

# **What Makes a Good Case Record: A Reviewer's Perspective**

*November 3, 2006  
1:30-3:30*

Handout Packet



**New York State  
Office of  
Children & Family  
Services**

New York State  
Office of Children and Family Services  
and  
SUNY Training Strategies Group

**WHAT MAKES A GOOD CASE RECORD:  
A REVIEWER'S PERSPECTIVE**

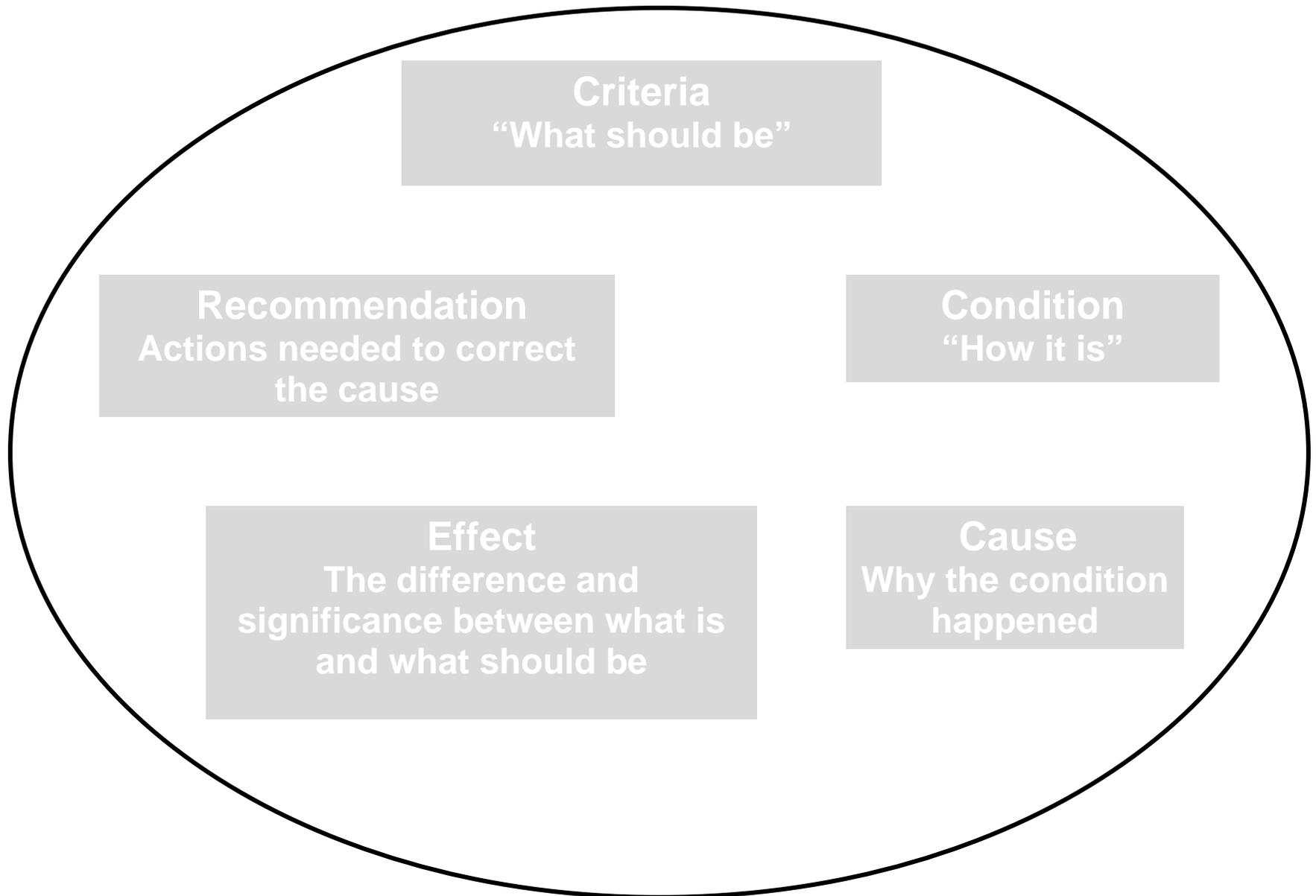
**November 3, 2006**

**1:30pm – 3:30pm**

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# Attributes of a Finding



**New York State Department of Health  
Office of Medicaid Management  
Local District Support**

**Case Review Tool**

Date of Review \_\_\_\_\_ Name of Reviewer \_\_\_\_\_  
County \_\_\_\_\_ County Code \_\_\_\_\_

Application Taken by:  Local District  Outstation  FE  Other \_\_\_\_\_

Type of Application:  New  Renewal  Denial Worker ID \_\_\_\_\_

A/R Name \_\_\_\_\_ Case# \_\_\_\_\_  
A/R D.O.B. \_\_\_\_\_ A/R CIN# \_\_\_\_\_  
Case Type \_\_\_\_\_ Head of household \_\_\_\_\_  
Budget Type \_\_\_\_\_ Number of persons \_\_\_\_\_

Community MA  MBI-WPD  Family Health Plus  MSP  
 Family Planning  Chronic Care

**Documentation**

Identity  
 Social Security Number for all case members  
 Citizenship: U.S. Citizenship verified?  Yes  No  
 P.O.A./Authorized Representative  
If no, explain: \_\_\_\_\_

Satisfactory Immigration Status verified?  Yes  No

If no:

Applying for treatment of an emergency medical condition? (Temporary non-immigrant or undocumented immigrant only)  Yes  No

If yes, -DSS 3955 (Certification of Treatment of Emergency Medical Condition) signed by physician; WMS authorization period corresponds with dates on DSS 3955.  Yes  No

Other (explain) \_\_\_\_\_

Marital Status (Chronic Care)  
 Residency  
 Earned Income (last 4 weeks)  
 Earned Income/Self-Employment (tax returns, etc.)  
 Unearned Income, List Type \_\_\_\_\_  
 Health Insurance, card or information  
 Child Care Expenses  
 Pregnancy  EDC Verified

**MA History Print Screens**

**MABEL Entries**

**Income** (YES = Correct, NO = Incorrect/Missing)

	<b>YES</b>	<b>NO</b>	<b>Corrective Action</b>
Copy of current budget in case record			
Correct budget type			
Household size			
EEC codes			
Earned Income Source Code			
Categorical indicator code (CTG)			
EID Code			
Income period/frequency code			
Earned Income Disregard			
TPHI disregard			
Child Care disregard			
Unearned Income Source Code			
Categorical indicator Code (CTG)			
Income period/frequency Code			
Medicare disregard			
Buy-In Eligibility Codes/SSI-Related			
Correct date of institution, chronic care			
PIA Code			
Contribution Code			
Cintrak/RFI/ New Hire report			

**WMS Entries (3209)**

	<b>YES</b>	<b>NO</b>	<b>Corrective Action</b>
Case type			
Authorization Period Current & match Budget Period			
Individual Categorical Code			
Social Security Number			
Date of Birth			
Citizenship Indicator			
Coverage Code			
MA Coverage Dates			
RVI Code			
AFIS Indicator			
Principal Provider Code			

If excess income, has liability been met for current month?

Yes

No

Has liability been documented?

Yes

No

**Resources**

- Community Cov. Without LTC (code 20 or 22)
- Community Cov. With Community LTC (19 or 21)
- Legal/Alien-Full Cov. (11)
- All services except Nursing Services (10)
- Full Coverage (01 or 02)
- Provisional

Type of resource \_\_\_\_\_

Verification \_\_\_\_\_

Homestead:  Exempt  Non-exempt

If excess resources, have medical bills been submitted to offset excess?  Yes  No  
 Is documentation in the case record?  Yes  No

**Agency Referrals**

- Child Support/Medical Support, Documentation of Referral
  - Compliance with IV-D noted
- TPHI
  - Cost effectiveness for private insurance
  - Medicare Savings Plan
  - Insurance entered on WMS/eMedNY
- AFIS, correct code or exempt
- Drugs/Alcohol Screening
  - Referral/Compliance
- Disability Determination
  - Referral based on claim of disability
  - Documented for change of category, S/CC to SSI-Related
- FEDS Referral, Indicators documented
  - Did findings result in re-determination of financial eligibility?

**R/E, PCP, Principle Provider Subsystems**

Info to support subsystem entries

**Application**

**Authorization**

Client signature  Yes  No  
 Worker signature  Yes  No  
 Supervisory signature  Yes  No

Worker signature  Yes  No  
 Supervisory signature  Yes  No

**Processing time**

- Processed within 30-45 day time frame
- Overdue

**Notices**

Manual  CNS – Supervisory Review Report



Health Insurance/Medicare?  Yes  No  N/A  
 If yes, verification in file and TPhi entered on eMedNY?  Yes  No

MBL Budget

Copy of budget is present in case record and supports last case action (if Mehler situation, copies of all relevant budgets are present)  Yes  No

If Mandatory Managed Care County or FHP case:  
 Managed Care Enrollment

Yes  No

Disability Determination?

Outcome: Certified Disabled

Yes  No  N/A

Group I  Group II  
 If Group II, expiration date: \_\_\_\_\_

DSS 4141 sent to A/R ?  Yes  No

CDR initiated prior to expiration?  Yes  No

CDR determination timely?  Yes  No

Denied

Completed by: \_\_\_\_\_  
 Date completed \_\_\_\_\_

State  District

Referrals:

Photo/Finger Imaging  VA  FEDS  Medical Support  
 Substance Abuse Screening  Fraud

If recipient **deceased**, was s/he coded correctly on WMS/3209  
 (Individual Status 13 with Date of Death)?

Yes  No

If deceased recipient enrolled in Managed Care, was disenrollment processed?

Yes  No

MA Separate Determinations for TA Denials/Closings

Reason for Referral

- Excess Income/Increased Earnings, 6 Month Extension (E31)
- Increased Support Collection Extension, 4 Month Extension (E32)
- Rosenberg Extension, 1 month
- Other TA Denial/Closing

Result

- Accepted Medicaid/FHP/FPBP
- Denied Medicaid/FHP/FPBP

Supervisory sign-off on case completed?

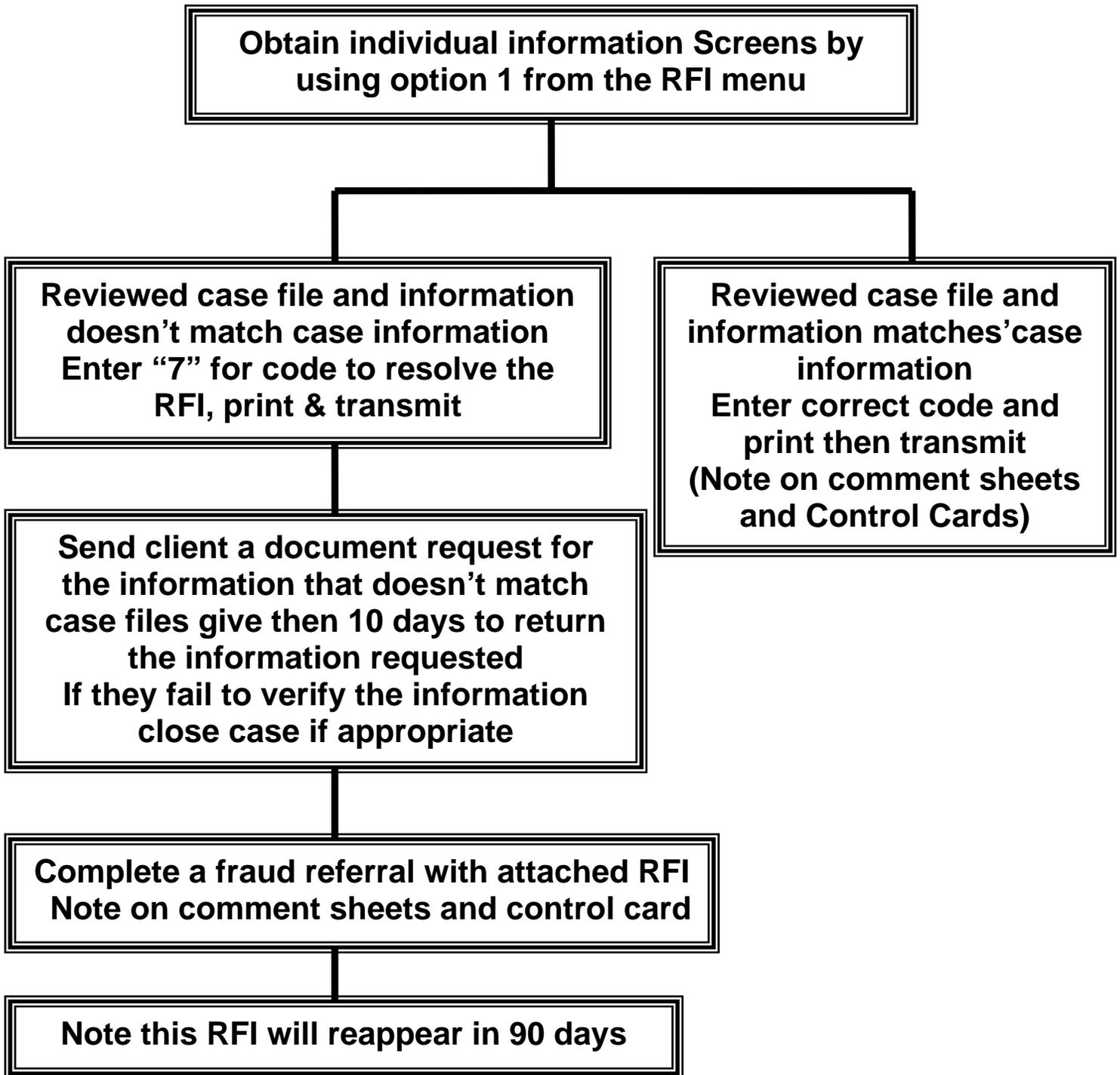
Yes  No

If no, explain: \_\_\_\_\_

Comments/Findings \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

# RFI Flow Chart



# SSI-REL/SSI/PA/MA/FS/FE/PCAP/FHP/FPBP Comment Sheet

Opening Recert FYI REACT

Date \_\_\_\_\_ Case Name \_\_\_\_\_ Case Type \_\_\_\_\_ # \_\_\_\_\_

Referrals: FEDS \_\_\_\_\_ SCU \_\_\_\_\_ D/A Screening Form \_\_\_\_\_ TPHI \_\_\_\_\_

**Income:**

**Earned:**

				Frequency	TPHI \$
1. Who _____	Employer _____	Amount _____	_____	Wk / Bi / Mo / SM	_____
2. Who _____	Employer _____	Amount _____	_____	Wk / Bi / Mo / SM	_____
3. Who _____	Employer _____	Amount _____	_____	Wk / Bi / Mo / SM	_____

**Unearned:**

				Frequency	TPHI \$
1. Who _____	Type _____	Amount _____	_____	Wk / Bi / Mo / SM	_____
2. Who _____	Type _____	Amount _____	_____	Wk / Bi / Mo / SM	_____
3. Who _____	Type _____	Amount _____	_____	Wk / Bi / Mo / SM	_____
4. Who _____	Type _____	Amount _____	_____	Wk / Bi / Mo / SM	_____
5. Who _____	Type _____	Amount _____	_____	Wk / Bi / Mo / SM	_____

**HH Size:** Applying \_\_\_\_\_ Non-Applying \_\_\_\_\_ Pregnant \_\_\_\_\_ EDC \_\_\_\_\_ Budget Count \_\_\_\_\_

**Address:** Verified \_\_\_\_\_ Fuel \_\_\_\_\_ Vendor \_\_\_\_\_ Account # \_\_\_\_\_  
 HUD \_\_\_\_\_ Rent \_\_\_\_\_ Mort \_\_\_\_\_ Homeowners Ins x.55 \_\_\_\_\_ Taxes \_\_\_\_\_ Total Shelter \_\_\_\_\_

**Resources:**

Vehicle 1 _____	Vehicle 2 _____	Vehicle 3 _____	
	Actual	Countable	Attested – Verified
Bank Name _____	Checking _____	Savings _____	
Bank Name _____	Checking _____	Savings _____	
Bank Name _____	Checking _____	Savings _____	
Life Ins Policy # _____	FV _____	CV _____	Company _____
Life Ins Policy # _____	FV _____	CV _____	Company _____
Other Resources _____			

**Expenses:**

Child Support Paid Amount \_\_\_\_\_ W BI MO Day Care Paid Amount \_\_\_\_\_ W BI MO Agency Verified \_\_\_\_\_

**School Attendance: (over 16 years)**

Student _____	FT	PT	Employed?	_____
Student _____	FT	PT	Employed?	_____

**Employability Status/Sanctions:** \_\_\_\_\_ **Time Limits:** \_\_\_\_\_

**Recoupment:** Active Recoup? \_\_\_\_\_ Amount \_\_\_\_\_ Claim # \_\_\_\_\_ New Recoup Amt \_\_\_\_\_

**Vouchers:** Rent \_\_\_\_\_ Fuel \_\_\_\_\_ Electric \_\_\_\_\_ Water \_\_\_\_\_ Other \_\_\_\_\_

**Comments:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**TIOGA COUNTY DEPARTMENT OF SOCIAL SERVICES  
WORKER/SUPERVISOR REVIEW FORM**

CASE NAME:		SUPERVISOR:	
CASE NUMBER:		EXAMINER:	
DATE REVIEWED:	SAMPLE MONTH:	DATE CORRECTION DUE:	NO ERROR
TRANSACTION:	OPENING      RECERT	PROGRAM:	TA      MA      FS
UNDERCARE	ZONES REVIEWED: _____	ERRORS FOUND: _____	

**REVIEW**  
Checkmark indicates Correct/NA  
Circle indicates Error

**WMS ENTRY NOT DONE**

<b>1. Eligibility Document</b>	<b>2. Clearance Report Reviewed For:</b>
LDSS-2921 Green Service App LDSS-3174 Gray Recert App LDSS-4826 Food Stamp App DOH-4220 Access NY DOH-4328 Medicare Savings App DOH-4282 Family Planning Ben. App MA Renewal	
A. Date Stamp	A. Matched Individuals
B. Has the client indicated what they are applying for? (Pg 1&2)	B. CIN
C. All questions completed by client?	C. Case Number
D. All worker areas completed by worker?	D. Sanctions
E. Signatures?	E. Time Limits
F. Voter Registrations completed/removed?	F. Recoups
G. Initials on "Penalties" and "Changes"	G. Prepaid Capitation ("C")
H. Initials/Dates on all pages	H. Case reason code (last closing)
I. Case diagramming done (optional)	I. Cross-district Activity
J. Comments/notes on 2921 (optional)	J. SSN Validation
K. Expedited Screening complete	K. TPHI
	L. Card Issuance

<b>3. Permanent Client Documents</b>	<b>6. Resources</b>
A. Identity	A. All current resources verified?
B. Citizenship	B. Lookback considered for MA Applicants?
C. Social Security Number	C. Potentially available resources identified and referrals made?
D. Marital Status	
E. Finger Imaging	
<b>4. Residency/Shelter</b>	<b>7. Referrals</b>
A. Address verified (and in Tioga County)	A. FEDS/Fraud/EVR
B. Rent/Mortgage verified	B. Child Support
C. Heat/Utilities (Fuel Type, Customer of Record, Account No)	C. Drug and Alcohol
D. Household Composition	D. SSI/AD
E. Vouchers Requested/Started?	E. Employment Center
F. Lien considered	F. CAMS
<b>5. Income</b>	<b>8. TPHI</b>
A. Verification of all income?	A. Refer available and potential health ins?
B. Exploration of potential income/benefits? RSDI, UIB, Disability, SC, CW, Etc.	B. Have liable parties been established and referral made on all accident, injuries (auto, lawsuits, etc.)
C. Deductions verified? (CS, TPHI, Child Care)	C. Has the need for COBRA been addressed?
D. Self Employment Income (Tax return if established business over 12 mos) (S-E Worksheet if under 12 mos – verify if required)	D. Has cost effectiveness been documented?

<b>9. Sanctions</b>	<b>11. Auth/AppTAD</b>
A. Have appropriate sanctions been reviewed and initiated for employment requirements?	A. Screen 1
B. Have appropriate sanctions been reviewed and initiated for non-compliance with IV-D?	B. Screen 2
C. Have appropriate sanctions been reviewed and initiated for non-compliance with Drug and Alcohol?	C. Screen 3
D. Other sanctions reviewed and initiated?	D. Screen 4
<b>10. Budgets</b>	E. Screen 5
A. Budget Type	F. Screen 6
B. From Date	G. Screen 7
C. Number of case members	H. WMS Document Transmittal complete?
D. Shelter Expenses	<b>12. Processing</b>
E. Income correctly budgeted?	A. Comment Sheet
F. Resources budgeted correctly? (MA)	B. Control Card
G. Deductions/disregards correct?	C. RFI
H. Have all recoupments/over/underpayments been calculated and budgeted properly?	D. Notice – Supervisory Review Report or Manual Notice
I. Has eligibility been determined correctly?	E. File Organization/Label
	F. Benefit Card
	G. Share sticker needed/in place?
	H. Have all State mandated forms been completed?

Cortland County Department of Social Services  
Sample Case Record  
Medicaid Only

Section One (Inside front cover)

Running Comment Sheet

Vitals

Section Two (Inside back cover)

Applications/Recerts

All supporting documentation used in determining eligibility

Notices

Budgets

Referrals

Document Transmittal and ACF

**Cortland County Department of Social Services  
Sample Case Record  
Medicaid and Food Stamps**

Section One

Vitals  
AFIS

Section Two

Audit sheets and receipts

Section Three

MA Comment Sheet  
MA only apps and recerts  
Budgets  
MA only notices

Section Four

4D Information and Referrals  
Managed Care information  
TPR information  
Drug and Alcohol information

Section Five

FS Overgrants

Section Six

HEAP information

Section Seven

FS only applications  
FS only notices  
Expedited checklists  
Employment information

Section Eight

LDSS-2921 Applications  
Supporting documentation for eligibility determinations



CORTLAND COUNTY  
DEPARTMENT OF SOCIAL SERVICES  
60 Central Avenue  
Cortland NY 13045-2746  
(607) 753-5248 FAX (607) 753-5282

**AUDIT CONTROL FOR SPEND-DOWN CASES**

NAME: \_\_\_\_\_

CASE #: \_\_\_\_\_

CIN # \_\_\_\_\_

MONTH	COVERAGE	AMOUNT OF SPEND-DOWN	BILLS USED IN SPEND-DOWN



CORTLAND COUNTY  
 DEPARTMENT OF SOCIAL SERVICES  
 60 Central Avenue  
 Cortland NY 13045-2746  
 (607) 753-5248 FAX (607) 753-5282

**AUDIT CONTROL FOR SPEND-DOWN CASES**

NAME: BOB JONES

CASE #: MA23456

CIN # AB12345C

MONTH	COVERAGE	AMOUNT OF SPEND-DOWN	BILLS USED IN SPEND-DOWN
1/06	22 (attestor)	\$20.00	Paid agency \$20.00 1/3/06
2/06	22	\$20.00	Paid agency \$20.00 2/2/06
3/06	22	\$20.00	Paid agency \$20.00 3/1/06
4/06	22	\$20.00	Paid agency \$20.00 4/1/06
5/06 – 10/06	20	20 x 6 = \$120.00	Paid agency \$120.00 5/2/06

Closed 10/31/06 – moved out of district. Per adjudicated claims, MA payments exceed pay-in amount in each month except 2/06. MA only paid \$10.00 in claims. Refund \$10.00 to Mr. Jones, balance to MMIS.



## CORTLAND COUNTY PAY-IN RECONCILIATION PROCEDURE

### I. Background

96-ADM-15 states districts must periodically (at least yearly) reconcile the balance in the MA recipient's TA53 account with the amount of MA payments made on the recipient's behalf. If the recipient has paid in more than the amount of MA claims paid, a refund or account credit towards subsequent periods is necessary. Currently the agency processes a refund only.

### II. FSMA SWE Responsibilities

1. The SWE must reconcile the pay-in recipient's account in the following instances:
  - At the yearly recertification
  - At closing (death, out of district, out of state, etc.)
  - If recipient changes eligibility and becomes fully eligible.
2. Request the Client Account Listing from assigned Accounting Unit staff via e-mail.
3. Request adjudicated claim via the system for the recipient (see attached).
4. Review adjudicated claim against the amount paid in.
5. If the amount paid by Medicaid in one month is more than the amount paid in by the recipient, the Accounting Unit needs to be notified that account monies need to be refunded to MMIS.
6. If the amount paid by Medicaid in one month is less than the amount paid in by the recipient, a refund is due the recipient for the difference. Notification of the refund must be sent to the recipient (see DSS-4547). This notice should be sent to the account staff to be included with the check being sent to the client.
7. A combination of number 4 and 5 may need to be done on a case.
8. Notification to accounting can be accomplished with notations being made on the client account listing. The adjudicated claim summary needs to be included. A copy of the notation page needs to be retained in the case record.
9. A notation in the case record on the audit sheet as to the reconciliation time frame is needed.
10. Deceased cases that require a customer refund need to be noted as such. These cases need to be referred to Resource Recovery so the refund can be applied for.

Contact: FSMA Manager, (607) 753-5324

Reference: 96-ADM-15

This label is ready to print onto Avery Label #5160.

Original Seen

\_\_\_\_\_Initials \_\_\_\_\_ Date

### Purpose of an Audit

- Accurate dispersal of benefits
- Compliance with regulations
- Use the most efficient process within LDSS
  - Save time and money
- Avoid duplication of effort

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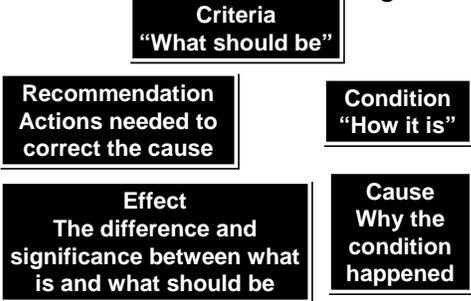
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### Attributes of a Finding



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### Common Types of Audits

- Compliance Audit
- Fiscal/financial Audit
- Operational/performance Audit
- Probe

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### Case Samplings

#### Random Sampling

Every member of a given population has an equal chance of being selected in the sample

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### Case Samplings

#### Non-Random Sampling

Sample selection is based on pre-identified error prone area

A targeted review is an example of non-random sampling

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### Three OMM Audits

#### SINGLE STATE AUDIT:

- Conducted for the NYSDOB visited 4 upstate districts
- Reviewed 200 case records using a random sample

#### NYSOSC (New York State Office of the State Comptroller):

- Used data-mining technique to identify high cost, high risk cases
- Cases reviewed in 6 districts

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### Three OMM Audits

HHS/OIG (Federal Office of Inspector General):

- Reviewed a random sample of MA and SCHIP transition cases at the request of CMS

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### Audit Findings

- Missing Documents Included:
- Vital records such as birth certificates and proof of citizenship
- Social Security Numbers
- Evidence of recipient having met their assessed liability or spend-down
- Budget segments to support the eligibility period in question
- Worker and/or supervisory sign off (no 3209's in case record)

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### Additional Findings

- Poor quality document imaging/case indexing resulting in illegible documents (when original document quality wasn't in question)
- Misfiled cases
- Information being held for lengthy periods of time prior to scanning (such as Emergency Medical Forms supporting claims paid for undocumented aliens)

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### Additional Findings

- Invalid SSNs
- Deceased individuals in receipt of services (managed care premiums being paid)
- Missing recert documentation
- Lack of case record documents when individuals were known to WMS

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### OMM Case Review Issues

- Case files lacking or minimal explanations re: ongoing case actions
- Case files lacking evidence of supervisory review
- Case files lacking worker and in some instances A/R signatures
- Missing current budgets and eligibility determinations
- Poor document imaging-quality, indexing and unlabeled docs

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### OMM Case Review Issues

- Inability to locate files
- Cases being denied for reasons applicable to the TA program and not MA
- Cases being denied for failure to submit statement from past employer verifying no longer employed
- No evidence of RFI clearance
- Missing documents
- Missing 3209's

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### What Are They Looking For?

- Individuals without SSNs
- Children > 1 year old for whom claims are paid but still unborn
- Persons who have died – especially when claims being paid
- FHP cases with health insurance, Medicare

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### Where Do The Auditors Get Their Lists?

- WMS
- Claim Files
  - eMedNY
  - Data Warehouse
- Vital Records

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### Does the LDSS have to Look at Every Case?

- You need to look at any or all of:
  - WMS
  - eMedNY
  - Case Record
- You may need to contact recipient or recipient's family

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### How Do I Report Back?

- In Format Requested
- Directly on Form, if Provided
- By Due Date
- Only if can't answer in format provided

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### Can The Person Be Closed Now?

- For death, must verify and notice
- For insurance, must look at time period being audited
  - If insurance or Medicare, must look at current situation – then send notice if applicable

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### Can the LDSS Recoup?

- If Managed Care Payments made, Only Under Terms of Contract
  - Death
  - OMIG
- From Recipients for Medicaid Incorrectly Paid

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How Can We Possibly Pull All These Cases?

- Prevention, Prevention, Prevention!

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**RFI Monitoring Process**

Obtain individual information screens by using option 1 from the RFI menu

Info doesn't match case info. Enter "7" for code to resolve the RFI, print, & transmit

Info matches case info. Enter correct code, print, & transmit. Note on comment sheets & control cards

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RFI Monitoring Process  
(Information Doesn't Match)

Send client document request form for info that doesn't match, return due in 10 days. Failure to verify in 10 days may result in case closure

Complete a fraud referral with attached RFI. Note on comment sheets & control card

NOTE RFI will reappear in 90 days

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CORTLAND COUNTY  
DEPARTMENT OF SOCIAL SERVICES  
60 Central Avenue  
Cortland NY 13045-2745  
(607) 753-5248 FAX (607) 753-5282

**AUDIT CONTROL FOR SPEND-DOWN CASES**

NAME: Bob Jones CASE # MA23456  
CIN # AB12345C

MONTH	COVERAGE	AMOUNT OF SPEND-DOWN	BILLS USED IN SPEND-DOWN
106	22	\$20.00	Paid agency \$20.00 on 1/1/06
206	22	\$20.00	Paid agency \$20.00 on 2/2/06
306	22	\$20.00	Paid agency \$20.00 on 3/1/06

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**MA Only Case Record**

Section One  
Running Comment Sheet  
Vitals

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**MA Only Case Record**

Section Two

- Application/recerts
- All supporting documentation used in determining eligibility
- Notices
- Budgets
- Referrals
- Document Transmittal and ACF

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**MA & FS Case Record**

Section One

- Vitals
- AFIS

Section Two

- Audit sheets and receipts

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**MA & FS Case Record**

Section Three

- MA Comment Sheet
- MA only apps and recerts
- Budgets
- MA only notices

Section Four

- 4D Information and Referrals
- Managed Care information
- TPR information
- Drug and Alcohol information

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**MA & FS Case Record**

Section Five

- FS Overgrants

Section Six

- HEAP information

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**MA & FS Case Record**

Section Seven

- FS only applications
- FS only notices
- Expedited checklists
- Employment information

Section Eight

- LDSS-2921 Applications
- Supporting documentation for eligibility determinations

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