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|  | AGING AND LONG-TERM SUPPORT ADMINISTRATION**Case Manager Instructions****Following a Hearing Decision** |  |
| DATE |
| To: , CM | cc**:** , CM Supervisor |
| From: , AHC |
| Docket Number:  |
|  |
| APPELLANT [ ]  CLIENT  | DATE OF ORDER | **Continued Benefits** |
| TYPE OF ORDER[ ]  Initial (OAH)[ ]  Final (BOA) | RESULT[ ]  Affirmed[ ]  Reversed[ ]  Modified | RECEIVED[ ]  Yes[ ]  No | PROCESS CLIENT OVERPAYMENT[ ]  Yes[ ]  NoDates:  |
| 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: [ ]  Yes [ ]  NoInterim CARE Assessment Specific Instructions:* 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)** |
| **[ ]  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 |  |  |  |  |
| [ ]  Mood and behavior: |
| [ ]  Clinical complexity: |
| [ ]  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** |
|  |