

INDIVIDUAL REVIEW WORKSHEET

DATE OF REVIEW:		
STANDARD	CCMIS NUMBER	REVIEW RESULTS
<input type="checkbox"/> CASELOAD MANAGEMENT Standard 1 – Provider Payments	#1 #2 #3 #4 #5	<input type="checkbox"/> YES <input type="checkbox"/> NO Enter the result from sample 1, question 3 <input type="checkbox"/> YES <input type="checkbox"/> NO Enter the result from sample 2, question 3 <input type="checkbox"/> YES <input type="checkbox"/> NO Enter the result from sample 3, question 3 <input type="checkbox"/> YES <input type="checkbox"/> NO Enter the result from sample 4, question 3 <input type="checkbox"/> YES <input type="checkbox"/> NO Enter the result from sample 5, question 3
<input type="checkbox"/> CASELOAD MANAGEMENT Standard 2 – Subsidy Suspensions <i>(NOTE: If no results are found in all categories, indicate "N/A" for CCMIS number.)</i>	#1 #2 #3 #4 #5	<input type="checkbox"/> YES <input type="checkbox"/> NO Enter the result from sample 1, question 4 <input type="checkbox"/> YES <input type="checkbox"/> NO Enter the result from sample 2, question 4 <input type="checkbox"/> YES <input type="checkbox"/> NO Enter the result from sample 3, question 4 <input type="checkbox"/> YES <input type="checkbox"/> NO Enter the result from sample 4, question 4 <input type="checkbox"/> YES <input type="checkbox"/> NO Enter the result from sample 5, question 4
<input type="checkbox"/> FUNDS MANAGEMENT Standard 1 – Waiting List Management/Timely Case Actions	#1 #2 #3 #4 #5	<input type="checkbox"/> YES <input type="checkbox"/> NO Enter the result from sample 1, question 5 <input type="checkbox"/> YES <input type="checkbox"/> NO Enter the result from sample 2, question 5 <input type="checkbox"/> YES <input type="checkbox"/> NO Enter the result from sample 3, question 5 <input type="checkbox"/> YES <input type="checkbox"/> NO Enter the result from sample 4, question 5 <input type="checkbox"/> YES <input type="checkbox"/> NO Enter the result from sample 5, question 5
<input type="checkbox"/> FUNDS MANAGEMENT Standard 2 – Waiting List Management /Timely Case Actions for Outstanding Attendance Invoices and Associated Enrollments <i>(NOTE: If no results are found in all categories, indicate "N/A" for CCMIS number.)</i>	#1 #2 #3 #4 #5	<input type="checkbox"/> YES <input type="checkbox"/> NO Enter the result from sample 1, question 3 <input type="checkbox"/> YES <input type="checkbox"/> NO Enter the result from sample 2, question 3 <input type="checkbox"/> YES <input type="checkbox"/> NO Enter the result from sample 3, question 3 <input type="checkbox"/> YES <input type="checkbox"/> NO Enter the result from sample 4, question 3 <input type="checkbox"/> YES <input type="checkbox"/> NO Enter the result from sample 5, question 3
When grid is completed, enter review results on the rating review summary.		

CASELOAD MANAGEMENT

Standard 1--PROVIDER PAYMENTS/Timely Processing of Attendance Invoices Grant/work statement Sections III a and b

SAMPLE #1: (List CCMIS Invoice Number)

YES NO N/A 1. Was the attendance invoice signed by the provider?

YES NO N/A 2 a. Based on the date stamp, was the attendance invoice received by the 5th of the month?

YES NO N/A 2 b. If YES, was the check issued to the provider by the 20th of the month?

YES NO If NO, explain:
3. Was the provider payment issued timely?

Explain your answer:

Enter review results on page 1

SAMPLE #2: (List CCMIS Invoice Number)

YES NO N/A 1. Was the attendance invoice signed by the provider?

YES NO N/A 2 a. Based on the date stamp, was the attendance invoice received by the 5th of the month?

YES NO N/A 2 b. If YES, was the check issued to the provider by the 20th of the month?

YES NO If NO, explain:
3. Was the provider payment issued timely?

Explain your answer:

Enter review results on page 1

SAMPLE #3: (List CCMIS Invoice Number)

YES NO N/A 1. Was the attendance invoice signed by the provider?

YES NO N/A 2 a. Based on the date stamp, was the attendance invoice received by the 5th of the month?

YES NO N/A 2 b. If YES, was the check issued to the provider by the 20th of the month?

YES NO If NO, explain:
3. Was the provider payment issued timely?

Explain your answer:

Enter review results on page 1

SAMPLE #4: (List CCMIS Invoice Number)

YES NO N/A 1. Was the attendance invoice signed by the provider?

YES NO N/A 2 a. Based on the date stamp, was the attendance invoice received by the 5th of the month?

YES NO N/A 2 b. If YES, was the check issued to the provider by the 20th of the month?

YES NO If NO, explain:
3. Was the provider payment issued timely?

Explain your answer:

Enter review results on page 1

SAMPLE #5: (List CCMIS Invoice Number)

YES NO N/A 1. Was the attendance invoice signed by the provider?

YES NO N/A 2 a. Based on the date stamp, was the attendance invoice received by the 5th of the month?

YES NO N/A 2 b. If YES, was the check issued to the provider by the 20th of the month?

YES NO
If NO, explain:
3. Was the provider payment issued timely?

Explain your answer:

Enter review results on page 1

Standard 2 – SUBSIDY SUSPENSIONS/Timely Case Actions 55 Pa. Code 3041.21 and Grant/Work Statement Sections I and VI

SAMPLE #1: (List CCMIS County/Record Number & indicate Fund A or Fund C)

Is invoice: > 103 days <90 days (circle one)

1 a. What was the effective date of the suspension ?

YES NO 1 b. Was the reason that subsidy was suspended identified in the case file or Case Comments?

If YES, list the reason:

YES NO 2 a. Based on information in the case file or CCMIS, is case action needed prior to 90 days?

YES NO
If NO, go to #3a.
2 b. If YES, was a track date set for future case action?

YES NO
If NO, explain:
2 c. If a track date was set, was it appropriate for the reason for subsidy suspension?

YES NO
If NO, explain :
3 a. Was there a need for an Adverse Action to be sent?

YES NO
If NO, go to #4.
3 b. If YES, based on the reason for suspension of subsidy, was the Adverse Action sent in a timely manner?

If NO, explain:

YES NO 4. Were the correct processes followed to manage the subsidy suspension case?

Explain your answer:

Enter review results on page 1

SAMPLE #2: (List CCMIS County/Record Number & indicate Fund A or Fund C)

Is invoice: > 103 days <90 days (circle one)

1 a. What was the effective date of the suspension ?

YES NO 1 b. Was the reason that subsidy was suspended identified in the case file or Case Comments?

If YES, list the reason:

YES NO 2 a. Based on information in the case file or CCMIS, is case action needed prior to 90 days?

YES NO *If NO, go to #3a.*
2 b. If YES, was a track date set for future case action?

YES NO *If NO, explain:*
2 c. If a track date was set, was it appropriate for the reason for subsidy suspension?

YES NO *If NO, explain :*
3 a. Was there a need for an Adverse Action to be sent?

YES NO *If NO, go to #4.*
3 b. If YES, based on the reason for suspension of subsidy, was the Adverse Action sent in a timely manner?

YES NO *If NO, explain:*
4. Were the correct processes followed to manage the subsidy suspension case?

Explain your answer:

Enter review results on page 1

SAMPLE #3: (List CCMIS County/Record Number & indicate Fund A or Fund C)

Is invoice: > 103 days <90 days (circle one)

1 a. What was the effective date of the suspension ?

YES NO

1 b. Was the reason that subsidy was suspended identified in the case file or Case Comments?

If YES, list the reason:

YES NO

2 a. Based on information in the case file or CCMIS, is case action needed prior to 90 days?

YES NO

If NO, go to #3a.
2 b. If YES, was a track date set for future case action?

YES NO

If NO, explain:
2 c. If a track date was set, was it appropriate for the reason for subsidy suspension?

YES NO

If NO, explain :
3 a. Was there a need for an Adverse Action to be sent?

YES NO

If NO, go to #4.
3 b. If YES, based on the reason for suspension of subsidy, was the Adverse Action sent in a timely manner?

YES NO

If NO, explain:
4. Were the correct processes followed to manage the subsidy suspension case?

Explain your answer:

Enter review results on page 1

SAMPLE #4: (List CCMIS County/Record Number & indicate Fund A or Fund C)

Is invoice: > 103 days <90 days (circle one)

1 a. What was the effective date of the suspension ?

YES NO

1 b. Was the reason that subsidy was suspended identified in the case file or Case Comments?

If YES, list the reason:

YES	NO	3 a. Was there a need for an Adverse Action to be sent?
YES	NO	<i>If NO, go to #4.</i> 3 b. If YES, based on the reason for suspension of subsidy, was the Adverse Action sent in a timely manner?
YES	NO	<i>If NO, explain:</i> 4. Were the correct processes followed to manage the subsidy suspension case? Explain your answer:
<i>Enter review results on page 1</i>		

FUNDS MANAGEMENT		
Standard 1 – WAITING LIST MANAGEMENT/Timely Case Actions and Enrollments 55 Pa. Code 3041.133		
SAMPLE #1: <i>(List CCMIS County/Record Number)</i>		
YES	NO	1. Was the family notified, in writing, no later than the first working day after the alert was generated, that funds became available?
YES	NO	2. Were the children enrolled from the waiting list within 30 days of being notified? <i>If YES , proceed to question 5.</i> <i>If NO, go to question 3a.</i>
YES	NO	3 a. If the children were not enrolled within 30 days of being notified, was an adverse action issued? 3 b. If YES, what date was the Adverse Action was issued? <i>If NO, explain:</i>
YES	NO	4. Was the child enrolled; or, if not enrolled, was the child determined ineligible and the enrollment ended within 43 days after being notified that funds were available? Explain your answer:
<i>Enter review results on page 1</i>		

SAMPLE #2: (List CCMIS County/Record Number)

YES NO 1. Was the family notified, in writing, no later than the first working day after the alert was generated, that funds became available?

YES NO 2. Were the children enrolled from the waiting list within 30 days of being notified?

If YES , proceed to question 5.

If NO, go to question 3a.

YES NO 3 a. If the children were not enrolled within 30 days of being notified, was an adverse action issued?

3 b. If YES, what date was the Adverse Action was issued?

If NO, explain:

YES NO 4. Was the child enrolled; or, if not enrolled, was the child determined ineligible and the enrollment ended within 43 days after being notified that funds were available?

Explain your answer:

Enter review results on page 1

SAMPLE #3: (List CCMIS County/Record Number)

YES NO 1. Was the family notified, in writing, no later than the first working day after the alert was generated, that funds became available?

YES NO 2. Were the children enrolled from the waiting list within 30 days of being notified?

If YES , proceed to question 5.

If NO, go to question 3a.

YES NO 3 a. If the children were not enrolled within 30 days of being notified, was an adverse action issued?

3 b. If YES, what date was the Adverse Action was issued?

If NO, explain:

YES NO 4. Was the child enrolled; or, if not enrolled, was the child determined ineligible and the enrollment ended within 43 days after being notified that funds were available?

Explain your answer:

Enter review results on page 1

SAMPLE #4: (List CCMIS County/Record Number)

YES NO 1. Was the family notified, in writing, no later than the first working day after the alert was generated, that funds became available?

YES NO 2. Were the children enrolled from the waiting list within 30 days of being notified?

If YES , proceed to question 5.

If NO, go to question 3a.

YES NO 3 a. If the children were not enrolled within 30 days of being notified, was an adverse action issued?

3 b. If YES, what date was the Adverse Action was issued?

If NO, explain:

YES NO 4. Was the child enrolled; or, if not enrolled, was the child determined ineligible and the enrollment ended within 43 days after being notified that funds were available?

Explain your answer:

Enter review results on page 1

SAMPLE #5: (List CCMIS County/Record Number)

YES NO 1. Was the family notified, in writing, no later than the first working day after the alert was generated, that funds became available?

YES NO 2. Were the children enrolled from the waiting list within 30 days of being notified?

If YES , proceed to question 5.

If NO, go to question 3a.

YES NO 3 a. If the children were not enrolled within 30 days of being notified, was an adverse action issued?
3 b. If YES, what date was the Adverse Action was issued?
If NO, explain:

YES NO 4. Was the child enrolled; or, if not enrolled, was the child determined ineligible and the enrollment ended within 43 days after being notified that funds were available?
Explain your answer:

Enter review results on page 1

Standard 2 – WAITING LIST MANAGEMENT/Timely Case Actions for Outstanding Attendance Invoices and Associated Enrollments

SAMPLE #1: (List CCMIS Invoice Number or indicate N/A)

YES NO 1. For invoices greater than 60 days, were there still active enrollments with the provider?
If YES, proceed to question 2.
If NO, proceed to question 3.

2. If YES, explain any special circumstances that prevented the timely termination of the enrollments (i.e. retroactive TANF enrollments, zero balance invoices not deleted, appeal, or data fix issue):

YES NO 3. If an Attendance Invoice exceeded 60 days, was there appropriate reason for such?
Explain your answer:

Enter review results on page 1

SAMPLE #2: (List CCMIS Invoice Number or indicate N/A)

YES NO 1. For invoices greater than 60 days, were there still active enrollments with the provider?

If YES, proceed to question 2.

If NO, proceed to question 3.

2. If YES, explain any special circumstances that prevented the timely termination of the enrollments (i.e. retroactive TANF enrollments, zero balance invoices not deleted, appeal, or data fix issue):

YES NO 3. If an Attendance Invoice exceeded 60 days, was there appropriate reason for such?

Explain your answer:

Enter review results on page 1

SAMPLE #3: (List CCMIS Invoice Number or indicate N/A)

YES NO 1. For invoices greater than 60 days, were there still active enrollments with the provider?

If YES, proceed to question 2.

If NO, proceed to question 3.

2. If YES, explain any special circumstances that prevented the timely termination of the enrollments (i.e. retroactive TANF enrollments, zero balance invoices not deleted, appeal, or data fix issue):

YES NO 3. If an Attendance Invoice exceeded 60 days, was there appropriate reason for such?

Explain your answer:

Enter review results on page 1

SAMPLE #4: (List CCMIS Invoice Number or indicate N/A)

YES NO 1. For invoices greater than 60 days, were there still active enrollments with the provider?

If YES, proceed to question 2.

If NO, proceed to question 3.

2. If YES, explain any special circumstances that prevented the timely termination of the enrollments (i.e. retroactive TANF enrollments, zero balance invoices not deleted, appeal, or data fix issue):

YES NO 3. If an Attendance Invoice exceeded 60 days, was there appropriate reason for such?

Explain your answer:

Enter review results on page 1

SAMPLE #5: (List CCMIS Invoice Number or indicate N/A)

YES NO 1. For invoices greater than 60 days, were there still active enrollments with the provider?

If YES, proceed to question 2.

If NO, proceed to question 3.

2. If YES, explain any special circumstances that prevented the timely termination of the enrollments (i.e. retroactive TANF enrollments, zero balance invoices not deleted, appeal, or data fix issue):

YES NO 3. If an Attendance Invoice exceeded 60 days, was there appropriate reason for such?

Explain your answer:

Enter review results on page 1