for ERDC:

- Those reapplying without a break in benefits of two consecutive calendar months or
- more unless at least one ERDC filing group member received TANF, REF or SFPSS in any part of one of the preceding three months (need ETL coding) or
- Eligible for TA-DVS in the current or preceding 3 months, or
- was eligible for and placed in a Head Start or Oregon Program of Quality contracted slot,
- or a Child Welfare referral was received and the family is eligible for ERDC.

If a case was denied and one of the above applied or one of the exemptions was applied but family does not meet the criteria = **(Error)**

If none of the above applied the case was denied, but the family was not added to the ERDC reservation list it is an = (Action)

Certification period/SRS/APR: Alignment is encouraged when there is a companion case in SRS - ERDC may be certified for up to 1 year/SRS. Otherwise the certification period can only be for up to 6 months/CRS. = **(Action)**

When SNAP companion case is in SRS the ERDC SRS and APR dates need to align with the SNAP companion case. SRS = interim report date, APR = SNAP cert end date. When dates are entered incorrectly this will result in the client receiving a DHS 852 and a DHS 7496. = **(Error)**

Note: *Child care cases coded with either CCC or PQC are under child care contracts and are treated differently per OAR 461-135-0405 (Head Start contracts) and OAR 461-135-0407 (Oregon Program of Quality contracts). Contracts could affect income, household composition, copay and certification periods. **Do not review these cases.** Please contact Jennifer Irving or Annette Palmer childcare.policy@dhsosha.state.or.us with specific questions regarding contracted child care cases.*

KEY POINTS:

- Missing signature of the applicant will be listed as action needed under the general comments field of the review tool.
- Missing application will be cited as an error under the household composition field of the review tool. In this situation, the reviewer will review all targeted elements to the best of his/her ability using screens, TRACS, Oregon Access, the Work Number and the case file. If the application and related documents are found by the end of the review month, the reviewer will make every effort to re-review the case and remove errors if appropriate. Any re-reviews must be completed by the 5th of the month after the scheduled review to be reflected on the end of month data run.
- Non-concurs must be resolved by the 5th of the following month after the scheduled review to be reflected on the end of month data run.

Cases closed in the review month will be reviewed.

CORRECTIVE ACTION: Corrective action should be taken as soon as possible, but no later than 30 days following the date of review.