



Case Manager Instructions Following a Hearing Decision

DATE

To: , CM

cc: , CM Supervisor

From: , AHC

Docket Number:

APPELLANT	<input type="checkbox"/> CLIENT	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)				
EFFECTIVE DATE OF ACTION (E.G., NEW HOURS EFFECTIVE JUNE 5, 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.

Client or Provider Overpayment Instructions

Document in the SER that the changes are completed pursuant to the Administrative Hearing Order dated: _____ .

Overpayment instructions:

Other or additional comments