

Instructions for Quality Enhancement Review Form

Case Name: Enter the name of the case being reviewed.

AE/KSCARES CASE #: Enter the corresponding case number from these systems.

Worker Name: The name of the person who completed the case work being reviewed.

Reader Name: The name of the person who is reviewing the case.

Date Read: Enter the date of the review.

Due Date: Date the review is to be returned if corrections need to be made.

Return Date: Date the corrections were actually returned.

Selection Method: Explain how the case was selected to be reviewed (i.e. supervisory case review list, random selection, etc.).

Programs Read: Circle the acronym for the programs reviewed (GA is included on both forms to allow for the wide variance in Area case management plans).

Action: Identify the type of case action being reviewed.

Eligibility Criteria: **NF** (check this box to indicate a non-financial error)

\$\$ (check this box to indicate a payment error)

OK (check this box to indicate that the element was correct)

Local Policy/Procedures: Blank spaces are provided so that reviewers may list items that are specific to their Area.

Comment Section: This section is for reviewers to make comments about any of the eligibility criteria reviewed or to make additional comments as needed about the case.